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\(^\) of, or patient has an allergy or intolerance\(\ast\) to at least 3 other antiepileptic medications (AEDs) indicated for partial (focal) onset seizures\(^+\)
  - 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:

- Prescribed for seizures or infantile spasms
- Ophthalmic evaluation has been completed within the past 3 months

kp.org
Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Vigabatrin (generic Sabril)

- If prescribed for seizures, patient failed an adequate trial\(^\dagger\) of, or patient has an allergy or intolerance\(^*\) to at least 3 other antiepileptic medications (AEDs) indicated for partial (focal) onset seizures\(^+\)

**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

\(^*\) Allergy or intolerance

\(^\dagger\) Adequate trial