

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Vigabatrin (generic Sabril)

#### Notes:

^ Adequate trial is defined as 1-month treatment duration

+ Antiepileptic medication for treatment of partial (focal) onset seizures include: carbamazepine, felbamate, gabapentin, lamotrigine, levetiracetam, phenytoin, pregabalin, tiagabine, topiramate, oxcarbazepine, valproate, and zonisamide

**Initiation (new start) criteria:** Non-formulary **vigabatrin (generic Sabril)** will be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Prescribed for the treatment of refractory, partial (focal) seizures **AND**
  - Prescribed by a Neurologist
  - Patient has failed an adequate trial<sup>^</sup> of, or patient has an allergy or intolerance\* to at least 3 other antiepileptic medications (AEDs) indicated for partial (focal) onset seizures<sup>+</sup>
  - Patient has completed mandatory ophthalmic evaluation within 4 weeks of treatment initiation

**-OR-**

- Prescribed for the treatment of infantile spasms **AND**
  - Prescribed by a Neurologist

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **vigabatrin (generic Sabril)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed for the treatment of refractory, partial (focal) seizures OR infantile spasms
- Prescribed by a Neurologist
- Ophthalmic evaluation has been completed within the past 3 months
- Patient has been assessed by neurologist within past 12 months

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously.** Non-formulary **vigabatrin (generic Sabril)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

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All plans offered and underwritten by  
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## CRITERIA FOR DRUG COVERAGE

### Vigabatrin (generic Sabril)

- Prescribed for seizures or infantile spasms
- Ophthalmic evaluation has been completed within the past 3 months
- If prescribed for seizures, patient failed an adequate trial<sup>^</sup> of, or patient has an allergy or intolerance\* to at least 3 other antiepileptic medications (AEDs) indicated for partial (focal) onset seizures<sup>+</sup>

**Continued use criteria (3 months after initiation):** Non-formulary **vigabatrin (generic Sabril)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist
- Patient has been assessed by neurologist since initiation and has realized benefit from treatment, per neurologist documentation

**Continued use criteria for patients stable on the medication:** Non-formulary **vigabatrin (Sabril)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist
- Ophthalmic evaluation has been completed within the past 3 months
- Patient has been assessed by neurologist within past 12 months