

# Tiagabine Criteria

Revised: 07/10/2024

## TIAGABINE (GENERIC FOR GABITRIL)

Length of Authorization: 1 year

### CHILDREN – CRITERIA TO APPROVE

All the following:

- Age  $\geq$  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  $\geq$  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	• Initial draft creation

**Orange Text = Important Information** | **Teal Text = Auto PA**

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