



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VIGABATRIN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
VIGABATRIN	SABRIL, VIGABATRIN, VIGADRONE	07377		GPI-10 (7217008500)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of refractory complex partial seizures (CPS) and meet **ALL** of the following criteria?
 - The patient is 2 years of age or older
 - Therapy is prescribed by or in consultation with a neurologist
 - The requested medication will be used as adjunctive therapy
 - The potential benefits outweigh the risk of vision loss
 - The patient had a trial of or contraindication to **THREE** antiepileptic medications, at least two of which must be generic (e.g., carbamazepine, divalproex/valproic acid, oxcarbazepine, levetiracetam IR/ER, gabapentin, zonisamide, topiramate, lamotrigine)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #6 per day.**
If no, continue to #2.

2. Does the patient have a diagnosis of infantile spasms and meet **ALL** of the following criteria?
 - The patient is 1 month to 2 years of age
 - Therapy is prescribed by or in consultation with a neurologist
 - The requested medication will be used as monotherapy
 - The potential benefits outweigh the risk of vision loss

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #6 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **VIGABATRIN (Sabril, Vigadrone)** requires the following rule(s) be met for approval:

- A. You have **ONE** of the following diagnoses:
 1. Refractory complex partial seizures (a type of seizure)
 2. Infantile spasms (a type of seizure disorder in infancy and childhood)
- (Denial text continued on the next page)**

CONTINUED ON NEXT PAGE



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VIGABATRIN

GUIDELINES FOR USE (CONTINUED)

B. If you have refractory complex partial seizures, approval also requires:

1. You are 2 years of age or older
2. Therapy is prescribed by or in consultation with a neurologist (a type of brain doctor)
3. The requested medication will be used as adjunctive (add-on) therapy
4. The potential benefits outweigh the risk of vision loss
5. You had a trial of or contraindication (harmful for) to THREE antiepileptic medications, at least two of which must be generic (seizure drugs such as carbamazepine, divalproex/valproic acid, oxcarbazepine, levetiracetam immediate-release/extended-release, gabapentin, zonisamide, topiramate, lamotrigine)

C. If you have infantile spasms, approval also requires:

1. You are 1 month to 2 years of age
2. Therapy is prescribed by or in consultation with a neurologist (a type of brain doctor)
3. The requested medication will be used as monotherapy (one drug for treatment)
4. The potential benefits outweigh the risk of vision loss

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Sabril.

REFERENCES

- Sabril [Prescribing Information]. Deerfield, IL: Lundbeck, October 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 05/22/23

Created: 05/22

Client Approval: 05/23

P&T Approval: 04/22