Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas

ADD-ADHD IR Formulations (Medicaid)

This fax machine is located in a secure location as required by HIPAA Regulations. Complete / Review information, sign, and date. Fax signed forms to Molina Pharmacy Prior Authorization Department at **1-888-487-9251**. Please contact Molina Pharmacy Prior Authorization Department at **1-855-322-4080** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of ADD-ADHD IR Formulations (Medicaid).

Drug Name (select from list of drugs shown / provide drug information)	
ADDERALL	AMPHETAMINE SULFATE
AMPHETAMINE/DEXTROAMPHETAMINE SALTS	DESOXYN
DEXMETHYLPHENIDATE	EVEKEO
FOCALIN	METHAMPHETAMINE
METHYLIN	METHYLPHENIDATE
PROCENTRA	RITALIN
ZENZEDI	

Patient Information	
Patient Name:	
Patient ID:	
Patient DOB:	

Prescribing Physician	
Physician Name:	
Physician Phone:	
Physician Fax:	
Physician Address:	
City, State, Zip:	

Diagnosis:	ICD Code:
Directions for administration:	

*****Please include all relevant clinical notes, lab work, medication history and any other applicable documentation.**

Please circle the appropriate answer for each question.

1. Is the requested drug required per court order? (court order required) Y N
   If the answer to this question is yes, approved for 365 days.
   If the answer to this question is no, go to question 2.

2. Is the patient less than 3 years of age? Y N
   If the answer to this question is yes, denied.
   If the answer to this question is no, go to question 3.

3. Does the patient have a history of substance abuse in the last 365 days? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 4.

4. Is the request for greater than the Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose (see Table 1 below)? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 5.

5. Does the patient have a paid claim for another IR stimulant in the past 14 days? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 6.

6. Is the patient less than 6 years of age? Y N
If the answer to this question is yes, go to question 7.
If the answer to this question is no, go to question 8.

7. Is the request for amphetamine sulfate, amphetamine/dextroamphetamine, dextroamphetamine, dexmethylphenidate, Evekeo tablets, methylphenidate, Procentra or Zenzedi? Y N
If the answer to this question is yes, go to question 12.
If the answer to this question is no, denied.

8. Is the patient greater than or equal to 19 years of age? Y N
If the answer to this question is yes, go to question 9.
If the answer to this question is no, go to question 12.

9. Does the patient have a diagnosis of ADD/ADHD in the last 730 days? Y N
If the answer to this question is yes, go to question 12.
If the answer to this question is no, go to question 10.

10. Does the patient have a diagnosis of narcolepsy in the past 730 days? Y N
If the answer to this question is yes, go to question 11.
If the answer to this question is no, denied.

11. Is the request for dexmethylphenidate, Evekeo ODT, or methamphetamine? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 12.

12. Is this request for a non-preferred drug? Y N
If the answer to this question is yes, go to question 13.
If the answer to this question is no, approved for 365 days.

13. Has the patient failed a 30-day treatment trial with at least 1 preferred agent within the last 180 days? Y N
If the answer to this question is yes, approved for 365 days.
If the answer to this question is no, go to question 14.

14. Is there a documented allergy or contraindication to preferred agents in this class? Y N
If the answer to this question is yes, approved for 365 days.
If the answer to this question is no, go to question 15.

15. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions? Y N
If the answer to this question is yes, approved for 365 days.
If the answer to this question is no, denied.

Table 1: Step 3 (Texas DFPS maximum recommended dose) **Required quantity:** *1*
TX DFPS Recommended Dosage

Active Ingredient	Drug (brand)	Initial Dosage	Literature Based Maximum Dosage	FDA Approved Maximum Dosage for Children and Adolescents
AMPHETAMINE/ DEXTROAMPHETAMINE SALTS	ADDERALL®	Age 3-5 years:2.5mg/day Age ≥ 6 years: 5-10 mg/day	Age 3-5 years:30 mg/day Age ≥ 6 years: (≤ 50kg): 40mg day Age ≥ 6 years: (> 50kg): 60mg/ day	Approved for children 3 years and older: 40mg/day
AMPHETAMINE SULFATE	EVEKEO®	Age 3-5 years:2.5mg/day Age ≥ 6 years: 5-10 mg/day	Age ≥ 3 years: 40 mg/day	Approved for children 3 years and older: 40mg/day
	EVEKEO ODT®	Age ≥ 6 years: 5 mg/day	Age 6-17 years: 40 mg/day	Age 6-17 years: 40 mg/day
DEXMETHYLPHENIDATE	FOCALIN®	Age ≥ 6 years: 2.5mg twice daily	Age ≥ 6 years: 50mg/day	Approved for children 6 years and older: 20mg/day
DEXTROAMPHETAMINE	DEXEDRINE ® ZENZEDI® PROCENTRA®	Age 3-5 years:2.5mg/day Age ≥ 6 years: 5 - 10mg twice daily	Age 3-5 years:30mg/day Age ≥ 6 years (≤ 50kg): 40mg/day Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 3 years and older: 40mg/day
METHAMPHETAMINE	DESOXYN®	5mg daily	N/A	Approved for children 6 years and older: 25mg/day
METHYLPHENIDATE	RITALIN® METHYLIN ®	Age 3-5 years:2.5mg twice daily Age ≥ 6 years: 5mg twice daily	Age 3-5 years:22.5mg/day Age ≥ 6 years: (≤ 50kg): 60mg day Age ≥ 6 years: (> 50kg): 100mg/ day	Approved for children 6 years and older: 60mg/day

Comments:

I affirm that the information given on this form is true and accurate as of this date.

_____ _____

Prescriber (or Authorized) Signature Date