Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

SABRIL® (vigabatrin)

GPI CODING:

72170085000320
72170085003020

DESCRIPTION:

Sabril is an antiepileptic drug indicated for the treatment of infantile spasms in children and for the treatment of complex partial seizures in adults. Sabril acts by increasing gamma-aminobutyric acid (GABA) levels in the central nervous system. Sabril should only be used in patients for whom the potential benefit outweighs the risk of vision loss.

APPROVAL DURATION:

Infantile spasms
Initial approvals: 4 weeks
Renewals: 6 months

Complex partial seizures
Initial approvals: 3 months
Renewals: 1 year

CRITERIA FOR SABRIL

I. Visual assessment by an ophthalmologist at baseline or no longer than 4 weeks after starting Sabril therapy **AND**
II. Patient does not have or is not at high risk for other types of irreversible vision loss **AND**
III. Patient is not using other medications associated with serious ophthalmologic effects such as retinopathy or glaucoma

AND

IV. Diagnosis is complex partial seizures
    A. Patient is 16 years of age or older **AND**
    B. Sabril is used as adjunctive therapy **AND**
    C. Patient has complex partial seizures refractory to an adequate regimen of carbamazepine (CBZ) or phenytoin (PHT) **OR**
    D. Patient cannot tolerate CBZ or PHT **OR**
    E. Patient has a contraindication to CBZ or PHT

OR

V. Diagnosis is infantile spasms
    A. Patient is 1 month to 2 years of age **AND**
    B. Sabril is used as monotherapy

Authorization for continued use shall be reviewed periodically to confirm that the patient shows substantial clinical benefit from Sabril therapy **AND** members have a visual assessment by an ophthalmologist every 3 months while on Sabril therapy.