BlueCross BlueShield of North Carolina

ATTENTION- DEFICIT HYPERACTIVITY DISORDER (ADHD)

PRIOR REVIEW/CERTIFICATION FAXBACK FORM

INCOMPLETE FORMS MAY DELAY PROCESSING

ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT Blue Cross NC PROVIDER ID# BELOW

PRESCRIBER NAME	PRESCRIBER NPI [REQUIRED]	Blue Cross NC PROV ID # / TAX ID [out of state]

CONTACT PERSON	PRESCRIBER PHONE	PRESCRIBER FAX

PRESCRIBER ADDRESS	CITY	STATE	ZIP

PATIENT NAME	Blue Cross NC ID	DATE OF BIRTH	GENDER
			M F

Diagnosis Code: _____

Please select the requested medication and answer the following questions:

☐ Brand Adderall® immediate-release tablets	☐ Daytrana®	☐ Brand Metadate CD®	☐ Quillichew ER™
☐ Adderall XR **PA not required, please see QL only on page 2**	☐ Brand Dexedrine®	☐ Methylphenidate ER tablet (generic Concerta) **PA not required, please see QL only on page 2**	☐ Quillivant XR®
☐ Adhansia XR™	☐ Brand Dexedrine XR®	☐ Brand Methylin®	☐ Relexxii™
☐ Adzenys ER™ (suspension)	☐ Dyanavel® XR	☐ Methylphenidate ER 24h capsule (generic Aptensio XR)	☐ Brand Ritalin®
☐ Adzenys XR-ODT™	☐ Brand Focalin®	☐ Methylphenidate ER 10mg tablet	☐ Brand Ritalin LA®
☐ Amphetamine ER suspension 1.25mg/mL (authorized generic Adzenys ER™ suspension)	☐ Brand Focalin XR®	☐ Methylphenidate ER 10mg capsule (generic Ritalin LA)	☐ Brand Ritalin SR®
☐ Aptensio XR®	☐ Brand Intuniv®	☐ Methylphenidate ER 60mg capsule (generic Ritalin LA)	☐ Brand Strattera®
☐ Concerta	☐ Jornay PM™	☐ Mydayis™	☐ Vyvanse **PA not required, please see QL only on page 2**
☐ Cotempla XR ODT™	☐ Brand Kapvay®	☐ Qelbree™	☐ Zenzedi®

1. Is the request for the generic version of the product selected on page 1?.....☐ Yes ☐ No
   ***Please note**: brand name Adderall XR is the preferred medication.*
2. Is the request for any of the following **BRAND** medications: Adderall IR tablets, Concerta, Dexedrine XR Capsules, Focalin IR, Focalin XR, Intuniv, Kapvay. Metadate CD, Methylin solution, Ritalin IR tablets, Ritalin LA, or Strattera?.....☐ Yes ☐ No
   If YES, please answer the following questions:
   a. Has the patient tried the generic version of the requested medication?.....☐ Yes ☐ No
      i. **If YES,** did the patient have a sub-therapeutic or intolerant response to an inactive ingredient of the generic product that is not present in the brand?.....☐ Yes ☐ No
   b. Does the patient have a documented intolerance to an inactive ingredient of the generic product that is not found in the brand?.....☐ Yes ☐ No

******PLEASE NOTE**: Continued on page 2, please complete and sign **page 2**. Please see page 3 for Quantity Limit requests***

BlueCross BlueShield of North Carolina

ATTENTION- DEFICIT HYPERACTIVITY DISORDER (ADHD)

PRIOR REVIEW/CERTIFICATION FAXBACK FORM, *continued from page 1*

3. Is the request for Qelbree?.....☐ Yes ☐ No
   IF YES, please answer the following questions:
   a. Has the patient experienced a therapeutic failure or inadequate response to any of the following medications:
      i. atomoxetine (generic Strattera)?.....☐ Yes ☐ No
      ii. guanfacine ER (generic Intuniv)?.....☐ Yes ☐ No
   b. Does the patient have a documented intolerance, hypersensitivity, or FDA labeled contraindication to BOTH atomoxetine (generic Strattera) and guanfacine ER (generic Intuniv)?.....☐ Yes ☐ No

4. Please list any medications the member has tried and failed for this diagnosis *(omission of information indicates N/A or none)*: _____
   _____

5. Please list any medications the member has a contraindication or is intolerant to for this diagnosis *(omission of information indicates N/A or none)*: _____
   _____

PLEASE NOTE**: If requesting more than the program quantity limit (listed on pages 4-8) please complete and sign **page 3**.

