

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

STIMULANTS (Ritalin, Methylphenidate, Dexedrine, Adderall, Concerta, Metadate, Vyvanse, etc.)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES TO 855-828-4992 note the new fax number

CRITERIA (Adult)

Must have one of the following diagnosis: ADD, ADHD, Narcolepsy, Organic brain syndrome, Traumatic brain injury, Treatment resistant depression, Mental retardation if patient exhibits: injurious behavior, or is hyperactive or both, Severe sedation due to psychotropic medications, severe sedation due to chemotherapy medications. Please note, the Daytrana patch is not FDA indicated for adults, and Medicaid will not cover it past the age of 18.

1. DOCUMENTATION NEEDED FOR ADD or ADHD:

- a) Letter of Medical Necessity, stating the current diagnosis, current treatment, and a statement documenting any substance abuse problems past, present or no history.
- b) A copy of the testing that has been done to make the diagnosis for adult ADD, i.e. Psychiatric Evaluation that shows the Axis I diagnosis of ADD, **OR** a copy of the Wender Utah Rating Scale with a score of 46 or greater, **OR** Criteria from the DSM IV that has been met.

2. DOCUMENTATION NEEDED FOR TREATMENT RESISTANT DEPRESSION:

- a) Letter of medical necessity stating diagnosis and what antidepressants the patient has tried and failed on.
- b) Statement documenting any substance abuse problems past, present or no history.

3. DOCUMENTATION NEEDED FOR ALL OTHER DIAGNOSIS FROM CRITERIA:

- a) Letter of medical necessity explaining the patient's diagnosis and situation.
- b) Statement documenting any substance abuse problems past, present or no history.

AUTHORIZATION:

1 year

RE-AUTHORIZATION: (Starting at age 19)

A letter stating current diagnosis, current treatment and if patient has any current substance abuse issues or not.

INFORMATION: (Children – only covered for ADD and ADHD)

With the correct ICD-9 code for pediatric pts. from ages 3 through 18 no prior authorization is needed for immediate release amphetamines Adderall, Dexedrine or Desoxyn. With the correct ICD-9 code for pts. ages 6 through 18 methylphenidates and Adderall XR may be approved without prior authorization. When reaching age 19 a letter of medical necessity only is required. See Re-authorization section.

02/08/2012

<http://health.utah.gov/medicaid/pharmacy>