

# 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. **Member must meet the minimum FDA approved age.**

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, clonidine ER, guanfacine ER, Intuniv®, Qelbree®, Onyda™ XR etc. See question 4).**

**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 **Vyvanse Chewable** tablets requests only:

- Member has tried and failed methylphenidate solution

4. For **Intuniv®, Onyda™ XR, and Qelbree®**: Member has tried and failed 2 of the preferred agents: atomoxetine, clonidine ER, and/or guanfacine ER.

- Yes
- No

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

5. The prescriber has 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 member for evaluation for treatment if indicated.

- Yes
- No

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

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

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7. 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<sup>®</sup> IR)</li> <li><input type="checkbox"/> amphetamine salts combo XR (generic for Adderall<sup>®</sup> XR)</li> <li><input type="checkbox"/> dextroamphetamine tab (generic for Dexedrine<sup>®</sup>)</li> <li><input type="checkbox"/> dextroamphetamine cap SR (generic for Dexedrine Spansule)</li> <li><input type="checkbox"/> Vyvanse<sup>®</sup> cap (lisdexamfetamine)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adderall<sup>®</sup> IR (amphetamine salts combo)</li> <li><input type="checkbox"/> Adderall<sup>®</sup> XR (amphetamine salts combo)</li> <li><input type="checkbox"/> Adzenys XR ODT<sup>™</sup></li> <li><input type="checkbox"/> Adzenys ER<sup>™</sup> susp</li> <li><input type="checkbox"/> Adzenys ER<sup>™</sup></li> <li><input type="checkbox"/> amphetamine sulfate (generic Evekeo<sup>™</sup>)</li> <li><input type="checkbox"/> amphetamine susp (generic Adzenys ER<sup>™</sup> susp)</li> <li><input type="checkbox"/> amphetamine ER ODT (generic for Adzenys XR ODT<sup>™</sup>)</li> <li><input type="checkbox"/> Arynta<sup>™</sup></li> <li><input type="checkbox"/> Desoxyn<sup>®</sup></li> <li><input type="checkbox"/> Dexedrine<sup>®</sup></li> <li><input type="checkbox"/> Dyanavel<sup>®</sup> XR susp</li> <li><input type="checkbox"/> Dextroamphetamine soln</li> <li><input type="checkbox"/> Evekeo<sup>™</sup></li> <li><input type="checkbox"/> lisdexamfetamine (generic Vyvanse<sup>®</sup>)</li> <li><input type="checkbox"/> methamphetamine</li> <li><input type="checkbox"/> Mydayis<sup>™</sup> ER</li> <li><input type="checkbox"/> Procentra<sup>®</sup> soln</li> <li><input type="checkbox"/> Vyvanse<sup>®</sup> chewable tab (<b>Member must have tried and failed methylphenidate solution</b>)</li> <li><input type="checkbox"/> Xelstry<sup>™</sup></li> <li><input type="checkbox"/> Zenedi<sup>™</sup></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"/> methylphenidate ER (generic Concerta®)</li> <li><input type="checkbox"/> methylphenidate ER (generic Metadate ER®)</li> <li><input type="checkbox"/> Daytrana® 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"/> Aptensio™ XR</li> <li><input type="checkbox"/> Azstarys™</li> <li><input type="checkbox"/> Concerta®</li> <li><input type="checkbox"/> Cotempla XR-ODT™</li> <li><input type="checkbox"/> Focalin® XR</li> <li><input type="checkbox"/> Focalin® IR</li> <li><input type="checkbox"/> Jornay PM</li> <li><input type="checkbox"/> methylphenidate CD cap (generic Metadate CD)</li> <li><input type="checkbox"/> Methylin ER®, soln IR</li> <li><input type="checkbox"/> methylphenidate chew</li> <li><input type="checkbox"/> methylphenidate, LA, SR</li> <li><input type="checkbox"/> methylphenidate ER (generic Relexxii®)</li> <li><input type="checkbox"/> methylphenidate ER (generic Aptensio™ XR)</li> <li><input type="checkbox"/> methylphenidate (generic Daytrana®)</li> <li><input type="checkbox"/> Ritalin® IR, LA®</li> <li><input type="checkbox"/> Relexxii®</li> <li><input type="checkbox"/> QuilliChew™ ER</li> <li><input type="checkbox"/> Quillivant™ XR susp</li> </ul>
<b>MISCELLANEOUS DRUGS</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> atomoxetine (generic for Strattera®)</li> <li><input type="checkbox"/> clonidine ER</li> <li><input type="checkbox"/> guanfacine ER</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Intuniv®</li> <li><input type="checkbox"/> Qelbree®</li> <li><input type="checkbox"/> Onyda™ XR</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.\****