

Sabril (vigabatrin)

POLICY NUMBER: RX.PA.124.E

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Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Sabril (vigabatrin), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

1. Refractory Complex Partial Seizures:

- Must be prescribed by a neurologist
- Must be age 10 years or older
- Must have a diagnosis of Refractory Complex Partial Seizures
- Must have had inadequate response to at least 2 combination anticonvulsant regimens. At least one of the regimens must contain phenytoin or carbamazepine.
- Must concurrently be on vigabatrin (Sabril) with at least one other anticonvulsant medication
- Must undergo vision testing prior to beginning treatment

2. Infantile Spasms:

- Must be prescribed by a pediatric neurologist
- Must be aged 1 month to 2 years
- Must have a diagnosis of Infantile Spasms
- Must undergo vision testing prior to beginning treatment

Reauthorization Criteria:

All prior authorization renewals are reviewed according to the authorization timeframes below to determine the Medical Necessity for continuation of therapy. Authorization may be extended based upon:

- Refractory Complex Partial Seizures:
 - Documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy
 - Documentation from the prescriber that the member is undergoing vision testing at least every 3 months during treatment with Sabril
- Infantile Spasms



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- Documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy
- Documentation from the prescriber that the member is undergoing vision testing at least every 3 months during treatment with Sabril
- Authorizations for infantile spasms are not extended beyond the age of 2 years

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	<ul style="list-style-type: none">• Refractory Complex Partial Seizures: 3 months• Infantile Spasms: 1 month
Reauthorization	<ul style="list-style-type: none">• Refractory Complex Partial Seizures: 1 year• Infantile Spasms: 3 months

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Sabril [package insert] Deerfield, IL: Lundbeck Inc; September 2015.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>
<i>Criteria update</i>	<i>05/16</i>

