

<b>POLICY NAME</b>	Sabril (vigabatrin)	<b>POLICY #</b>	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