

Prior Authorization Request Form for
zonisamide oral suspension (Zonisade)



7231 Parkway Drive, Suite 100, Hanover, MD 21076

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

1. The provider acknowledges that a generic zonisamide capsule is available to TRICARE patients and do not require a PA.	<input type="checkbox"/> Acknowledged Proceed to question 2	
2. Is the medication being prescribed by a neurologist?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No STOP Coverage not approved
3. What is the patient's diagnosis or indication?	<input type="checkbox"/> Partial-onset epilepsy– Proceed to question 4 <input type="checkbox"/> Other indication or diagnosis – STOP: coverage not approved.	
4. Does the patient require a liquid formulation due to swallowing difficulty?	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No STOP Coverage not approved
5. Has the patient tried and failed OR has a contraindication to ONE formulary anti-epileptic drug (for example: lamotrigine, carbamazepine)?	<input type="checkbox"/> Yes Sign and date below.	<input type="checkbox"/> No STOP Coverage not approved

Step 3 I certify the above is true to the best of my knowledge.

Please sign and date:

_____	_____
Prescriber Signature	Date

For Internal Use Only

<input type="checkbox"/> Approved:	Duration of Approval: ____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#: