



## REMS Program Changes

The US Food and Drug Administration (FDA) has streamlined the SABRIL® (vigabatrin) Risk Evaluation and Mitigation Strategy (REMS) process. The new REMS program is called the SABRIL REMS Program (formerly known as **SHARE**). For more information, please call the SABRIL REMS Program at 1-888-457-4273.

Close

## SABRIL Risk Program

### What is the SABRIL REMS Program?

A REMS is a strategy to manage known or potential serious risks associated with a drug product and is required by the FDA to ensure the benefits of a drug outweigh its risks.

The purpose of the SABRIL REMS Program is to mitigate vision loss associated with SABRIL by:

- Ensuring that healthcare providers are educated about the risk of vision loss, the need to counsel patients about the risk, and the need for periodic visual monitoring
- Ensuring that SABRIL is dispensed only to patients with documentation that they are informed about the risk of vision loss associated with SABRIL and the need for periodic visual monitoring

### Prescriber



For prescriber certification, [click here >](#)

### Pharmacy



For pharmacy certification, [click here >](#)

### Indications and Usage:

#### Refractory Complex Partial Seizures (CPS)

SABRIL is indicated as adjunctive therapy for patients 10 years of age and older with refractory complex partial seizures (CPS) who have inadequately responded to several alternative treatments and for whom the potential benefits outweigh the risk of vision loss. SABRIL is not indicated as a first line agent for CPS.

#### Infantile Spasms (IS)

SABRIL is indicated as monotherapy for pediatric patients 1 month to 2 years of age with infantile spasms (IS) for whom the potential benefits outweigh the potential risk of vision loss.

[Prescribing Information](#)

[Medication Guide](#)

[Instructions for Use](#)

[Prescriber](#)

[Pharmacy](#)

[Resources](#)

[Certified Pharmacy Look-Up](#)

[Login](#)



[PRIVACY POLICY](#) [TERMS OF USE](#)

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck

VGB-L-00025

For SABRIL REMS Program Information call:

**Phone:** 1-888-457-4273

**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088



# SABRIL Risk Evaluation and Mitigation Strategy (REMS) Program

## What is the SABRIL REMS Program?

A REMS is a strategy to manage known or potential serious risks associated with a drug product and is required by the FDA to ensure the benefits of a drug outweigh its risks.

The purpose of the SABRIL REMS Program is to mitigate vision loss associated with SABRIL by:

- Ensuring that healthcare providers are educated about the risk of vision loss, the need to counsel patients about the risk, and the need for periodic visual monitoring
- Ensuring that SABRIL is dispensed only to patients with documentation that they are informed about the risk of vision loss associated with SABRIL and the need for periodic visual monitoring

Prescriber



For prescriber certification, [click here >](#)

Pharmacy



For pharmacy certification, [click here >](#)

## Indications and Usage:

### Refractory Complex Partial Seizures (CPS)

SABRIL is indicated as adjunctive therapy for patients 10 years of age and older with refractory complex partial seizures (CPS) who have inadequately responded to several alternative treatments and for whom the potential benefits outweigh the risk of vision loss. SABRIL is not indicated as a first line agent for CPS.

### Infantile Spasms (IS)

SABRIL is indicated as monotherapy for pediatric patients 1 month to 2 years of age with infantile spasms (IS) for whom the potential benefits outweigh the potential risk of vision loss.





# Prescriber Certification

Healthcare providers must be certified in the SABRIL REMS Program in order to prescribe SABRIL® (vigabatrin).

## SABRIL REMS PROGRAM ENROLLMENT AND TREATMENT INITIATION, STEP BY STEP

### 1. REVIEW

Review the Prescribing Information for SABRIL and complete the *SABRIL REMS Program Prescriber Enrollment and Agreement Form*. An e-mail will be sent to confirm your enrollment.

### 2. COUNSEL

Counsel the patient/caregiver on benefits and risks associated with SABRIL and provide a copy of *What You Need to Know About SABRIL Treatment: A Patient Guide*. Complete the *SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form*.

### 3. SUBMIT

Submit your patient's prescription for SABRIL in 1 of 2 ways:

- Complete a SABRIL prescription by calling 1-888-457-4273
- Search for a pharmacy certified to dispense SABRIL

For online enrollment, first sign up by creating an account and providing all requested contact information.

Report any adverse event suggestive of vision loss to the SABRIL REMS Program with all available information.

## PRESCRIBER RESOURCES

*SABRIL REMS Program Prescriber Enrollment and Agreement Form*



*SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form*



*What You Need to Know About SABRIL Treatment: A Patient Guide*



**CERTIFIED PHARMACY LOOK-UP >**

**LOGIN >**





# SABRIL REMS Program Prescriber Enrollment and Agreement Form

OVERVIEW ▶

START FORM HERE ▶

SABRIL® (vigabatrin) is available only through a restricted distribution REMS program called the SABRIL REMS Program. The SABRIL REMS Program is available to answer questions regarding this program and initiating treatment with SABRIL. Please call **1-888-457-4273** when necessary.

SABRIL is indicated as monotherapy for pediatric patients 1 month to 2 years of age with infantile spasms (IS) and as adjunctive therapy for patients 10 years of age and older with refractory complex partial seizures (CPS) who have inadequately responded to several alternative treatments, for whom the potential benefits outweigh the potential risk of vision loss. SABRIL is not indicated as a first line agent for CPS.

By signing and completing the form below and on page 2, I acknowledge that I have reviewed the Prescribing Information for SABRIL, and I agree to be enrolled in the SABRIL REMS Program by completing and submitting this form to the SABRIL REMS Program.

### As a condition of certification:

- I will enroll each patient in the SABRIL REMS Program by:
  - Counseling the patients/parents/legal guardians considering treatment on the benefits and risks of SABRIL, including permanent vision loss and the need for periodic monitoring of vision, and providing them with a copy of *What You Need to Know About SABRIL Treatment: A Patient Guide*
  - Completing the *SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form* for each patient and providing a completed copy to the patient/caregiver. I will submit the completed form to the SABRIL REMS Program and store a copy in the patient's records
- Ensuring that periodic monitoring of vision, as described in the Prescribing Information, is performed on an ongoing basis for each patient
- Reporting any adverse event suggestive of vision loss to the SABRIL REMS Program with all available information

Prior to dispensing SABRIL, I understand that the SABRIL REMS Program will provide a confirmation of certification to the e-mail address listed on page 2

For additional information, visit [www.SabrilREMS.com](http://www.SabrilREMS.com) or call the SABRIL REMS Program at **1-888-457-4273**.





# SABRIL REMS Program Prescriber Enrollment and Agreement Form

OVERVIEW ▶

START FORM HERE ▶

## PRESCRIBER NAME

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

First Name

Middle (Optional)

Last Name

## PRESCRIBER DEGREE (OPTIONAL)

MD

DO

Other

Institution Name (if applicable)

## PRESCRIBER INFORMATION

Street Address

City

State

ZIP Code

Telephone Number

Alternate Telephone Number (Optional)

Office Fax Number

E-mail

Prescriber NPI Number

## PRESCRIBER SPECIALTY

Epileptology

Neurology

Pediatric Neurology

Internal Medicine

Other

## OFFICE CONTACT NAME (OPTIONAL)

First

Last

## SECOND CONTACT NAME (OPTIONAL)

First

Last

By completing and submitting this form and receiving certification confirmation by e-mail, you will be certified in the SABRIL REMS Program and may begin prescribing SABRIL® (vigabatrin). You only need to enroll and complete the certification in the program once, and you are under no obligation to prescribe SABRIL.

To complete your enrollment, fax both pages of your completed SABRIL REMS Program Prescriber Enrollment and Agreement Form to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Prescriber Enrollment and Agreement Form

OVERVIEW ▶

START FORM HERE ▶

## PRESCRIBER NAME

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

First Name

Middle (Optional)

Last Name

## PRESCRIBER DEGREE (OPTIONAL)

MD

DO

Other

Institution Name (if applicable)

## PRESCRIBER INFORMATION

Street Address

City

State

Select State ▼

- Select State ▲
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District Of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana

Prescriber Number

## PRESCRIBER SPECIALTY

Epileptology

Neurology

Pediatric Neurology

Internal Medicine

Other

## OFFICE CONTACT NAME (OPTIONAL)

First

Last

## SECOND CONTACT NAME (OPTIONAL)

First

Last

By completing and submitting this form and receiving certification confirmation by e-mail, you will be certified in the SABRIL REMS Program and may begin prescribing SABRIL® (vigabatrin). You only need to enroll and complete the certification in the program once, and you are under no obligation to prescribe SABRIL.

To complete your enrollment, fax both pages of your completed SABRIL REMS Program Prescriber Enrollment and Agreement Form to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Prescriber Enrollment and Agreement Form

OVERVIEW ▶

START FORM HERE ▶

## PRESCRIBER NAME

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

First Name

Please enter First Name.

Middle (Optional)

Last Name

Please enter Last Name.

## PRESCRIBER DEGREE (OPTIONAL)

MD

DO

Other

Institution Name (if applicable)

## PRESCRIBER INFORMATION

Street Address

Please enter Street Address.

City

Please enter City.

State

Please select State.

ZIP Code

Please enter ZIP Code.

Telephone Number

Please enter Telephone Number.

Alternate Telephone Number (Optional)

Office Fax Number

Please enter Office Fax Number.

E-mail

Please enter E-mail.

Prescriber NPI Number

Please enter Prescriber NPI Number.

## PRESCRIBER SPECIALTY

Epileptology

Neurology

Pediatric Neurology

Internal Medicine

Other

## OFFICE CONTACT NAME (OPTIONAL)

First

Last

## SECOND CONTACT NAME (OPTIONAL)

First

Last

By completing and submitting this form and receiving certification confirmation by e-mail, you will be certified in the SABRIL REMS Program and may begin prescribing SABRIL<sup>®</sup> (vigabatrin). You only need to enroll and complete the certification in the program once, and you are under no obligation to prescribe SABRIL.

To complete your enrollment, fax both pages of your completed SABRIL REMS Program Prescriber Enrollment and Agreement Form to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Prescriber Enrollment and Agreement Form **READY**

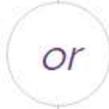
## OPTION 1 - SAVE

Save the file to your desktop. Forms should be printed, signed and dated, and faxed to 1-877-742-1002.



## OPTION 2 - PRINT

Once printed, sign/date and fax the completed form to 1-877-742-1002.



To complete your registration, **fax both pages** of your completed *SABRIL REMS Program Prescriber Enrollment and Agreement Form* to the SABRIL REMS Program at **1-877-742-1002**.

**PLEASE SIGN HERE BEFORE FAXING COMPLETED FORM**





# Thank You

You have successfully completed the *SABRIL REMS Program Prescriber Enrollment and Agreement Form*.

Click on the button below to complete the *SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form (PPLG-PAF)*.

[COMPLETE PPLG-PAF FORM >](#)





# SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form

OVERVIEW ▶

START FORM HERE ▶

SABRIL® (vigabatrin) is available only through a restricted distribution REMS program called the SABRIL REMS Program. The SABRIL REMS Program is available to answer questions regarding this program and initiating treatment with SABRIL. Please call **1-888-457-4273** when necessary.

### To the Physician:

Completed forms must be submitted via fax to the SABRIL REMS Program (**1-877-742-1002**) prior to treatment initiation. Place the original signed document in the patient’s medical record and provide a copy to the patient, parent, or legal guardian.

#### To use SABRIL appropriately, the patient/parent/legal guardian should:

- Be aware that SABRIL can cause serious vision problems in some people
- Be provided and have read *What You Need to Know About SABRIL Treatment: A Patient Guide*
- Be counseled by the prescriber regarding the risks associated with SABRIL, including permanent vision loss
- Be counseled by the prescriber regarding the need for periodic monitoring of vision, including ophthalmologic assessments, based on the recommendations in the Prescribing Information
- Report any problems you/your child might experience when using SABRIL to the doctor as soon as they happen
- Visit the doctor regularly to make sure that SABRIL continues to be right for you/your child to take

This agreement is to be completed and signed by the patient/parent/legal guardian and the doctor. Each person who signs must read each item below and, if every item is understood, sign where indicated at the end of this agreement. Do not sign this agreement, or take SABRIL yourself, or give SABRIL to your child, if there are any unanswered questions.

- 1** The doctor and I have talked about my/my child's epilepsy. We have also talked about the potential benefits and risks of taking SABRIL.
- 2** I understand that SABRIL will be prescribed for me or my child only. I will not share SABRIL with other people.
- 3** The doctor has discussed with me other treatments for my/my child's epilepsy. We have decided that SABRIL is the right treatment. I understand that SABRIL can be discontinued at any time. I also know that I/my child cannot stop taking SABRIL without the doctor telling me to do so. I agree to tell the doctor if a decision is made to stop taking SABRIL. I understand that if my/my child's treatment is abruptly stopped, my/my child's seizures might increase or return.
- 4** All my questions were answered to my satisfaction. I now authorize the doctor to begin my/my child's treatment with SABRIL.

I have read and understood all of the information presented above and agree to use SABRIL therapy and agree to participate in the SABRIL REMS Program.





# SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form

OVERVIEW ▶

START FORM HERE ▶

## IDENTIFICATION OF SIGNER

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Patient First Name

Patient Middle Name (Optional)

Patient Last Name

OR

Parent or Legal Guardian First Name

Parent or Legal Guardian Middle Name (Optional)

Parent or Legal Guardian Last Name

## IDENTIFICATION OF PHYSICIAN

Physician Name

## PATIENT INFORMATION

First Name

Middle Name (Optional)

Last Name

Telephone Number

Street Address

City

State

ZIP Code

Date of Birth

Submit this form to the SABRIL REMS Program (fax: 1-877-742-1002)

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)



# SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form

OVERVIEW ▶

START FORM HERE ▶

## IDENTIFICATION OF SIGNER

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Patient First Name

Patient Middle Name (Optional)

Patient Last Name

OR

Parent or Legal Guardian First Name

Parent or Legal Guardian Middle Name (Optional)

Parent or Legal Guardian Last Name

## IDENTIFICATION OF PHYSICIAN

Physician Name

## PATIENT INFORMATION

First Name

Middle Name (Optional)

Last Name

Telephone Number

Street Address

City

State

ZIP Code

Date of Birth

Month	Day	Year
Month	Day	Year
January	1	1900
February	2	1901
March	3	1902
April	4	1903
May	5	1904
June	6	1905
July	7	1906
August	8	1907
September	9	1908
October	10	1909
November	11	1910
December	12	1911
	13	1912
	14	1913
	15	1914
	16	1915
	17	1916
	18	1917
	19	1918

Sub

Program (fax: 1-877-742-1002)

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

[Please click here](#)

Prescribing Information

Medication Guide

Instructions for Use

Prescriber

Pharmacy

Resources

Certified Pharmacy Look-Up

Login



PRIVACY POLICY TERMS OF USE

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck

VGB-L-00025

For SABRIL REMS Program Information call:

Phone: 1-888-457-4273

Fax: 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088



# SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form

OVERVIEW ▶

START FORM HERE ▶

## IDENTIFICATION OF SIGNER

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Patient First Name

Please enter Patient First Name.

Patient Middle Name (Optional)

Patient Last Name

Please enter Patient Last Name.

OR

Parent or Legal Guardian First Name

Please enter Parent or Legal Guardian First Name.

Parent or Legal Guardian Middle Name (Optional)

Parent or Legal Guardian Last Name

Please enter Parent or Legal Guardian Last Name.

## IDENTIFICATION OF PHYSICIAN

Physician Name

Please enter Physician Name.

## PATIENT INFORMATION

First Name

Please enter First Name.

Middle Name (Optional)

Last Name

Please enter Last Name.

Telephone Number

Please enter Telephone Number.

Street Address

Please enter Street Address.

City

Please enter City.

State

Please select State.

ZIP Code

Please enter ZIP Code.

Date of Birth

Please select a Month.

Please select a Day.

Please select a Year.

Submit this form to the SABRIL REMS Program (fax: 1-877-742-1002)

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)

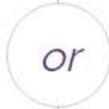




# SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form **READY**

## OPTION 1 - SAVE

Save the file to your desktop. Forms should be printed, signed and dated, and faxed to 1-877-742-1002.



## OPTION 2 - PRINT

Once printed, sign/date and fax the completed form to 1-877-742-1002.



To complete your registration, **fax both pages** of your completed *SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form* to the SABRIL REMS Program at **1-877-742-1002**.

**PLEASE SIGN HERE BEFORE FAXING COMPLETED FORM**





# Thank You

You have successfully completed the *SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form*.

Click on the button below to find a certified pharmacy near you.

[CERTIFIED PHARMACY LOOK-UP >](#)





# Pharmacy Certification

Pharmacies must be certified in the SABRIL REMS Program in order to dispense SABRIL® (vigabatrin).

## SABRIL REMS PROGRAM PHARMACY ENROLLMENT, STEP BY STEP

Outpatient pharmacy enrollment has been limited to a select number of specialty pharmacies based on Lundbeck's predefined qualifications.

Open enrollment for inpatient pharmacies is available. To participate in the SABRIL hospital stocking program, please contact Lundbeck at 1-866-337-6996.

Pharmacies that dispense SABRIL must be specially certified. Certification includes the following steps:

### 1. ENROLL

Complete a SABRIL REMS Program Pharmacy Enrollment Form. An e-mail will be sent to confirm your enrollment. Instructions for Login are included in this e-mail.

### 2. TRAIN

Oversee the necessary staff training and processes to comply with the SABRIL REMS Program requirements.

### 3. VERIFY

Prior to each dispensing of SABRIL, verify (via Login) that the prescriber is certified and that the patient is enrolled in the SABRIL REMS Program. Document all enrolled prescriber and patient ID numbers.

- If the prescriber or patient is not properly enrolled in the program, direct the prescriber to [www.SabrilREMS.com](http://www.SabrilREMS.com) or contact the SABRIL REMS Program at 1-888-457-4273.

### 4. DISPENSE

Dispense SABRIL to enrolled patients. **For inpatient pharmacies only:** ensure that no more than a 15-day temporary supply of SABRIL is dispensed to an enrolled patient upon discharge from the healthcare facility.

For online enrollment, first sign up by creating an account and providing all requested contact information.

## PHARMACY RESOURCES

SABRIL REMS Program Pharmacy Enrollment Form



LOGIN >





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

SABRIL® (vigabatrin) is available only through a restricted distribution REMS program called the SABRIL REMS Program. The SABRIL REMS Program is available to answer questions regarding this program and initiating treatment with SABRIL. Please call **1-888-457-4273** when necessary.

In order to dispense SABRIL, the pharmacy must designate an authorized representative. The authorized representative for the pharmacy must:

- 1 Complete and submit this *SABRIL REMS Program Pharmacy Enrollment Form* (one-time enrollment).
- 2 Oversee implementation and compliance with the SABRIL REMS Program requirements.

To submit this form via fax, please complete all required fields below and fax to the SABRIL REMS Program at **1-877-742-1002**. You will receive confirmation of your certification via e-mail.

## Authorized Representative Responsibilities

**I am the authorized representative designated by my pharmacy to coordinate the activities of the SABRIL REMS Program and I understand:**

- Pharmacies must be certified in the SABRIL REMS Program to order and dispense SABRIL
- As the authorized representative for my pharmacy, I must oversee the implementation and compliance with the SABRIL REMS Program requirements
- The pharmacy must recertify if the name and contact information for the authorized representative is changed

**As the authorized representative designated by my pharmacy to coordinate the activities of the SABRIL REMS Program, I agree on behalf of my pharmacy to comply with the following program requirements:**

- My pharmacy will establish procedures and protocols designed to ensure compliance with the SABRIL REMS Program, including the following, prior to dispensing SABRIL:
  - Ensure that all relevant staff involved in dispensing SABRIL are trained on the SABRIL REMS Program requirements
  - Verify that the prescriber is certified and the patient is enrolled in the SABRIL REMS Program prior to each dispensing of SABRIL by logging on to [www.SabrilREMS.com](http://www.SabrilREMS.com). If a prescriber or patient is not properly enrolled in the program, the pharmacy should direct the prescriber to [www.SabrilREMS.com](http://www.SabrilREMS.com) for enrollment information or contact the SABRIL REMS Program to facilitate enrollment with the prescriber
  - Document confirmed prescriber and patient identification numbers, as assigned by the SABRIL REMS Program. Comply with requests by Lundbeck, the US Food and Drug Administration (FDA), and/or their designated third party to be audited at any time to ensure that all SABRIL REMS Program processes and procedures are in place and are being followed, and appropriate documentation is maintained and available upon request
  - The pharmacy must recertify if the name and contact information for the authorized representative are changed
  - **For Inpatient Pharmacies only:** Ensure that the pharmacy does not dispense more than a 15-day temporary supply of SABRIL to an enrolled patient upon discharge from the healthcare facility

If you have any questions or require additional information, please visit the SABRIL REMS Program website ([www.SabrilREMS.com](http://www.SabrilREMS.com)) or call the SABRIL REMS Program (**1-888-457-4273**).





