

## **Pharmacy Services**

(800) 522-0114, option 4

## **Brand Name Sabril® Preferred Over Generic**

July 17, 2018

Dear SoonerCare Provider,

Brand Name Sabril<sup>®</sup> (Vigabatrin Tablets and Powder for Oral Solution) Update:

Effective July 20, 2018 brand name Sabril<sup>®</sup> will be preferred over generic vigabatrin tablets and powder for oral solution. Preferring brand name Sabril<sup>®</sup> in place of the generic formulation will provide a substantial savings to the State of Oklahoma.

Claims submitted for generic vigabatrin tablets or powder for oral suspension will deny with the message 'prior authorization required' even if the SoonerCare member has an approved prior authorization for the brand formulation. Claims submitted for brand name Sabril<sup>®</sup> will pay if the member has an approved prior authorization. Please note, Sabril<sup>®</sup> (brand formulation) will still require prior authorization if the member does not already have an approved prior authorization. Members with currently approved prior authorizations will process for the brand formulation. No additional information is required. Current prior authorization criteria listed below will continue to apply.

## Sabril® (Vigabatrin) Approval Criteria:

- 1. An FDA approved diagnosis of refractory complex seizures in adults and pediatric patients 10 years of age or older, or infantile spasms in children 1 month to 2 years of age; and
- 2. Members with refractory complex seizures must have previous trials of at least three other antiepileptic medications; or
- 3. Prescription must be written by a neurologist; and
- 4. Member, prescriber, and pharmacy must all register in the SABRIL REMS program and maintain enrollment throughout therapy.

The current coverage criteria can be found at <u>www.okhca.org/rx</u>.

Thank you for the services you provide to Oklahomans insured by SoonerCare!

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