



Topamax
(topiramate)

Express Scripts
Prior Authorization
Phone (800) 417-8164
Fax 877-837-5922

Please have the information below ready when calling in the authorization.

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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1. Is patient stabilized on Topamax and new to SCAN Health Plan?
2. Is the diagnosis or indication for the treatment of seizure disorder, migraines, or bipolar disorder?
3. What is the diagnosis? Per MD office: ___ Yes ___ No If No, then by whom: _____
4. Are there any other comments, diagnoses, symptoms, and/or any other information you feel is important to this review?

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.