

# SENTARA COMMUNITY PLAN (MEDICAID)

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

## STIMULANTS/ADHD MEDICATIONS

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Name/Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight (if applicable): \_\_\_\_\_ Date weight obtained: \_\_\_\_\_

New Therapy                      OR                       Continuation Therapy

(Preferred stimulants/ADHD medications for individuals 4 years to 17 years do not require a Prior Authorization. If request is for a **non-preferred non-stimulant**, go to Question 5 and submit form.)

Stimulants prescribed for children **UNDER** the age of four (4) must be prescribed by pediatric psychiatrist, pediatric neurologist, developmental/behavior pediatrician, or in consultation with one of these specialists.

If the child is **UNDER 4 YEARS OF AGE** and a stimulant is being prescribed:

Is the prescriber a pediatric psychiatrist, pediatric neurologist, developmental or behavioral pediatrician, or in consultation with one of these specialists?

Yes                       NO

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**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Stimulants/ADHD medications for adults over 18 – to receive an approval for this drug, complete the following questions. This does not apply to non-stimulant ADHD medications (such as atomoxetine, Strattera<sup>®</sup>, clonidine ER, Kapvay<sup>®</sup>, guanfacine ER, Intuniv<sup>®</sup>, Qelbree<sup>®</sup> etc.).

**Does the member meet the following criteria?**

1. Indicate the diagnoses being treated (include all ICD codes, if applicable):

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2. Did the prescriber use the **Diagnostic and Statistical Manual of Mental Disorders, 5TH Edition** and determine that criteria have been met (**including documentation of impairment in more than one major setting**) to make the diagnosis of ADHD?

- Yes  
 No

3. For **Vyvance Chewable** tablets requests only:

- Member has tried and failed methylphenidate solution

**Maintenance Request. Does member meet the following criteria?**

4. The practitioner regularly evaluated the member for stimulant and/or other substance use disorder, and, if present, initiated specific treatment, consulted with an appropriate health care provider, or referred the patient for evaluation for treatment if indicated.

- Yes  
 No

**To request a non-preferred drug, please answer the questions below, providing all requested information:**

5. For non-preferred stimulants/ADHD medications, list pharmaceutical drugs attempted and outcome:

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6. Provide other pertinent information to support the use of the requested stimulant/ADHD medication for this member.

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**TABLE 1: LIST OF PREFERRED AND NON-PREFERRED\* DRUGS**

\*If requesting a **non-preferred drug**, member must have tried and failed **two (2) Preferred alternatives of the same class**. Please check the box next to the preferred alternatives that were tried and failed.

PREFERRED	NON-PREFERRED
<b>AMPHETAMINE DRUGS</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> amphetamine salts combo (generic for Adderall® IR)</li> <li><input type="checkbox"/> amphetamine salts combo XR (generic for Adderall XR)</li> <li><input type="checkbox"/> dextroamphetamine tab (generic for Dexedrine)</li> <li><input type="checkbox"/> dextroamphetamine cap SR (generic for Dexedrine Spansule)</li> <li><input type="checkbox"/> Vyvanse® cap (lisdexamfetamine)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adderall® IR (amphetamine salts combo)</li> <li><input type="checkbox"/> Adderall® XR (amphetamine salts combo)</li> <li><input type="checkbox"/> Adzenys XR ODT™</li> <li><input type="checkbox"/> Adzenys ER™ susp</li> <li><input type="checkbox"/> Adzenys ER™</li> <li><input type="checkbox"/> amphetamine sulfate (generic Evekeo™)</li> <li><input type="checkbox"/> amphetamine susp (generic Adzenys ER™ susp)</li> <li><input type="checkbox"/> amphetamine ER ODT (generic for Adzenys XR ODT™)</li> <li><input type="checkbox"/> Desoxyn®</li> <li><input type="checkbox"/> Dexedrine®</li> <li><input type="checkbox"/> Dyanavel® XR susp</li> <li><input type="checkbox"/> Dextroamphetamine soln</li> <li><input type="checkbox"/> Evekeo™</li> <li><input type="checkbox"/> lisdexamfetamine (generic Vyvanse®)</li> <li><input type="checkbox"/> methamphetamine</li> <li><input type="checkbox"/> Mydayis™ ER</li> <li><input type="checkbox"/> Procentra® soln</li> <li><input type="checkbox"/> Vyvanse® chewable tab (Member must have tried and failed methylphenidate solution)</li> <li><input type="checkbox"/> Xelstrym™</li> <li><input type="checkbox"/> Zenzedi™</li> </ul>

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PREFERRED	NON-PREFERRED
<b>METHYLPHENIDATE DRUGS</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> All methylphenidate IR generic</li> <li><input type="checkbox"/> Concerta<sup>®</sup></li> <li><input type="checkbox"/> Daytrana<sup>®</sup> Transdermal</li> <li><input type="checkbox"/> dexmethylphenidate XR</li> <li><input type="checkbox"/> dexmethylphenidate IR</li> <li><input type="checkbox"/> methylphenidate solution</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adhansia<sup>™</sup> XR</li> <li><input type="checkbox"/> Aptensio<sup>™</sup> XR</li> <li><input type="checkbox"/> Azstarys<sup>™</sup></li> <li><input type="checkbox"/> Cotempla XR-ODT<sup>™</sup></li> <li><input type="checkbox"/> Focalin<sup>®</sup> XR</li> <li><input type="checkbox"/> Focalin<sup>®</sup> IR</li> <li><input type="checkbox"/> Jornay PM</li> <li><input type="checkbox"/> Metadate CD<sup>®</sup></li> <li><input type="checkbox"/> Metadate ER<sup>®</sup></li> <li><input type="checkbox"/> Methylin ER<sup>®</sup>, soln IR</li> <li><input type="checkbox"/> methylphenidate chew</li> <li><input type="checkbox"/> methylphenidate ER, LA, SR</li> <li><input type="checkbox"/> methylphenidate ER (generic Relexxii<sup>®</sup>)</li> <li><input type="checkbox"/> methylphenidate ER (generic Aptensio<sup>™</sup> XR)</li> <li><input type="checkbox"/> QuilliChew<sup>™</sup> ER</li> <li><input type="checkbox"/> Quillivant<sup>™</sup> XR susp</li> <li><input type="checkbox"/> Ritalin<sup>®</sup> IR, LA, &amp; SR</li> </ul>
<b>MISCELLANEOUS DRUGS</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> atomoxetine (generic for Strattera<sup>®</sup>)</li> <li><input type="checkbox"/> guanfacine ER</li> <li><input type="checkbox"/> clonidine ER</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Intuniv<sup>®</sup></li> <li><input type="checkbox"/> Qelbree<sup>®</sup></li> <li><input type="checkbox"/> Strattera<sup>®</sup></li> </ul>

***\*\*Use of samples to initiate therapy does not meet step edit/preauthorization criteria.\*\****

***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****