COVERAGE DETERMINATION REQUEST FORM

EOC ID:
Age Limit Override - EL

Phone: 800-361-4542 Fax back to: 866-414-3453

Elixir 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 left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Please note that Elixir will process the request as written, including drug name, with no substitution.

☐ Expedited/Urgent

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Is this request for initial or continuing therapy?

☐ Initial therapy ☐ Continuing therapy

Q2. For CONTINUING THERAPY, please provide the start date:

Q3. Please indicate the patient's diagnosis for the requested medication:

☐ Acne
☐ ADD (attention deficit disorder)
☐ ADHD (attention deficit hyperactivity disorder)
☐ Narcolepsy
☐ Other

Q4. If the patient's diagnosis is OTHER, please specify below:

Q5. Please indicate which medication group this request is for:

☐ Topical acne preparations (benzyl peroxide products, clindamycin products, combination products)
☐ Oral acne antibiotics
☐ Topical retinoids (Retin A, retinoin, Tazorac, Differin, Altinac, Atralin)
☐ Oral retinoids (Accutane, Amnesteen, Clarivis, Sotret)
☐ Dextroamphetamine sulfate products (Dextrostat, Dexedrine, Liquadd, dextroamphetamine)
☐ Vyvanse
☐ Desoxyn (methamphetamine)
☐ Strattera (atomoxetine)

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☐ Methylphenidate products (Methylphenidate [all forms], Ritalin, Ritalin LA, Methylin, Metadate CD, Concerta, Daytrana)
☐ Dexmethylphenidate products (Focalin, Focalin XR, dexmethylphenidate)
☐ Amphetamine-dextroamphetamine mixtures (Adderall, Adderall XR, amphetamine salt combos)
☐ Nuvigil
☐ Dental Caries; Prophylaxis
☐ Other

Q6. If the medication is OTHER, please specify below:

Prescriber Signature

Date