

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish a policy for the use of Sabril®

STATEMENT OF THE POLICY

Health Alliance Medical Plans will cover Sabril® for new starts only when the below criteria has been submitted.

1. PROCEDURES

- 1.1. Approved for FDA approved indications
- 1.2. Physician is registered with the manufacturer to prescribe Sabril® thru the Share Program
- 1.3. Prior authorization is to ensure facilitation of the drug thru the manufacturer's Share program