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

## PHARMACY INFORMATION

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Pharmacy Name

Street Address

City

State

ZIP Code

### PLEASE CHOOSE

INPATIENT  OUTPATIENT

## AUTHORIZED REPRESENTATIVE INFORMATION

First Name

Middle Initial (Optional)

Last Name

Telephone Number

Alternate Telephone Number (Optional)

Office Fax Number

E-mail

**By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.**

To complete your enrollment, fax completed forms to the SABRIL REMS Program at **1-877-742-1002**.

**GENERATE PDF**

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

## PHARMACY INFORMATION

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Pharmacy Name

Street Address

City

State

Select State ▼

- Select State ▲
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District Of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana

## PHARMACY INFORMATION

Last Name

Telephone Number

Alternate Telephone Number (Optional)

Office Fax Number

E-mail

**By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.**

To complete your enrollment, fax completed forms to the SABRIL REMS Program at **1-877-742-1002**.

**GENERATE PDF**

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

## PHARMACY INFORMATION

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Pharmacy Name

Street Address

City

State

ZIP Code

### PLEASE CHOOSE

INPATIENT  OUTPATIENT

### INPATIENT PHARMACY IDENTIFIERS (At least one required)

NCPDP

NPI

DEA

### AUTHORIZED REPRESENTATIVE INFORMATION

First Name

Middle Initial (Optional)

Last Name

Telephone Number

Alternate Telephone Number (Optional)

Office Fax Number

E-mail

By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.

To complete your enrollment, fax completed forms to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#).





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

## PHARMACY INFORMATION

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Pharmacy Name

Street Address

City

State

ZIP Code

## PLEASE CHOOSE

INPATIENT  OUTPATIENT

## OUTPATIENT PHARMACY IDENTIFIERS

NCPDP

NPI

DEA (Optional)

## AUTHORIZED REPRESENTATIVE INFORMATION

First Name

Middle Initial (Optional)

Last Name

Telephone Number

Alternate Telephone Number (Optional)

Office Fax Number

E-mail

By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.

To complete your enrollment, fax completed forms to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

## PHARMACY INFORMATION

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Pharmacy Name

Please enter Pharmacy Name.

Street Address

Please enter Street Address.

City

Please enter City.

State

Please select State.

ZIP Code

Please enter ZIP Code.

## PLEASE CHOOSE

INPATIENT  OUTPATIENT

Please choose.

## AUTHORIZED REPRESENTATIVE INFORMATION

First Name

Please enter First Name.

Middle Initial (Optional)

Last Name

Please enter Last Name.

Telephone Number

Please enter Telephone Number.

Alternate Telephone Number (Optional)

Office Fax Number

Please enter Office Fax.

E-mail

Please enter E-mail.

By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.

To complete your enrollment, fax completed forms to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

## PHARMACY INFORMATION

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Pharmacy Name

Please enter Pharmacy Name.

Street Address

Please enter Street Address.

City

Please enter City.

State

Please select State.

ZIP Code

Please enter ZIP Code.

## PLEASE CHOOSE

INPATIENT  OUTPATIENT

Please enter at least one Inpatient Pharmacy Identifier.

## INPATIENT PHARMACY IDENTIFIERS (At least one required)

NCPDP

NPI

DEA

## AUTHORIZED REPRESENTATIVE INFORMATION

First Name

Please enter First Name.

Middle Initial (Optional)

Last Name

Please enter Last Name.

Telephone Number

Please enter Telephone Number.

Alternate Telephone Number (Optional)

Office Fax Number

Please enter Office Fax.

E-mail

Please enter E-mail.

By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.

To complete your enrollment, fax completed forms to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)





# SABRIL REMS Program Pharmacy Enrollment Form

OVERVIEW ▶

START FORM HERE ▶

## PHARMACY INFORMATION

Please complete all form fields unless noted otherwise. Completed form **MUST BE SIGNED** before faxing.

Pharmacy Name

Please enter Pharmacy Name.

Street Address

Please enter Street Address.

City

Please enter City.

State

Please select State.

ZIP Code

Please enter ZIP Code.

## PLEASE CHOOSE

INPATIENT  OUTPATIENT

## OUTPATIENT PHARMACY IDENTIFIERS

NCPDP

Please enter NCPDP.

NPI

Please enter NPI.

DEA (Optional)

## AUTHORIZED REPRESENTATIVE INFORMATION

First Name

Please enter First Name.

Middle Initial (Optional)

Last Name

Please enter Last Name.

Telephone Number

Please enter Telephone Number.

Alternate Telephone Number (Optional)

Office Fax Number

Please enter Office Fax.

E-mail

Please enter E-mail.

By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.

To complete your enrollment, fax completed forms to the SABRIL REMS Program at 1-877-742-1002.

GENERATE PDF

Completed form **MUST BE SIGNED** before faxing.

To download a blank PDF of this form, please [click here](#)

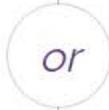




# SABRIL REMS Program Pharmacy Enrollment Form **READY**

## OPTION 1 - SAVE

Save the file to your desktop. Forms should be printed, signed and dated, and faxed to 1-877-742-1002.



## OPTION 2 - PRINT

Once printed, sign/date and fax the completed form to 1-877-742-1002.



To complete your registration, **fax both pages** of your completed *SABRIL REMS Program Pharmacy Enrollment Form* to the SABRIL REMS Program at **1-877-742-1002**.

**PLEASE SIGN HERE BEFORE FAXING COMPLETED FORM**





## Thank You

You have successfully completed the *SABRIL REMS Program Pharmacy Enrollment Form*.





# SABRIL REMS Program Resources

Below, you will find the forms associated with the SABRIL REMS Program, as well as all of the communications documenting the modifications to the SABRIL REMS Program.

