



Vigabatrin Prior Authorization

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

