Tuberous Sclerosis Alliance

WE'LL GIVE EVERYTHING. BUT UP.

To Whom It May Concern:

We are writing to provide information about vigabatrin and its impact on the tuberous sclerosis complex (TSC) community. Vigabatrin must remain consistently accessible and efficiently processed by payers and specialty pharmacies as uncontrolled epilepsy is associated with profoundly decreased developmental outcomes[1].

It has come to our attention that many constituents of the Tuberous Sclerosis Alliance (TS Alliance) are unable to fill their prescriptions for vigabatrin. We would like to explain the urgency and rationale for using vigabatrin within the TSC community, both on- and off-label, where the benefits outweigh the risks. We will also outline the barriers to treatment facing our constituents and urge you to work with us to ensure these patients receive treatment exactly as prescribed by their physicians.

Vigabatrin, brand name Sabril® (Lundbeck), was approved by the FDA on August 21, 2009 as a monotherapy for infantile spasms (IS) and as an adjunctive therapy for treating refractory complex partial seizures in patients ten years or older who had responded inadequately to several alternative treatments.[2] On April 27, 2017 the FDA approved the Abbreviated New Drug Application (ANDA) submitted by Par Pharmaceutical, Inc. for its generic version of Sabril, vigabatrin, with the same indications and Risk Evaluation and Mitigation Strategy (REMS) program.[3]

The TSC community has a long history with vigabatrin. Prior to its FDA approval, constituents of the TS Alliance submitted testimonials to the FDA sharing their personal experiences with vigabatrin. These constituent stories demonstrated the extent to which vigabatrin reduced the burden associated with daily seizures. Additionally, the TSC community has invested both time and resources in further research with vigabatrin, including a Phase IIb clinical trial of early treatment versus delayed treatment with vigabatrin based on EEG biomarkers in TSC and a Phase IV safety and efficacy study in TSC patients with refractory complex partial seizures.[4,5] Aside from surgery, which is not be possible for all TSC patients with refractory seizures, data suggest vigabatrin is currently the most effective first-line therapy.[6] These vigabatrin-specific studies, paired with our constituents' personal stories, show the benefits of seizure control outweigh the risks associated with vigabatrin.

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[1] https://www.ncbi.nlm.nih.gov/pubmed/20041940
[2] https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm507990.htm
[3] https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2017/208218Orig1s000ltr.pdf
[4] https://clinicaltrials.gov/ct2/show/NCT02849457?term=vigabatrin&rank=6
[5] https://clinicaltrials.gov/ct2/show/NCT01266291?term=vigabatrin&rank=4
[6] https://www.ncbi.nlm.nih.gov/pubmed/26046563

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The TSC community has experienced positive outcomes and improved quality of life with the approval of vigabatrin. However, we have recently noticed barriers-to-access that limit our constituents' ability to adequately manage their disease, including the following:

1. With the recent availability of generic vigabatrin, commercial insurance companies have begun refusing to give prior authorization (PA) on the prescription, even of renewed prescriptions for patients currently using and effectively treated by vigabatrin, because of drug indication and usage labeling.[7] This has interrupted the continuity of care for patients who are established users of brand vigabatrin (Sabril®). Doctors are forced to switch their TSC patients to a different, less effective drug and wean them off vigabatrin. This issue is complicated further by the fact each state has individual regulations in place regarding formulary restrictions.

2. Co-payment assistance programs limiting their support to only patients who are part of the indicated demographic as outlined on the label, despite the physician's determination vigabatrin is the best course of treatment, at times even when a patient outside the indicated demographic has been successfully treated with brand vigabatrin (Sabril®).

3. Unauthorized generic substitution, which has a history of unintended consequences in the management of epilepsy.[8] Several studies have shown an increase in healthcare costs, disease burden, and hospitalization associated with switching drug manufacturers specifically in the context of seizure therapy.[9,10]

4. General dispensing delays due to miscommunication, clerical errors, and shipping errors specific to the specialty pharmacies that distribute vigabatrin. Such errors could be avoided (human errors) but some could not (inclement weather conditions affecting shipping). In the past, these delays could be circumvented by distributors offering bridge supplies of vigabatrin through patient-assistance programs, but due to the changing environment, there are no longer any backup methods for patients to access their treatment in an emergency without hospitalization. This is not just incredibly dangerous, as seizures can be life-threatening when not managed adequately, but also needlessly costly and easily avoidable with slight changes to distribution methods.

In short, the TSC community depends on vigabatrin for management of life-threatening epilepsy. Unfortunately, with the introduction of generics, which should have improved accessibility and affordability of treatment, it has only become more difficult for our constituents to access and pay for this life-saving therapy–the only effective therapy available in so many cases.

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[7] FDA-approved labeling for Sabril®: Refractory Complex Partial Seizures in patients ≥10 years of age; Sabril should be used as adjunctive therapy in patients who have responded inadequately to several alternative treatments; Infantile Spasms - monotherapy in infants 1 month to 2 years of age https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=020427

[8] https://pdfs.semanticscholar.org/cbcc/7d5e64645d1bbc6c8298c865ba50c1036b04.pdf

[9] https://www.ncbi.nlm.nih.gov/pubmed/20580619

[10] https://www.ncbi.nlm.nih.gov/pubmed/26099048

We hope you will work with us to reduce the barriers facing our community and are happy to provide you with more information and ideas for moving forward. Please do not hesitate to contact me or Jo Anne Nakagawa, Director of Clinical Projects and TSC Clinic Liaison at the Tuberous Sclerosis Alliance, if you would like additional information. Jo Anne can be reached at jnakagawa@tsalliance.org or 240-638-4654.

Thank you for your consideration and commitment to our community. We hope this information has both clarified our perspective as well as the importance of our community's access to stable, consistent care.

In gratitude,

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