## Prescriber Resources

- SABRIL REMS Program Prescriber Enrollment and Agreement Form  
- SABRIL REMS Program Patient/Parent/Legal Guardian-Physician Agreement Form  
- SABRIL REMS Program Letter for Prescribers 

## Patient Resources

- What You Need to Know About SABRIL Treatment: A Patient Guide 

## Pharmacy Resources

- SABRIL REMS Program Pharmacy Enrollment Form  
- SABRIL REMS Program Letter for Pharmacists 

## Eye Care Professional Resources

- SABRIL REMS Program Letter for Eye Care Professionals 
- SABRIL REMS Program Fact Sheet for Eye Care Professionals 





## 500 Error

We are sorry. We encountered a system error while processing your request.





## 404 Error

We are sorry, the page you requested cannot be found. The page you are looking for might have been removed, had its name changed, or is temporarily unavailable. We apologize for the inconvenience.

Please [click here](#) to return to the home page.



Figure 1: Login Screen

**Sabril**  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

Please enter your Username and Password

User Name:

Password:

**LOGIN**

[Forgot Password](#)

**If you have not been assigned login information,  
please contact the SABRIL REMS Program at 1-888-457-4273.**

Prescribing Information   Medication Guide   Instructions for Use

Prescriber   Pharmacy   Resources   Certified Pharmacy Look-Up   Login

**Lundbeck** 

**PRIVACY POLICY   TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects  
of prescription drugs to the FDA. Visit  
[www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 2: Forgot Password Screen

**Sabril**  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

Please enter the e-mail address you used to register. A link to reset your password will be sent to you.

**E-mail:**

Submit

Prescribing Information   Medication Guide   Instructions for Use

Prescriber   Pharmacy   Resources   Certified Pharmacy Look-Up   Login

**Lundbeck** 

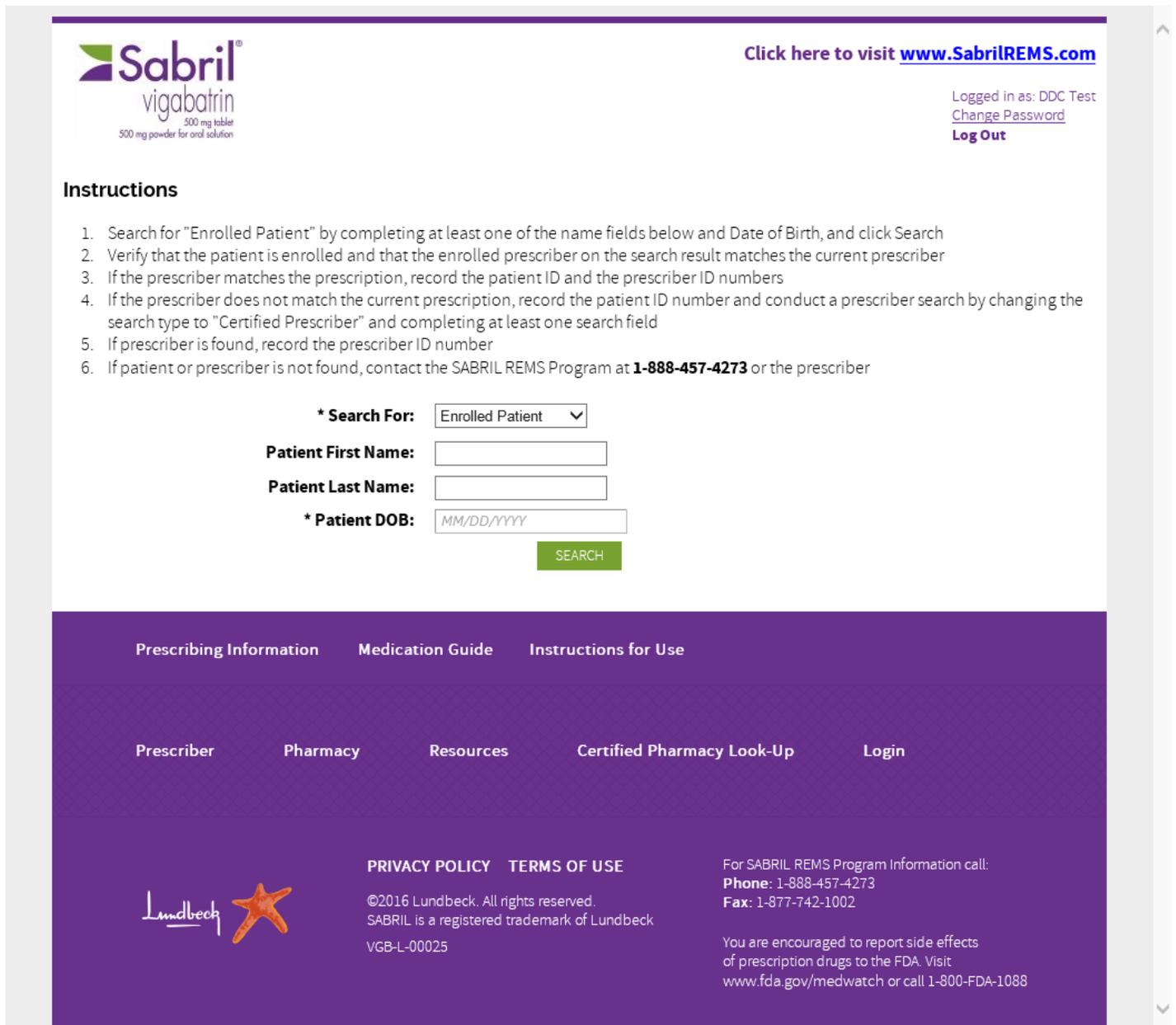
**PRIVACY POLICY**   **TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 3a: Look-up Portal Landing Page



The screenshot shows the Sabril look-up portal landing page. At the top left is the Sabril logo with 'vigabatrin' and '500 mg tablet' and '500 mg powder for oral solution' below it. At the top right is a link to 'www.SabrilREMS.com' and a user status 'Logged in as: DDC Test' with 'Change Password' and 'Log Out' links. Below the header is an 'Instructions' section with a numbered list of 6 steps. Under the instructions is a search form with fields for 'Search For' (a dropdown menu set to 'Enrolled Patient'), 'Patient First Name', 'Patient Last Name', and '\* Patient DOB' (with a placeholder 'MM/DD/YYYY'). A green 'SEARCH' button is below the DOB field. At the bottom of the page is a purple navigation bar with links for 'Prescribing Information', 'Medication Guide', 'Instructions for Use', 'Prescriber', 'Pharmacy', 'Resources', 'Certified Pharmacy Look-Up', and 'Login'. Below the navigation bar is the Lundbeck logo (a starfish) and text including 'PRIVACY POLICY', 'TERMS OF USE', '©2016 Lundbeck. All rights reserved.', 'SABRIL is a registered trademark of Lundbeck', 'VGB-L-00025', and contact information for the SABRIL REMS Program: 'For SABRIL REMS Program Information call: Phone: 1-888-457-4273 Fax: 1-877-742-1002'. A disclaimer at the bottom right states: 'You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088'.

