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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Adderall® (amphetamine-dextroamphetamine) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Attention deficit disorder (ADD)	
<input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD)	
<input type="checkbox"/> Narcolepsy	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
For brand Adderall, select the medications the patient has a failure, contraindication, or intolerance to:	
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Dextroamphetamine ER
<input type="checkbox"/> Amphetamine-dextroamphetamine	<input type="checkbox"/> Evekeo
<input type="checkbox"/> Atomoxetine	<input type="checkbox"/> Focalin
<input type="checkbox"/> Clonidine ER	<input type="checkbox"/> Guanfacine ER
<input type="checkbox"/> Dexedrine	<input type="checkbox"/> Metadate ER
<input type="checkbox"/> Dexmethylphenidate	<input type="checkbox"/> Methylin
<input type="checkbox"/> Dextroamphetamine	<input type="checkbox"/> Methylphenidate (generic Ritalin)
<input type="checkbox"/> Other generic ADHD agent(s). Please specify: _____	<input type="checkbox"/> Methylphenidate solution
	<input type="checkbox"/> Methylphenidate chewable tablet
	<input type="checkbox"/> Methylphenidate ER (10mg, 20mg tablets)
	<input type="checkbox"/> Procentra
	<input type="checkbox"/> Ritalin
	<input type="checkbox"/> Zenzedi
For diagnosis of Narcolepsy, also answer the following:	
Has a diagnosis of narcolepsy been confirmed by a sleep study? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a sleep study has not been completed, please provide justification confirming why a sleep study would not be feasible: _____	

Quantity limit requests:
What is the quantity requested per DAY? _____
What is the reason for exceeding the plan limitations?
<input type="checkbox"/> Titration or loading-dose purposes
<input type="checkbox"/> Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
<input type="checkbox"/> Requested strength/dose is not commercially available
<input type="checkbox"/> There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. Please specify: _____
<input type="checkbox"/> Other: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Adderall-amphetamine-dextroamphetamine_CMS_2019Feb-W