

**QUANTITY LIMIT**  
**PHYSICIAN FAX FORM FOR MEDICAID 2010**



**ONLY the prescriber may complete this form.**

**The following documentation is REQUIRED.** Incomplete forms will be returned for additional information.

**Today's Date:** \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):	Patient Telephone Number:
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**INSURANCE INFORMATION**

Member ID Number:	Group Number:
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**PHYSICIAN/CLINIC INFORMATION**

Prescriber Name:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:		Clinic Address:	
City, State, Zip:		Phone #:	Secure Fax #:

Patient's Diagnosis - ICD-9 code plus description:	
Medication Requested:	Strength:
Dosing Schedule:	Quantity per Month:
<p>1. Is the patient currently treated with the requested medication? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, when was treatment with the requested medication started? _____</p> <p>2. Please list all reasons for selecting the requested <b>medication</b> over alternatives (e.g. contraindications, allergies or history of adverse drug reactions.) _____          _____</p> <p>3. Please list all reasons for selecting the requested <b>strength, dosing schedule and quantity</b> over alternatives (e.g. lower dose has been tried.) _____          _____</p> <p>4. Please list all medications the patient has <b>previously tried and failed</b> for treatment of this diagnosis. (Please specify if the patient has tried brand-name products or generic products.) _____          _____</p> <p>5. Please list any other medications the patient will use in <b>combination</b> with the requested medication for treatment of this diagnosis. _____          _____</p>	

**If the requested medication is a triptan (such as Imitrex):**

6. Has the patient been evaluated for chronic daily headache caused by medication overuse? .....  Yes  No

**Please fax or mail this form to:**  
 Prime Therapeutics LLC  
 Clinical Review Department  
 1305 Corporate Center Drive  
 Eagan, Minnesota 55121

**TOLL FREE**

**Fax:** 877.480.8130      **Phone:** 866.202.3474

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