



COVERAGE DETERMINATION REQUEST FORM

EOC ID:
Elixir Age Limit Override

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.

Form with two columns: Patient Name and Prescriber Name. Fields include Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Fax, Office Contact, NPI, Address, City, State ZIP, State Lic ID, and Specialty/facility name.

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

Expedited/Urgent checkbox

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 and Continuing therapy checkboxes

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, Amnestein, Claravis, Sotret)
Dextroamphetamine sulfate products (Dextrostat, Dexedrine, Liquadd, dextroamphetamine)
Vyvanse
Desoxyn (methamphetamine)
Strattera (atomoxetine)



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<b>Patient Name:</b>	<b>Prescriber Name:</b>
<input type="checkbox"/> Methylphenidate products (Methylphenidate [all forms], Ritalin, Ritalin LA, Methylin, Metadate CD, Concerta, Daytrana)	
<input type="checkbox"/> Dexmethylphenidate products (Focalin, Focalin XR, dexmethylphenidate)	
<input type="checkbox"/> Amphetamine-dextroamphetamine mixtures (Adderall, Adderall XR, amphetamine salt combos)	
<input type="checkbox"/> Nuvigil	
<input type="checkbox"/> Dental Caries; Prophylaxis	
<input type="checkbox"/> Other	
Q6. If the medication is OTHER, please specify below:	

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

\_\_\_\_\_  
Date

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