Figure 3b: Search Type Drop-down Options

The screenshot displays the Sabril website interface. At the top left is the Sabril logo with 'vigabatrin' and '500 mg tablet' and '500 mg powder for oral solution' below it. At the top right is a link to 'www.SabrilREMS.com' and a user login status 'Logged in as: DDC Test' with 'Change Password' and 'Log Out' links. Below the header is an 'Instructions' section with a numbered list of steps for searching for patients and prescribers. The search form includes a '\* Search For:' dropdown menu with 'Certified Prescriber' and 'Enrolled Patient' options. Below this are input fields for 'Patient First Name', 'Patient Last Name', and '\* Patient DOB' with a 'MM/DD/YYYY' placeholder. A green 'SEARCH' button is positioned below the DOB field. At the bottom of the page is a purple navigation bar with links for 'Prescribing Information', 'Medication Guide', 'Instructions for Use', 'Prescriber', 'Pharmacy', 'Resources', 'Certified Pharmacy Look-Up', and 'Login'. The footer contains the Lundbeck logo, copyright information for 2016, and contact details for the SABRIL REMS Program, including phone and fax numbers, and a link to report side effects to the FDA.

**Sabril**  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

Logged in as: DDC Test  
[Change Password](#)  
[Log Out](#)

### Instructions

1. Search for "Enrolled Patient" by completing at least one of the name fields below and Date of Birth, and click Search
2. Verify that the patient is enrolled and that the enrolled prescriber on the search result matches the current prescriber
3. If the prescriber matches the prescription, record the patient ID and the prescriber ID numbers
4. If the prescriber does not match the current prescription, record the patient ID number and conduct a prescriber search by changing the search type to "Certified Prescriber" and completing at least one search field
5. If prescriber is found, record the prescriber ID number
6. If patient or prescriber is not found, contact the SABRIL REMS Program at **1-888-457-4273** or the prescriber

\* Search For:

Patient First Name:

Patient Last Name:

\* Patient DOB:

Prescribing Information   Medication Guide   Instructions for Use

Prescriber   Pharmacy   Resources   Certified Pharmacy Look-Up   Login

 **PRIVACY POLICY**   **TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 4: Patient Search Results

[Click here to visit www.SabrilREMS.com](http://www.SabrilREMS.com)

Logged in as: DDC Test  
[Change Password](#)  
[Log Out](#)

### Instructions

1. Search for "Enrolled Patient" by completing at least one of the name fields below and Date of Birth, and click Search
2. Verify that the patient is enrolled and that the enrolled prescriber on the search result matches the current prescriber
3. If the prescriber matches the prescription, record the patient ID and the prescriber ID numbers
4. If the prescriber does not match the current prescription, record the patient ID number and conduct a prescriber search by changing the search type to "Certified Prescriber" and completing at least one search field
5. If prescriber is found, record the prescriber ID number
6. If patient or prescriber is not found, contact the SABRIL REMS Program at **1-888-457-4273** or the prescriber

**\* Search For:**

**Patient First Name:**

**Patient Last Name:**

**\* Patient DOB:**

### Enrolled Patient Search Results

\*Please record the Patient ID number and the Prescriber ID number for audit purposes

Patient Name	DOB	Pt ID	Certified Treating Doctor	Prescriber ID	Enrollment Date
>					

Prescribing Information
Medication Guide
Instructions for Use

Prescriber
Pharmacy
Resources
Certified Pharmacy Look-Up
Login

PRIVACY POLICY   TERMS OF USE

©2016 Lundbeck. All rights reserved.  
 SABRIL is a registered trademark of Lundbeck  
 VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 5: Prescriber Search Results



[Click here to visit www.SabrilREMS.com](http://www.SabrilREMS.com)

Logged in as: DDC Test  
[Change Password](#)  
[Log Out](#)

### Instructions

1. Search for "Enrolled Patient" by completing at least one of the name fields below and Date of Birth, and click Search
2. Verify that the patient is enrolled and that the enrolled prescriber on the search result matches the current prescriber
3. If the prescriber matches the prescription, record the patient ID and the prescriber ID numbers
4. If the prescriber does not match the current prescription, record the patient ID number and conduct a prescriber search by changing the search type to "Certified Prescriber" and completing at least one search field
5. If prescriber is found, record the prescriber ID number
6. If patient or prescriber is not found, contact the SABRIL REMS Program at **1-888-457-4273** or the prescriber

**\* Search For:**

**Prescriber First Name:**

**Prescriber Last Name:**

**NPI:**

**Prescriber Phone Number:**

### Certified Prescriber Search Results

\*Please record the Patient ID number and the Prescriber ID number for audit purposes

	Doctor Name	NPI	Prescriber ID	Phone
>				
>				
>				
>				
>				

Prescribing Information
Medication Guide
Instructions for Use

Prescriber
Pharmacy
Resources
Certified Pharmacy Look-Up
Login



**PRIVACY POLICY**   **TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
 SABRIL is a registered trademark of Lundbeck  
 VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 6: Search Results – No Records Found

The screenshot displays the Sabril REMS search interface. At the top left is the Sabril logo (vigabatrin 500 mg tablet/powder). At the top right, there is a link to [www.SabrilREMS.com](http://www.SabrilREMS.com) and user information: "Logged in as: DDC Test" with links for "Change Password" and "Log Out".

**Instructions**

1. Search for "Enrolled Patient" by completing at least one of the name fields below and Date of Birth, and click Search
2. Verify that the patient is enrolled and that the enrolled prescriber on the search result matches the current prescriber
3. If the prescriber matches the prescription, record the patient ID and the prescriber ID numbers
4. If the prescriber does not match the current prescription, record the patient ID number and conduct a prescriber search by changing the search type to "Certified Prescriber" and completing at least one search field
5. If prescriber is found, record the prescriber ID number
6. If patient or prescriber is not found, contact the SABRIL REMS Program at **1-888-457-4273** or the prescriber

**\* Search For:**

**Patient First Name:**

**Patient Last Name:**

**\* Patient DOB:**

**Enrolled Patient Search Results**

No records found.  
Please refine your search or contact the SABRIL REMS Program at 1-888-457-4273 or the prescriber.

**Navigation Links:** Prescribing Information, Medication Guide, Instructions for Use, Prescriber, Pharmacy, Resources, Certified Pharmacy Look-Up, Login

**Footer:** Includes the Lundbeck logo, copyright notice (©2016 Lundbeck), privacy policy/terms of use links, and contact information for the SABRIL REMS Program (Phone: 1-888-457-4273, Fax: 1-877-742-1002). It also includes a statement about reporting side effects to the FDA.

