



Request for Prior Authorization
CNS STIMULANTS AND ATOMOXETINE

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior Authorization (PA) is required for CNS stimulants and atomoxetine for patients 21 years of age or older. Prior to requesting PA for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program (PMP) website at https://pmp.iowa.gov/IAPMPWebCenter/.

Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. \* If a non-preferred long-acting medication is requested, a trial with the preferred immediate release and extended release product of the same chemical entity (methylphenidate class) or chemically related agent (amphetamine class) is required.

Requests for Vyvanse for Binge Eating Disorder must be submitted on the Binge Eating Disorder Agents PA form.

Preferred

- Adzenys XR ODT
Amphetamine Salt Combo
Amphetamine ER Caps
Daytrana
Dexmethylphenidate Tabs
Dexmethylphenidate ER Caps
Methylin Solution
Methylphenidate CD Caps
Methylphenidate IR Tabs
Methylphenidate ER Tabs (18, 27, 36, 54mg)

- Modafinil
Quillichew ER
Ritalin LA
Strattera
Vyvanse

Non-Preferred

- Adderall
Adderall XR\*
Aptensio XR\*
Armodafinil
Concerta
Desoxyn
Dexedrine\*
Dextroamphetamine ER Cap\*
Dyanavel XR
Evekeo
Focalin

- Focalin XR
Metadate CD
Methylin Chew
Methylphenidate ER Tabs (10mg & 20mg)\*
Methylphenidate ER Caps\*
Nuvigil
Procentra
Provigil
Quillivant XR
Ritalin
Ritalin SR\*

Strength Dosage Instructions Quantity Days Supply

**Request for Prior Authorization  
CNS STIMULANTS AND ATOMOXETINE**

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**Diagnosis:**

- Attention Deficit Disorder (ADD)**                       **Attention Deficit Hyperactivity Disorder (ADHD)**

Age of patient at onset of symptoms: \_\_\_\_\_

Date of most recent clinical visit confirming initial or continued diagnosis: \_\_\_\_\_

Rating scale used to determine diagnosis: \_\_\_\_\_

Documentation of clinically significant impairment in two or more **current** environments (social, academic, or occupational).

Current Environment 1 & description: \_\_\_\_\_

Current Environment 2 & description: \_\_\_\_\_

- Narcolepsy (Please provide results from a recent ESS, MSLT, and PSG)**

- Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS)**

Have non-pharmacological treatments been tried?  No     Yes    *If Yes, please indicate below:*

Weight Loss

Position therapy

CPAP Date: \_\_\_\_\_

Maximum titration?  Yes     No

BiPAP Date: \_\_\_\_\_

Maximum titration?  Yes     No

Surgery    Date: \_\_\_\_\_

Specifics: \_\_\_\_\_

Diagnosis confirmed by a sleep specialist?  Yes     No

- Other (specify)** \_\_\_\_\_

**Prescriber review of patient's controlled substances use on the Iowa PMP website:**

No     Yes    Date Reviewed: \_\_\_\_\_

Please document prior psychostimulant trial(s) and failures(s) including drug name(s) strength, dose, exact date ranges and failure reasons: \_\_\_\_\_

\_\_\_\_\_

**Other** - Please provide all pertinent medication trial(s) relating to the diagnosis including drug name(s) strength, dose and exact date ranges:

\_\_\_\_\_

Reason for use of Non-Preferred drug requiring approval: \_\_\_\_\_

\_\_\_\_\_

Prescriber signature (Must match prescriber listed above.)	Date of submission
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**IMPORTANT NOTE:** In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.