Wellpoint

Keveyis (dichlorphenamide) Prior Authorization of Benefits (PAB) Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 844-474-3341.

1. Patient information	**2. Physician information**
Name: _____	Prescribing physician: _____
Patient ID #: _____	Address: _____
DOB: _____	Phone #: _____
Date of Rx: _____	Fax #: _____
Phone #: _____	Physician specialty: _____
Email: _____	Physician DEA: _____
	Physician NPI #: _____
	Email: _____

3. Medication	**4. Strength**	**5. Directions**	**6. Quantity per 30 days**
Keveyis (dichlorphenamide)			Specify:
7. Diagnosis			

8. Approval criteria: Check all boxes that apply.

Note: Any areas not filled out are considered not applicable and may affect the outcome of this request.

☐ Yes ☐ No Patient has a diagnosis of primary periodic paralysis **If Yes:**
- ☐ Yes ☐ No Patient has had a diagnosis of primary periodic paralysis in the last 730 days

☐ Yes ☐ No Patient has had a claim for acetazolamide in the last 365 days
☐ Yes ☐ No Patient has had a claim for high dose aspirin in the last 90 days
☐ Yes ☐ No Patient has had a diagnosis of severe pulmonary disease in the last 365 days
☐ Yes ☐ No Patient has had a diagnosis of moderate to severe hepatic impairment in the last 365 days
☐ Yes ☐ No The requested dose is less than or equal to 4 units per day

9. Physician signature	
_____ Prescriber or authorized signature	_____ Date
Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient. Note: Payment is subject to member eligibility. Authorization does not guarantee payment.	
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