Figure 7a: Change Password Screen

**Sabril<sup>®</sup>**  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

Logged in as: DDC Test  
[Change Password](#)  
[Log Out](#)

### Change Password

#### Instructions

1. Your password will expire in 90 days
2. You cannot reuse any of your last 5 passwords
3. Your password must be at least eight (8) characters and with at least the following:
  - At least one uppercase letter
  - At least one lowercase letter
  - At least one numeric digit
  - At least one special character. Valid special characters are !@#\$\$%^&\*

**Current Password:**

**New Password:**

**Verify Password:**

[SAVE](#) [CANCEL](#)

[Prescribing Information](#)   [Medication Guide](#)   [Instructions for Use](#)

[Prescriber](#)   [Pharmacy](#)   [Resources](#)   [Certified Pharmacy Look-Up](#)   [Login](#)

 [PRIVACY POLICY](#)   [TERMS OF USE](#)

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 7b: Change Password Confirmation

The screenshot displays the Sabril REMS website interface. At the top left is the Sabril logo with 'vigabatrin' and '500 mg tablet' and '500 mg powder for oral solution' below it. At the top right, there is a link to 'www.SabrilREMS.com' and a user status 'Logged in as: DDC Test' with 'Change Password' and 'Log Out' links. The main content area features a 'Change Password' heading and a confirmation message: 'Your password has been changed. Please log in using your new password.' Below this is a navigation bar with links for 'Prescribing Information', 'Medication Guide', and 'Instructions for Use'. A second navigation bar includes 'Prescriber', 'Pharmacy', 'Resources', 'Certified Pharmacy Look-Up', and 'Login'. The footer contains the Lundbeck logo, copyright information for 2016, privacy and terms links, contact numbers (1-888-457-4273 and 1-877-742-1002), and a warning about reporting side effects to the FDA.

**Sabril<sup>®</sup>**  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

Logged in as: DDC Test  
[Change Password](#)  
**Log Out**

### Change Password

Your password has been changed. Please log in using your new password.

[Prescribing Information](#)   [Medication Guide](#)   [Instructions for Use](#)

[Prescriber](#)   [Pharmacy](#)   [Resources](#)   [Certified Pharmacy Look-Up](#)   [Login](#)

 **PRIVACY POLICY**   **TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 8: Error Message on Forgot Password Screen

The screenshot shows the Sabril website's forgot password interface. At the top left is the Sabril logo with 'vigabatrin' and '500 mg tablet' and '500 mg powder for oral solution' below it. At the top right is a link: 'Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)'. The main text reads: 'Please enter the e-mail address you used to register. A link to reset your password will be sent to you.' Below this is an 'E-mail:' label followed by a text input field containing 'fds'. To the right of the field is a red error message: 'Not a valid e-mail address. Must follow email@host.domain.' Below the error message is another red line: 'You must enter a valid value in the following fields: E-mail.' A green 'Submit' button is positioned below the input field. The bottom section of the page is a dark purple footer containing navigation links: 'Prescribing Information', 'Medication Guide', 'Instructions for Use', 'Prescriber', 'Pharmacy', 'Resources', 'Certified Pharmacy Look-Up', and 'Login'. On the left of the footer is the Lundbeck logo with an orange starfish. In the center of the footer are links for 'PRIVACY POLICY' and 'TERMS OF USE', followed by copyright information: '©2016 Lundbeck. All rights reserved. SABRIL is a registered trademark of Lundbeck VGB-L-00025'. On the right of the footer is contact information: 'For SABRIL REMS Program Information call: Phone: 1-888-457-4273 Fax: 1-877-742-1002' and a statement: 'You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088'.

Figure 9a: Error Messages on Search Screen

The screenshot shows the Sabril REMS search interface. At the top left is the Sabril logo (vigabatrin 500 mg tablet/powder). At the top right is a link to [www.SabrilREMS.com](http://www.SabrilREMS.com) and user information: "Logged in as: DDC Test", with links for "Change Password" and "Log Out".

**Instructions**

1. Search for "Enrolled Patient" by completing at least one of the name fields below and Date of Birth, and click Search
2. Verify that the patient is enrolled and that the enrolled prescriber on the search result matches the current prescriber
3. If the prescriber matches the prescription, record the patient ID and the prescriber ID numbers
4. If the prescriber does not match the current prescription, record the patient ID number and conduct a prescriber search by changing the search type to "Certified Prescriber" and completing at least one search field
5. If prescriber is found, record the prescriber ID number
6. If patient or prescriber is not found, contact the SABRIL REMS Program at **1-888-457-4273** or the prescriber

**\* Search For:**

**Patient First Name:**  **!Please enter patient first name or last name**

**Patient Last Name:**

**\* Patient DOB:**  **!Required field**

**Navigation Menu:** Prescribing Information, Medication Guide, Instructions for Use, Prescriber, Pharmacy, Resources, Certified Pharmacy Look-Up, Login

**Footer:** Lundbeck logo, [PRIVACY POLICY](#), [TERMS OF USE](#), ©2016 Lundbeck. All rights reserved. SABRIL is a registered trademark of Lundbeck. VGB-L-00025. For SABRIL REMS Program Information call: **Phone:** 1-888-457-4273 **Fax:** 1-877-742-1002. You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 9b: Error Messages on Search Screen

The screenshot shows the Sabril website search interface. At the top left is the Sabril logo (vigabatrin 500 mg tablet/powder). At the top right is a link to [www.SabrilREMS.com](http://www.SabrilREMS.com) and user information: "Logged in as: DDC Test" with links for "Change Password" and "Log Out".

**Instructions**

1. Search for "Enrolled Patient" by completing at least one of the name fields below and Date of Birth, and click Search
2. Verify that the patient is enrolled and that the enrolled prescriber on the search result matches the current prescriber
3. If the prescriber matches the prescription, record the patient ID and the prescriber ID numbers
4. If the prescriber does not match the current prescription, record the patient ID number and conduct a prescriber search by changing the search type to "Certified Prescriber" and completing at least one search field
5. If prescriber is found, record the prescriber ID number
6. If patient or prescriber is not found, contact the SABRIL REMS Program at **1-888-457-4273** or the prescriber

**\* Search For:**

**Patient First Name:**  **!Please enter patient first name or last name**

**Patient Last Name:**

**\* Patient DOB:**  **!Invalid Date**

Navigation menu: Prescribing Information, Medication Guide, Instructions for Use, Prescriber, Pharmacy, Resources, Certified Pharmacy Look-Up, Login.

