

**CRITERIA FOR PRIOR AUTHORIZATION**

Sabril® (vigabatrin)

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drug(s) require prior authorization:  
Sabril® (vigabatrin)

**CRITERIA for Refractory Complex Partial Seizures (CPS):** (must meet all of the following)

- Patient must have vision assessment completed at baseline and every 3 months while on medication, or documentation of vision assessment exemption (e.g. patient is blind)
- Must be prescribed by or in consultation with a neurologist
- Patient must have a diagnosis of refractory complex partial seizures
- Patient must be 10 years of age or older
- Patient has responded inadequately to alternative treatments
- Patient is receiving Sabril as an adjunctive therapy to at least one other anti-epileptic medication

**CRITERIA for Infantile Spasms:** (must meet all of the following)

- Patient must have vision assessment completed at baseline and every 3 months while on medication, or documentation of vision assessment exemption (e.g. patient is blind)
- Must be prescribed by or in consultation with a neurologist
- Patient must have a diagnosis of infantile spasms
- Patient must be 1 month to 2 years of age

**LENGTH OF APPROVAL:** 6 months