



If the following information is not complete, correct, and legible, the SA process could be delayed.

Please use one form per member.

Preferred stimulants/ADHD medications for individuals 4 to 17 years old do not require Service Authorization.

If your request is for a non-preferred non-stimulant, please go to question 8 and submit form. Stimulants prescribed for children under the age of 4 must be prescribed by a pediatric psychiatrist, pediatric neurologist, developmental/behavioral pediatrician, or in consultation with one of these specialists

MEMBER INFORMATION

Last name:

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First name:

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Medicaid ID number:

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Date of birth:

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Gender: ☐ Male ☐ Female

Weight in kilograms: _____

PRESCRIBER INFORMATION

Last name:

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First name:

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NPI number:

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Phone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax number:

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If the member is under the age of 4 and you are prescribing a stimulant:

Are you a pediatric psychiatrist, pediatric neurologist, developmental/behavioral pediatrician or in consultation with one of these specialists?

☐ Yes ☐ No

(Form continued on next page.)

Member's last name:

Member's first name:

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DRUG INFORMATION

Drug name/Form: _____

Strength: _____

Dosing frequency: _____

Length of therapy: _____

Quantity per day: _____

DIAGNOSIS AND MEDICAL INFORMATION

Stimulants/ADHD Medications for Adults Over 18: To receive an approval for this drug, complete the following questions. This does not apply to non-stimulant ADHD medications (such as atomoxetine, Strattera®, clonidine ER, Kapvay®, guanfacine ER, Qelbree®, Qelbree®, Intuniv®)

Does the member meet the following criteria?

1. Indicate the diagnoses being treated (include all ICD codes, if applicable):

2. Did the primary care clinician use the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* and determine that criteria have been met (including documentation of impairment in more than 1 major setting) to make the diagnosis of ADHD?

☐ Yes ☐ No

3. Has the prescriber reviewed the Virginia Prescription Monitoring Program (PMP) on the date of this request?

See: **VIRGINIA PRESCRIPTION MONITORING PROGRAM (PMP)**

https://www.dhp.virginia.gov/dhp_programs/pmp/

☐ Yes ☐ No

4. The prescriber has ordered and reviewed a urine drug screen (UDS) prior to initiating treatment with the requested stimulant within 30 days of this request and a copy of the most recent UDS is attached. (The urine drug screens MUST check for benzodiazepines, amphetamine/methamphetamine, cocaine, heroin, THC, and other prescription opiates).

☐ Yes ☐ No

(Form continued on next page.)

Member's last name:

Member's first name:

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Does the member meet the following criteria for the maintenance request?

5. Has the practitioner checked the Prescription Monitoring Program at least every three months after the initiation of treatment?

☐ Yes ☐ No

Please provide the date of the most recent check: _____

6. Has the practitioner ordered and reviewed a random urine drug screen at least every six months?

☐ Yes ☐ No

Please provide the date of the most recent check: _____

7. Has the practitioner regularly evaluated the member for stimulant and/or other substance use disorder, and, if present, initiated specific treatment, consulted with an appropriate health care provider, or referred the member for evaluation for treatment if indicated?

☐ Yes ☐ No

To request a Non-Preferred agent, please answer the question below, giving all requested information

8. For Non-Preferred Stimulants/ADHD Medications agents, list pharmaceutical agents attempted and outcome:

9. Provide other pertinent information to support the use of the requested stimulant/ADHD medication for this member.

Prescriber signature (Required)

Date

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; incomplete forms will delay the SA process.

Submission of documentation does NOT guarantee coverage by Molina Complete Care.

The completed form may be **faxed to 1-844-278-5731**, or you may call the number below.

CCC Plus: (800)-424-4524 (TTY/TDD: 711)

Medallion 4.0: (800)-424-4518 (TTY/TDD: 711)