



2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Vigadrone (vigabatrin) powder

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Form with fields for Patient Name, Prescriber Name, Member Number, Date of Birth, Line of Business, Address, City, State ZIP, Primary Phone, Fax, Phone, Office Contact, NPI, State Lic ID, and Specialty/facility name.

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Form with fields for Drug Name, Strength, and Directions / SIG.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. What is the diagnosis?

Infantile spasms

Complex partial seizures

Q2. Is this an initial or continuation request?

Initial

Continuation

Q3. For infantile spasms in members less than 2 years of age, is there documentation of the diagnosis?

Yes

No

Q4. For complex partial seizures, has the patient had an inadequate response to at least two alternative treatments for complex partial seizures?

Yes

No

Q5. For reauthorization for infantile spasms, has the patient shown substantial clinical benefit from vigabatrin therapy?



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Patient Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q6. For reauthorization for complex partial seizures, has the patient shown substantial clinical benefit from vigabatrin therapy?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q7. Additional Information:	

Prescriber Signature

Date
2024 Prior Authorization Request