Sabril (vigabatrin) Effective 07/01/2021

Plan          | ☑ MassHealth  | ☐ MH UPPL  | ☑ Commercial/Exchange | Program Type | ☑ Prior Authorization  | ☐ Quantity Limit  | ☐ Step Therapy |
Benefit       | ☑ Pharmacy Benefit | ☐ Medical Benefit (NLX) | | |
Specialty Limitations | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. |

| Specialty Medications | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |

| Non-Specialty Medications | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
|                          | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
|                          | Exchange   | Phone: 855-582-2022 | Fax: 855-245-2134 |

| Medical Specialty Medications (NLX) | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |

Exceptions | N/A |

Overview
Sabril (vigabatrin) is FDA approved for the following indications:
- Monotherapy for pediatric patients 1 month to 2 years of age with infantile spasms for whom the potential benefits outweigh the potential risk of vision loss.
- Adjunctive therapy for adults and pediatric patients ≥2 years of age with refractory complex partial seizures who have inadequately responded to several alternative treatments and for whom the potential benefits outweigh the risk of vision loss.

No PA | Drugs that require PA
---|---
Sabril® (vigabatrin) * † | * Available as an A-rated generic, both brand and A-rated generic require a PA
† Brand Preferred over generic equivalents. In general, a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent
§ Use of anticonvulsants in members less than 18 years of age is discussed in the MassHealth Pediatric Behavioral Health Medication Initiative guideline.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are currently receiving treatment with Sabril excluding when the product is obtained as samples or via manufacturer’s patient assistance programs
OR
Authorization may be granted if prescriber provides documentation that the member meets ALL following criteria and documentation has been submitted:
1. The member has a diagnosis of infantile spasms, epilepsy, or a seizure disorder
2. Prescriber is a neurologist or consult notes from a neurology office are provided

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
3. For a diagnosis of infantile spasms: member is < 2 years of age
4. For a diagnosis of epilepsy or a seizure disorder: ALL of the following:
   a. Member is ≥ 2 years of age
   b. Member will be using the requested agent as adjunctive therapy
   c. Paid claims or physician documented inadequate response or adverse reaction to any 2 anticonvulsants indicated for seizures (e.g., clobazam, phenobarbital, quinidine, Afinitor® [everolimus])
5. For vigabatrin, a trial of Sabril is required or a clinical rationale for prescribing the generic equivalent.

Please refer to the MassHealth Pediatric Behavioral Health Medication Initiative guideline regarding the review of requests for members <18 years of age.

**Continuation of Therapy**
Reauthorization requires physician attestation of continuation of therapy

**Limitations**
Initial approvals and reauthorizations will be granted for 12 months

**References**
1. Sabril (vigabatrin) [prescribing information]. Deerfield, IL: Lundbeck; February 2020.

**Review History**
05/19/2021: Created and Reviewed at May P&T to be in compliance with MH UPPL for 7/1/21. Effective 07/01/2021.

**Disclaimer**
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.