

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)
 Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Sabril[®] (vigabatrin)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New request Continuation request

Drug product: Sabril 500 mg tablet **Start date** (or date of next dose): _____
 Sabril 500 mg powder for solution **Date of last dose** (if applicable): _____
 vigabatrin 500 mg powder for solution **Dosing frequency**: _____

Drug cost information

The wholesale acquisition cost for Sabril is \$88.06 per tablet. The average annual cost of treatment with this drug in adults is \$192,860. This cost will vary depending on the patient's circumstances.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have one of the following conditions and meet requirements specific to that condition (please provide documentation to support diagnosis):
 - A. Infantile spasms
 - o Must be 2 years of age or younger

Approval duration for infantile spasms is 6 months, with continuation of treatment per documentation of patient response.

- B. Refractory complex partial seizure
 - o Must have treatment failure with two generic anticonvulsants

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Infantile spasms
- Refractory complex partial seizures
- Other – rationale for use:* _____

B. For treatment of infantile spasms is patient 2 years of age or less?

- Yes
- No, rationale for use: _____

C. For treatment of refractory complex partial seizures, the patient has tried and failed the following generic anticonvulsants:

Drug	Dose	Dates of Use	Therapy Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Not all requirements are met – Below is rationale for use:
