



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

Trokendi XR® 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:
<input type="checkbox"/> Check if generic substitution is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Continuation of therapy:	
Is this for a continuation of prior therapy with Trokendi XR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select the diagnosis below:	
<input type="checkbox"/> Lennox-Gastaut syndrome (adjunct)	
<input type="checkbox"/> Partial onset seizure	
<input type="checkbox"/> Primary generalized tonic-clonic seizures	
<input type="checkbox"/> Prophylaxis of migraine	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
Medication history:	
Has the patient had a trial and failure or intolerance to generic topiramate immediate-release? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient had a contraindication to generic topiramate immediate-release <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select the medications the patient has a failure, contraindication, or intolerance to:	
<input type="checkbox"/> Carbamazepine	
<input type="checkbox"/> Lamotrigine	
<input type="checkbox"/> Levetiracetam	
<input type="checkbox"/> Oxcarbazepine	
<input type="checkbox"/> Other generic anticonvulsant(s). Please specify: _____	

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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