Footer: Lundbeck logo, ©2016 Lundbeck. All rights reserved. SABRIL is a registered trademark of Lundbeck. VGB-L-00025. Privacy Policy, Terms of Use. For SABRIL REMS Program Information call: Phone: 1-888-457-4273, Fax: 1-877-742-1002. You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

Figure 9c: Error Messages on Search Screen

The screenshot shows the Sabril search interface. At the top left is the Sabril logo with 'vigabatrin 500 mg tablet' and '500 mg powder for oral solution'. At the top right is a link to 'www.SabrilREMS.com' and a user login status 'Logged in as: DDC Test' with 'Change Password' and 'Log Out' links. Below the header is an 'Instructions' section with a numbered list of 6 steps. The search form includes a dropdown menu for '\* Search For:' set to 'Certified Prescriber', and input fields for 'Prescriber First Name:', 'Prescriber Last Name:', 'NPI:', and 'Prescriber Phone Number:'. A red error message states 'You must enter at least one search criteria.' and a green 'SEARCH' button is present. The footer contains navigation links for 'Prescribing Information', 'Medication Guide', 'Instructions for Use', 'Prescriber', 'Pharmacy', 'Resources', 'Certified Pharmacy Look-Up', and 'Login'. It also includes the Lundbeck logo, copyright information, and contact details for the SABRIL REMS Program.

**Sabril**  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

Logged in as: DDC Test  
[Change Password](#)  
[Log Out](#)

### Instructions

1. Search for "Enrolled Patient" by completing at least one of the name fields below and Date of Birth, and click Search
2. Verify that the patient is enrolled and that the enrolled prescriber on the search result matches the current prescriber
3. If the prescriber matches the prescription, record the patient ID and the prescriber ID numbers
4. If the prescriber does not match the current prescription, record the patient ID number and conduct a prescriber search by changing the search type to "Certified Prescriber" and completing at least one search field
5. If prescriber is found, record the prescriber ID number
6. If patient or prescriber is not found, contact the SABRIL REMS Program at **1-888-457-4273** or the prescriber

\* Search For:

Prescriber First Name:

Prescriber Last Name:

NPI:

Prescriber Phone Number:

You must enter at least one search criteria.

SEARCH

Prescribing Information   Medication Guide   Instructions for Use

Prescriber   Pharmacy   Resources   Certified Pharmacy Look-Up   Login

**Lundbeck** 

**PRIVACY POLICY   TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 10: Error Messages on Change Password Screen

The screenshot shows the Sabril REMS Change Password screen. At the top left is the Sabril logo with 'vigabatrin 500 mg tablet' and '500 mg powder for oral solution' below it. At the top right, there is a link to 'www.SabrilREMS.com' and a user status 'Logged in as: DDC Test' with links for 'Change Password' and 'Log Out'. The main heading is 'Change Password' followed by 'Instructions' which lists three password requirements: 1. 90-day expiration, 2. no reuse of last 5 passwords, and 3. at least 8 characters with specific complexity rules. Below the instructions are three input fields: 'Current Password', 'New Password', and 'Verify Password'. Each field is empty and has a red error message below it: 'Current Password is required.', 'New Password is required.', and 'Verify Password is required.' At the bottom of the form are 'SAVE' and 'CANCEL' buttons. The footer contains navigation links for 'Prescribing Information', 'Medication Guide', 'Instructions for Use', 'Prescriber', 'Pharmacy', 'Resources', 'Certified Pharmacy Look-Up', and 'Login'. It also includes the Lundbeck logo, 'PRIVACY POLICY TERMS OF USE', copyright information, and contact details for the SABRIL REMS Program.

**Sabril**<sup>®</sup>  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

Logged in as: DDC Test  
[Change Password](#)  
[Log Out](#)

### Change Password

#### Instructions

1. Your password will expire in 90 days
2. You cannot reuse any of your last 5 passwords
3. Your password must be at least eight (8) characters and with at least the following:
  - At least one uppercase letter
  - At least one lowercase letter
  - At least one numeric digit
  - At least one special character. Valid special characters are !@#\$%^&\*

**Current Password:**   
Current Password is required.

**New Password:**   
New Password is required.

**Verify Password:**   
Verify Password is required.

Prescribing Information   Medication Guide   Instructions for Use

Prescriber   Pharmacy   Resources   Certified Pharmacy Look-Up   Login

 **PRIVACY POLICY**   **TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 1: Pharmacy Look-up Portal Landing Page

**Sabril**<sup>®</sup>  
vigabatrin  
500 mg tablet  
500 mg powder for oral solution

Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)

**Instructions:** To look up a pharmacy, please enter Pharmacy Name below and press **Search**.

[Click here to view all pharmacies dispensing SABRIL](#)

Pharmacy Name:

Search

For questions, please contact the SABRIL REMS Program at 1-888-457-4273.

Prescribing Information   Medication Guide   Instructions for Use

Prescriber   Pharmacy   Resources   Certified Pharmacy Look-Up   Login

**Lundbeck** 

**PRIVACY POLICY   TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088

Figure 2: Pharmacy Look-up Portal Search Results

The screenshot shows the Sabril REMS program website. At the top left is the Sabril logo with 'vigabatrin' and '500 mg tablet' and '500 mg powder for oral solution' below it. At the top right is a link: 'Click here to visit [www.SabrilREMS.com](http://www.SabrilREMS.com)'. Below the logo is an instruction: 'Instructions: To look up a pharmacy, please enter Pharmacy Name below and press Search.' A link follows: 'Click here to view all pharmacies dispensing SABRIL'. The search form has 'Pharmacy Name:' followed by a text box containing 'children' and a green 'Search' button. Below the search is the section 'Certified Pharmacy Search Results' with a table. The table has five columns: 'Pharmacy Name', 'Phone Number', 'Fax Number', 'Outpatient', and 'Inpatient'. The table body is currently empty. Below the table is the text: 'For questions, please contact the SABRIL REMS Program at 1-888-457-4273.' The footer is a purple bar with navigation links: 'Prescribing Information', 'Medication Guide', 'Instructions for Use', 'Prescriber', 'Pharmacy', 'Resources', 'Certified Pharmacy Look-Up', and 'Login'. On the left of the footer is the Lundbeck logo with an orange starfish. In the center of the footer are links for 'PRIVACY POLICY' and 'TERMS OF USE', and copyright information: '©2016 Lundbeck. All rights reserved. SABRIL is a registered trademark of Lundbeck VGB-L-00025'. On the right of the footer is contact information: 'For SABRIL REMS Program Information call: Phone: 1-888-457-4273 Fax: 1-877-742-1002' and a statement: 'You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088'.

Figure 3: List of Pharmacies Pop-up

**Sab**  
viga  
500 mg powder for

[Close List](#)

[brilREMS.com](#)

Pharmacy Name	Phone Number	Fax Number	Outpatient	Inpatient
---------------	--------------	------------	------------	-----------

nt

Prescribing Information   Medication Guide   Instructions for Use

Prescriber   Pharmacy   Resources   Certified Pharmacy Look-Up   Login

**Lundbeck** 

**PRIVACY POLICY   TERMS OF USE**

©2016 Lundbeck. All rights reserved.  
SABRIL is a registered trademark of Lundbeck  
VGB-L-00025

For SABRIL REMS Program Information call:  
**Phone:** 1-888-457-4273  
**Fax:** 1-877-742-1002

You are encouraged to report side effects  
of prescription drugs to the FDA. Visit  
[www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088