



Sabril® Prior Authorization Request Form

Please fax the completed request form to Mercy Health Plans Pharmacy Department
at 314-214-8201 or 800-647-2240. For additional information please call 314-214-8282 or 800-647-2240.

Patient Name: _____ Today's Date: ____/____/____
 Patient Pharmacy ID: _____ Date of Birth: ____/____/____
 (located on bottom right of insurance card)
 Requesting Physician: _____ Specialty: _____
 (Please print)
 Office Contact Person: _____ Phone #: (____)____-____ ext ____
 Office Address: _____
 Medication/dose Requested: _____ Fax #: (____)____-____
 Expected Duration of Therapy: _____ ICD-9: _____

Please circle YES or NO:

- | | | |
|--|-----|----|
| 1. Does the patient have a diagnosis of infantile spasms ? | YES | NO |
| <input type="checkbox"/> Is the patient 1 month to 2 years of age with documented infantile spasms? | YES | NO |
| <input type="checkbox"/> Will Sabril be used as monotherapy? | YES | NO |
| <input type="checkbox"/> Is the physician compliant with REMS elements and registered with the SHARE program? | YES | NO |
| 2. Does the patient have a diagnosis of refractory complex partial seizures ? | YES | NO |
| <input type="checkbox"/> Has the patient had documented trial/failure of at least four anticonvulsants or intolerability to all anticonvulsants indicated for partial seizures covered on the formulary? | YES | NO |

Please list the anticonvulsants patient has been treated with, below.

Anticonvulsant	Dose	Date	Therapeutic Outcome

- | | | |
|---|-----|----|
| <input type="checkbox"/> Is Sabril being used as adjunctive therapy? | YES | NO |
| Please list adjunctive therapy? _____ | | |
| <input type="checkbox"/> Is the physician compliant with REMS elements and registered with the SHARE program? | YES | NO |

Physician's Signature: _____ Date: ____/____/____

For Mercy Health Plans use only:

Approved Length of Approval _____
 Denied Reason for Denial _____
 Reviewer's Signature: _____ Date Reviewed: ____/____/____
 Override Entered in Caremark CCMS for _____ - _____ by _____
 Office Notified on _____; at _____ am/pm; by _____ spoke to _____