



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Gabitril™ (tiagabine)

**Review Criteria**

Member must meet all the following:

Initial Authorization:

- Member must be at least 2 year of age
- Member must have a diagnosis Dravet syndrome
- Medication must be prescribed by or in consultation with a neurologist
- Member's seizures must have been inadequately controlled by trial of at least 2 other conventional antiepileptic therapies for Dravet syndrome
  - Approved therapies include valproic acid, topiramate, clobazam and levetiracetam
- Initial authorization will be approved for 6 months

Renewal Authorization:

- Update must be provided indicating that member is tolerating and compliant on therapy
- Renewal authorization will be approved for 1 year

Limitations:

- For members NOT on Diacomit, maximum dose is 26mg per day
- For members ON Diacomit or clobazam, maximum dose is 17mg per day