

<b>POLICY NAME</b>	Sabril (vigabatrin)	<b>POLICY #</b>	<b>2376P</b>
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## Criteria

### Criteria for Coverage for Infantile Spasms

- ☐ 1.1 Documented diagnosis of Infantile Spasms
- ☐ 1.2 Used as monotherapy in pediatric patients for whom the potential benefits outweigh the potential risk of vision loss
- ☐ 1.3 Age 1 month to 2 years
- ☐ 1.4 Coverage of branded products require documented allergic reaction to generic vigabatrin
- ☐ 1.5 Approval Time

### Criteria for Coverage of Complex Partial Seizures

- ☐ 2.1 Documented diagnosis of Complex Partial Seizures
- ☐ 2.2 Member is 16 years of age
- ☐ 2.3 Used as adjunctive therapy and CPS is refractory to other antiepileptic agents, such as levetiracetam, carbamazepine, zonisamide, or phenytoin
- ☐ 2.4 Inadequate response to at least 2 alternative treatments for CPS, such as divalproex or valproic acid
- ☐ 2.5 Coverage of branded products require documented allergic reaction to generic vigabatrin
- ☐ 2.6 Approval Time
  - Initial Approval: 12 months
  - Re-approval Time: 12 months, if substantial clinical benefit from treatment CPT Codes HCPCS Codes References