



# Coverage determination request form.

EOC ID: MedImpact Age Limit Override

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

MedImpact 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 MedImpact will process the request as written, including drug name, with no substitution.**

Drug Name and Strength:

Expedited / Urgent

Directions / SIG:

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

<p>Q1: Is this request for initial or continuing therapy?</p> <p><input type="checkbox"/> Initial therapy    <input type="checkbox"/> Continuing therapy</p>
<p>Q2: For CONTINUING THERAPY, please provide the start date:</p>
<p>Q3: Please indicate the patient's diagnosis for the requested medication:</p> <p><input type="checkbox"/> Acne</p> <p><input type="checkbox"/> ADD ((attention deficit disorder)</p> <p><input type="checkbox"/> ADHD (attention deficit hyperactivity disorder)</p> <p><input type="checkbox"/> Narcolepsy</p> <p><input type="checkbox"/> Other</p>
<p>Q4: If the patient's diagnosis is OTHER, please specify below:</p>

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

- |   |   |
|---|---|
| <input type="checkbox"/> Topical acne preparations (benzyl peroxide products, clindamycin products, combination products) | <input type="checkbox"/> Strattera (atomoxetine)  |
| <input type="checkbox"/> Oral acne antibiotics  | <input type="checkbox"/> Methylphenidate products (Methylphenidate [all forms], Ritalin, Ritalin LA, Methylin, Metadate CD, Concerta, Daytrana) |
| <input type="checkbox"/> Topical retinoids (Retin A, retinoin, Tazorac, Differin, Altinac, Atralin)                       | <input type="checkbox"/> Dexmethylphenidate products (Focalin, Focalin XR, dexmethylphenidate)  |
| <input type="checkbox"/> Oral retinoids (Accutane, Amnestein, Claravis, Sotret)   | <input type="checkbox"/> Amphetamine-dextroamphetamine mixtures (Adderall, Adderall XR, amphetamine salt combos)                                |
| <input type="checkbox"/> Dextroamphetamine sulfate products (Dextrostat, Dexedrine, Liquadd, dextroamphetamine)           | <input type="checkbox"/> Nuvigil  |
| <input type="checkbox"/> Vyvanse  | <input type="checkbox"/> Dental Caries; Prophylaxis   |
| <input type="checkbox"/> Desoxyn (methamphetamine)  | <input type="checkbox"/> Other  |

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

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

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