



Please complete ALL information below and fax your request to 1-888-671-5285

Keveyis® Coverage Determination Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:	Office Contact:	
City:	State:	City:	State:		
Phone:			City:	Phone:	City:

Medication Information (required)		
Medication Name: Select one of the following: <input type="checkbox"/> Request is for GENERIC <input type="checkbox"/> Request is for BRAND (unable to take the generic)	Strength:	Dosage Form:
<input type="checkbox"/> Check if request is for continuation of therapy	Directions for Use:	

Clinical Information (required)
Select the Type of Coverage Determination Requested: <input type="checkbox"/> Prior Authorization - Request is for a drug that requires prior authorization under the plan.
Select the diagnosis below: <input type="checkbox"/> Primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, and related variants <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____
Clinical information: Select if there is documentation of the following: <input type="checkbox"/> Patient is not concomitantly using high dose aspirin <input type="checkbox"/> Patient does not have severe pulmonary disease <input type="checkbox"/> Patient does not have hepatic insufficiency Is Keveyis prescribed by or in consultation with a neurologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reauthorization, also answer the following: Is there documentation the prescriber has evaluated the patient's response to dichlorphenamide (Keveyis) and recommends continuation of the treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.