FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Onfi® (clobazam) & Sympazan™ Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable ❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

❑ Seizures associated with Dravet syndrome (DS)

❑ Seizures associated with Lennox-Gastaut syndrome (LGS)

❑ Other diagnosis: _____ ICD-10 Code(s): _____

Prescriber specialty:

Is the requested medication being prescribed by or in consultation with a neurologist? ❑ **Yes** ❑ **No**

For seizures associated with Dravet syndrome (DS), also answer the following:

Will the requested medication be used in combination with Diacomit? **Yes** ❑ **No**

For seizures associated with Lennox-Gastaut syndrome (LGS), also answer the following:

Is the requested medication being used as adjunctive therapy? ❑ **Yes** ❑ **No**

For Sympazan requests, also answer the following:

Is the patient established on Sympazan and this is for a continuation of prior therapy? ❑ **Yes** ❑ **No**

Does the patient have a trial and failure or intolerance to generic clobazam tablets or oral suspension? ❑ **Yes** ❑ **No**

Reauthorization:

Is there documentation the patient has had a positive clinical response to the requested medication? ❑ **Yes** ❑ **No**

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

_____

_____

Please note: This request may be denied unless all required information is received.

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