

SABRIL, VIGADRUNE, VIGAFYDE (vigabatrin)

Preferred products: Vigadrone and vigabatrin

Pre - PA Allowance

None

Prior-Approval Requirements**Diagnoses**Patient must have **ONE** of the following:

1. Infantile spasms
 - a. Used as monotherapy
2. Refractory complex partial seizures (CPS)
 - a. Inadequate response, intolerance, or contraindication to alternate treatments

AND ALL of the following:

1. Patient and prescriber are enrolled in the Vigabatrin REMS program
2. Baseline vision assessment and confirmation vision will be assessed every 3 months during therapy
3. **Sabril and Vigafyde only:** Patient **MUST** have tried **ALL** preferred products (vigabatrin and Vigadrone) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval Limits**Duration** 12 months

Prior – Approval *Renewal* Requirements**Diagnoses**Patient must have **ONE** of the following:

1. Infantile spasms
 - a. Used as monotherapy
2. Refractory complex partial seizures (CPS)



Federal Employee Program.

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AND ALL of the following:

1. Vision will be assessed every 3 months during therapy
2. Patient and prescriber are enrolled in the Vigabatrin REMS program
3. **Sabril and Vigafyde only:** Patient **MUST** have tried **ALL** preferred products (vigabatrin and Vigadrone) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval *Renewal* Limits

Same as above