



PRIOR AUTHORIZATION POLICY

- POLICY:** Antiseizure Medications – Vigabatrin Prior Authorization Policy
- Sabril® (vigabatrin tablets and powder for solution – Lundbeck, generic)
 - Vigpoder™ (vigabatrin powder for oral solution – Pyros [branded generic to Sabril powder for solution]) [obsolete 06/30/2025]
 - Vigadrone® (vigabatrin tablets and oral solution – Upsher-Smith [branded generic to Sabril])
 - Vigafyde™ (vigabatrin oral solution – Upsher-Smith)

REVIEW DATE: 04/22/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Vigabatrin (Sabril, generic) is indicated for the following uses:¹⁻³

- **Infantile spasms**, as monotherapy, in patients 1 month to 2 years of age for whom the potential benefits outweigh the potential risk of vision loss.
- **Refractory complex partial seizures**, as adjunctive therapy, in patients ≥ 2 years of age who have inadequately responded to several alternative treatments and for whom the potential benefits outweigh the risk of vision loss. Vigabatrin is not indicated as a first-line agent for complex partial seizures.

Vigafyde is indicated as monotherapy for the treatment of infantile spasms in pediatric patients 1 month to 2 years of age for whom the potential benefits outweigh the potential risk of vision loss.⁴

According to the vigabatrin prescribing information, use the lowest dosage and shortest exposure to vigabatrin consistent with clinical objectives.¹⁻⁴ In patients with infantile spasms, vigabatrin should be withdrawn if a substantial clinical benefit is not observed within 2 to 4 weeks. In patients with refractory complex partial seizures, vigabatrin should be withdrawn if a substantial clinical benefit is not observed within 3 months of initiating treatment.¹⁻³

Safety

Vigabatrin has a Boxed Warning with regard to permanent vision loss.¹⁻⁴ In some cases, vigabatrin can also damage the central retina and may decrease visual acuity. The onset of vision loss from vigabatrin is unpredictable, and can occur within weeks of starting treatment or sooner, or at any time after starting treatment, even after months or years. The risk of vision loss increases with increasing dose and cumulative exposure, but there is no dose or exposure known to be free of risk of vision loss. Vision assessment is recommended at baseline (no later than 4 weeks after starting vigabatrin), at least every 3 months during therapy, and about 3 to 6 months after the discontinuation of therapy. Once detected, vision loss due to vigabatrin is not reversible. Because of the risk of vision loss, vigabatrin should be withdrawn from patients with refractory complex partial seizures who fail to show substantial clinical benefit within 3 months of initiation and within 2 to 4 weeks of initiation for patients with infantile spasms, or sooner if treatment failure becomes obvious. Because of the risk of permanent vision loss, vigabatrin is available only through a restricted access program under a Risk Evaluation and Mitigation Strategy (REMS) called the Vigabatrin REMS Program.

Guidelines/Recommendations

The AAN and the American Epilepsy Society published a guideline update for treatment-resistant epilepsy (2018) that notes clobazam is probably effective as add-on therapy for Lennox-Gastaut syndrome and is possibly effective as add-on therapy for treatment-resistant adult focal epilepsy.⁵ Vigabatrin is effective as add-on therapy in treatment-resistant adult focal epilepsy based on two Class I studies, but it should not be used as a first-line treatment. The benefits of vigabatrin should be weighed against the risks, particularly the risk of irreversible retinopathy.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of vigabatrin. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with vigabatrin as well as the monitoring required for adverse events and long-term efficacy, initial approval requires vigabatrin to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. Infantile Spasms. Approve for 6 months if the patient meets ALL of the following (A, B, and C):

- A)** Patient is \leq 2 years of age; AND
- B)** Vigabatrin is being used as monotherapy; AND
- C)** The medication is prescribed by or in consultation with a neurologist.

2. Treatment-Refractory Complex Partial Seizures. Approve for the duration noted below if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following (i, ii, and iii):

- i.** Patient is \geq 2 years of age; AND
- ii.** Patient has tried or is concomitantly receiving at least three other antiseizure medications; AND
Note: Examples of antiseizure medications include valproic acid, gabapentin, phenytoin, carbamazepine, oxcarbazepine, lacosamide, levetiracetam, zonisamide, perampanel, lamotrigine, topiramate, rufinamide, tiagabine, felbamate, Diacomit (stiripentol capsules or oral suspension), and clobazam.
- iii.** The medication is prescribed by or in consultation with a neurologist; OR

B) Patient is Currently Receiving Vigabatrin. Approve for 1 year if the patient is responding to therapy (e.g., reduced seizure severity, frequency, and/or duration) as determined by the prescriber.

CONDITIONS NOT COVERED

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is(are) considered not medically necessary for ANY other use(s); criteria will be updated as new published data are available.

REFERENCES

1. Sabril® tablets and powder for oral solution [prescribing information]. Deerfield, IL: Lundbeck; October 2021.
2. Vigpoder™ powder for oral solution [prescribing information]. Parsippany, NJ: Pyros; July 2023.
3. Vigadrone® powder for oral solution [prescribing information]. Maple Grove, MN: Upsher-Smith; January 2024.
4. Vigafyde™ oral solution [prescribing information]. Maple Grove, MN: Upsher-Smith; September 2025.
5. Kanner AM, Ashman E, Gloss D, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs II: Treatment-resistant epilepsy. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Epilepsy Society. *Neurology*. 2018;91:82-90.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	<p>Vigpoder: Vigpoder, a branded generic product, rolled into the policy.</p> <p>Vigadrone: Vigadrone, a branded generic product, rolled into the policy.</p>	04/19/2024
Selected Revision	<p>Vigafyde: Vigafyde was added to the policy.</p>	09/18/2024
Annual Revision	No criteria changes.	04/23/2025
Annual Revision	<p>Treatment-Refractory Complex Partial Seizures: In initial therapy criteria, where previously stated “patient has tried and/or is concomitantly receiving at least three other antiseizure medications,” the “and/or” was updated to “or.” Additionally, under examples of other antiseizure medications, Fycompa was updated to perampanel.</p>	04/22/2026

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