### Member Information
- **Medication Information**
  - **Medication Name:**
  - **Strength:**
  - **Dosage Form:**
  - **Directions for Use:**

### Clinical Information
- **Select the diagnosis below:**
  - Infantile spasms
  - Refractory complex partial seizures
  - Other diagnosis: ____________________________  **ICD-10 Code(s):** ____________________________

- **Clinical Information:**
  - Is this request for continuation of prior therapy?  **Yes**  **No**
  - Has the patient been on the requested medication within the past 120 days?  **Yes**  **No**

- **For refractory complex partial seizures, also answer the following:**
  - Will Sabril (vigabatrin) be used as adjunctive therapy?  **Yes**  **No**
  - Has the patient had trial and failure, contraindication, or intolerance to two formulary anticonvulsants [e.g., Lamictal (lamotrigine), Depakene (valproic acid), Dilantin (phenytoin)]?  **Yes**  **No**

- **Quantity Limit:**
  - What is the quantity requested per DAY? ____

- **What is the reason for exceeding the plan limitations?**
  - Titration or loading-dose purposes
  - Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
  - Requested strength/dose is not commercially available
  - There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. **Please specify:** ____________________________

- **Other:**  

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

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**Please note:**
- This request may be denied unless all required information is received.
- If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
- For urgent or expedited requests please call 1-800-711-4555.
- This form may be used for non-urgent requests and faxed to 1-800-527-0531.