



Vigabatrin Prior Authorization

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| Drug(s) Applied: | vigabatrin |
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Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

- A. Refractory complex partial seizures** as indicated by chart notes within past 120 days
1. Provider has documented the potential benefits of the requested agent outweigh the potential risk of vision loss

Approval Duration: 12 months

- B. Infantile spasms** as indicated by chart notes within past 90 days

1. Patient is less than 24 months of age **and**
2. Provider has documented the potential benefits of the requested agent outweigh the potential risk of vision loss

Approval Duration: 6 months

II. Continued Therapy Criteria

- A. Refractory complex partial seizures** as indicated by chart notes within past 12 months

1. Documented substantial clinical benefit since starting the requested agent (i.e., less seizures) **and**
2. Provider has documented the potential benefits of the requested agent outweigh the potential risk of vision loss

Approval Duration: 12 months

- B. Infantile spasms** as indicated by chart notes within past 6 months

1. Patient is less than 24 months of age **and**
2. Documented substantial clinical benefit since starting the requested agent (i.e., less seizures) **and**
3. Provider has documented the potential benefits of the requested agent outweigh the potential risk of vision loss

Approval Duration: 6 months

Policy Owned by: Curative PBM team