



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 one of the following: <ul style="list-style-type: none">• Initial monotherapy in patients with partial onset or primary generalized tonic-clonic seizures.• Adjunctive therapy in patients with partial onset seizures, or primary generalized tonic-clonic seizures, or seizures associated with Lennox-Gastaut syndrome.• Prophylaxis of migraine headache• Bipolar disorder |
| 3. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels 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>.