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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

## Methylphenidate extended-release (ER) capsule & methylphenidate ER tablet Prior Authorization Request Form (Page 1 of 2)

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| Member Information <small>(required)</small>   |  |      | Provider Information <small>(required)</small> |        |              |   |  |
|--|--|------|--|--------|--------------|---|--|
| 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 <small>(required)</small>   |  |      |  |        |              |   |  |
| Medication Name:   |  |      | Strength:                                      |        | Dosage Form: |   |  |
| <input type="checkbox"/> Check if requesting <b>brand</b>  |  |      | Directions for Use:                            |        |              |   |  |
| <input type="checkbox"/> Check if request is for <b>continuation of therapy</b>  |  |      |  |        |              |   |  |
| Clinical Information <small>(required)</small>   |  |      |  |        |              |   |  |
| <b>Select the diagnosis below:</b><br><input type="checkbox"/> Attention deficit disorder (ADD)<br><input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD)<br><input type="checkbox"/> Narcolepsy<br><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____  |  |      |  |        |              |   |  |
| <b>Select the medications the patient has a failure, contraindication, or intolerance to:</b><br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Adderall XR<br/> <input type="checkbox"/> Amphetamine-dextroamphetamine<br/> <input type="checkbox"/> Amphetamine-dextroamphetamine ER<br/> <input type="checkbox"/> Concerta<br/> <input type="checkbox"/> Dexedrine<br/> <input type="checkbox"/> Dexmethylphenidate<br/> <input type="checkbox"/> Dexmethylphenidate ER<br/> <input type="checkbox"/> Dextroamphetamine<br/> <input type="checkbox"/> Dextroamphetamine ER<br/> <input type="checkbox"/> Focalin<br/> <input type="checkbox"/> Metadate ER<br/> <input type="checkbox"/> Methylin<br/> <input type="checkbox"/> Methylphenidate (generic Ritalin)                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Methylphenidate CD (10mg, 20mg, 30mg, 40mg) [generic Metadate CD]<br/> <input type="checkbox"/> Methylphenidate CD (50mg, 60mg) [generic Metadate CD]<br/> <input type="checkbox"/> Methylphenidate chewable tablet<br/> <input type="checkbox"/> Methylphenidate ER (10mg, 20mg tablets)<br/> <input type="checkbox"/> Methylphenidate ER (18mg, 27mg, 36mg, 54mg tablets)<br/> <input type="checkbox"/> Methylphenidate ER (72mg tablet)<br/> <input type="checkbox"/> Methylphenidate ER (10mg, 20mg, 30mg, 40mg) [generic Ritalin LA]<br/> <input type="checkbox"/> Methylphenidate ER (60mg) [generic Ritalin LA]<br/> <input type="checkbox"/> Methylphenidate solution<br/> <input type="checkbox"/> Procentra<br/> <input type="checkbox"/> Ritalin<br/> <input type="checkbox"/> Vyvanse                 </td> </tr> </table> |  |      |  |        |              | <input type="checkbox"/> Adderall XR<br><input type="checkbox"/> Amphetamine-dextroamphetamine<br><input type="checkbox"/> Amphetamine-dextroamphetamine ER<br><input type="checkbox"/> Concerta<br><input type="checkbox"/> Dexedrine<br><input type="checkbox"/> Dexmethylphenidate<br><input type="checkbox"/> Dexmethylphenidate ER<br><input type="checkbox"/> Dextroamphetamine<br><input type="checkbox"/> Dextroamphetamine ER<br><input type="checkbox"/> Focalin<br><input type="checkbox"/> Metadate ER<br><input type="checkbox"/> Methylin<br><input type="checkbox"/> Methylphenidate (generic Ritalin) | <input type="checkbox"/> Methylphenidate CD (10mg, 20mg, 30mg, 40mg) [generic Metadate CD]<br><input type="checkbox"/> Methylphenidate CD (50mg, 60mg) [generic Metadate CD]<br><input type="checkbox"/> Methylphenidate chewable tablet<br><input type="checkbox"/> Methylphenidate ER (10mg, 20mg tablets)<br><input type="checkbox"/> Methylphenidate ER (18mg, 27mg, 36mg, 54mg tablets)<br><input type="checkbox"/> Methylphenidate ER (72mg tablet)<br><input type="checkbox"/> Methylphenidate ER (10mg, 20mg, 30mg, 40mg) [generic Ritalin LA]<br><input type="checkbox"/> Methylphenidate ER (60mg) [generic Ritalin LA]<br><input type="checkbox"/> Methylphenidate solution<br><input type="checkbox"/> Procentra<br><input type="checkbox"/> Ritalin<br><input type="checkbox"/> Vyvanse |
| <input type="checkbox"/> Adderall XR<br><input type="checkbox"/> Amphetamine-dextroamphetamine<br><input type="checkbox"/> Amphetamine-dextroamphetamine ER<br><input type="checkbox"/> Concerta<br><input type="checkbox"/> Dexedrine<br><input type="checkbox"/> Dexmethylphenidate<br><input type="checkbox"/> Dexmethylphenidate ER<br><input type="checkbox"/> Dextroamphetamine<br><input type="checkbox"/> Dextroamphetamine ER<br><input type="checkbox"/> Focalin<br><input type="checkbox"/> Metadate ER<br><input type="checkbox"/> Methylin<br><input type="checkbox"/> Methylphenidate (generic Ritalin)  | <input type="checkbox"/> Methylphenidate CD (10mg, 20mg, 30mg, 40mg) [generic Metadate CD]<br><input type="checkbox"/> Methylphenidate CD (50mg, 60mg) [generic Metadate CD]<br><input type="checkbox"/> Methylphenidate chewable tablet<br><input type="checkbox"/> Methylphenidate ER (10mg, 20mg tablets)<br><input type="checkbox"/> Methylphenidate ER (18mg, 27mg, 36mg, 54mg tablets)<br><input type="checkbox"/> Methylphenidate ER (72mg tablet)<br><input type="checkbox"/> Methylphenidate ER (10mg, 20mg, 30mg, 40mg) [generic Ritalin LA]<br><input type="checkbox"/> Methylphenidate ER (60mg) [generic Ritalin LA]<br><input type="checkbox"/> Methylphenidate solution<br><input type="checkbox"/> Procentra<br><input type="checkbox"/> Ritalin<br><input type="checkbox"/> Vyvanse |      |  |        |              |   |  |
| <b>For diagnosis of Narcolepsy, also answer the following:</b><br>Has a diagnosis of narcolepsy been confirmed by a sleep study? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If a sleep study has not been completed, please provide justification confirming why a sleep study would not be feasible:<br>_____  |  |      |  |        |              |   |  |
| <b>Quantity limit requests:</b><br>What is the quantity requested per DAY? _____<br><b>What is the reason for exceeding the plan limitations?</b><br><input type="checkbox"/> Titration or loading-dose purposes<br><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)<br><input type="checkbox"/> Requested strength/dose is not commercially available<br><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. <b>Please specify:</b> _____<br><input type="checkbox"/> Other: _____  |  |      |  |        |              |   |  |

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## Methylphenidate extended-release (ER) capsule & methylphenidate ER tablet Prior Authorization Request Form (Page 2 of 2)

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

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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.