

POLICY NAME	Sabril (vigabatrin)	POLICY #	2376P
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Criteria

Criteria for Coverage for Infantile Spasms

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

Criteria for Coverage of Complex Partial Seizures

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