

Tiagabine Criteria

Revised: 07/10/2024

TIAGABINE (GENERIC FOR GABITRIL)

Length of Authorization: 1 year

CHILDREN – CRITERIA TO APPROVE

- **All the following:**
 - Age ≥ 12 years of age
 - Diagnosis of adjunctive treatment of partial seizures
 - Prescriber is a neurologist or consult notes from a neurology office are provided.

ADULTS – CRITERIA TO APPROVE

- **All the following:**
 - Age ≥ 18 years of age
 - Diagnosis of adjunctive treatment of partial seizures
 - Prescriber is a neurologist or consult notes from a neurology office are provided.

ADULTS – RENEWAL CRITERIA

- **All the following:**
 - Member is responding well to therapy.
 - Patient has not experienced any treatment-restricting adverse effects.

REVISION HISTORY

Date	Issues/Updates
07/10/2024	<ul style="list-style-type: none">Initial draft creation

Orange Text = Emphasis Blue Text = Hyperlinks Red Text = New Info Green Text = Auto PA