



ADHD/Anti-Narcolepsy: Non-Stimulants – Viloxazine (Qelbree)

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082, Options 0,1,2,3**

Apple Health Preferred Drug List:

<https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

Date of Request:			
Patient	Date of Birth	Molina ID	
Pharmacy Name	Pharmacy NPI	Telephone Number	Fax Number
Prescriber	Prescriber NPI	Telephone Number	Fax Number
Medication and Strength		Directions for Use	Qty/Days Supply
<p>1. Is this request for a continuation of existing therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, is there documentation demonstrating improvement or stabilization in signs and symptoms of ADHD (e.g., inattention, hyperactivity, behavior)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Indicate patient's diagnosis: <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Other. Specify: _____</p> <p>3. List all medications the patient has previously tried or has a history of failure, intolerance and/or contraindication. (Include the duration of use and reason for discontinuation or contraindication for each medication.)</p>			
Chart notes are required with this request			
Prescriber Signature	Prescriber Specialty	Date	