Please certify the following by signing and dating below:
I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in my patient's medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available.
Prescriber's Signature (Required):_____**Date:**_____

For Blue Cross NC members, fax form to 1-800-795-9403

BlueCross BlueShield of North Carolina

COMPLETE PAGE 3 ONLY IF REQUESTING A QUANTITY LIMIT EXCEPTION FOR ATTENTION- DEFICIT HYPERACTIVITY DISORDER (ADHD) MEDICATIONS

PRESCRIBER NAME	PRESCRIBER NPI [REQUIRED]	Blue Cross NC PROV ID # / TAX ID [out of state]

CONTACT PERSON	PRESCRIBER PHONE	PRESCRIBER FAX

PRESCRIBER ADDRESS	CITY	STATE	ZIP

PATIENT NAME	Blue Cross NC ID	DATE OF BIRTH	GENDER
			M F

FOR COVERAGE OVER THE QUANTITY LIMITS (PROGRAM MAXIMUM PER DAY) LISTED ON PAGES 4-8, PLEASE ANSWER THE FOLLOWING:

Please note: *Some ADHD medications may require a* ***prior authorization*** *before a quantity limit override can be considered. Before submitting a request for a quantity level override, please ensure that a prior approval authorization has been submitted and/or approved (pages 1-2). Otherwise, this request will deny.*

Please answer the following questions:

Diagnosis Code:_____

Medication Name & Strength Requested: _____

Requested Quantity per day:_____
****Please enter quantity as a numeric value with one decimal place (ex. 1.0, 1.5)****

1. Is the request for the generic version of the product selected above?……..☐Yes ☐No

2. **In the space provided, please document** support for the requested Quantity Limit Exception (this may include documented clinical rationale and/or medical records). **Rationale must be provided.**
   _____
   _____
   _____

Please certify the following by signing and dating below:
I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in my patient's medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available.
Prescriber's Signature (Required):_____**Date:**_____

For Blue Cross NC members, fax form to 1-800-795-9403

QUANTITY LIMITS

NOTE: quantity limits apply to both brand and generic formulations

Medication	Quantity per Day (unless specified)	Max Daily Dose/Maximum Dose Studied Per FDA Label
Adderall (amphetamine/ dextroamphetamine) 5mg	3	ADHD (Pediatric and Adults): Not to exceed 40mg/day except only in rare cases Narcolepsy: 60mg/day in divided doses
Adderall (amphetamine/ dextroamphetamine) 7.5mg	3	
Adderall (amphetamine/ dextroamphetamine) 10mg	3	
Adderall (amphetamine/ dextroamphetamine) 12.5mg	3	
Adderall (amphetamine/ dextroamphetamine) 15mg	2	
Adderall (amphetamine/ dextroamphetamine) 20mg	3	
Adderall (amphetamine/ dextroamphetamine) 30mg	2	
Adderall XR (amphetamine/ dextroamphetamine extended release) 5mg	1	Pediatric (6-17 yoa): 10mg to 40mg per day studied; no adequate evidence that doses greater than 20mg/day conferred additional benefit Adults: 20mg to 60mg per day studied; no adequate evidence that doses greater than 20mg/day conferred additional benefit
Adderall XR (amphetamine/ dextroamphetamine extended release) 10mg	1	
Adderall XR (amphetamine/ dextroamphetamine extended release) 15mg	1	
Adderall XR (amphetamine/ dextroamphetamine extended release) 20mg	1	
Adderall XR (amphetamine/ dextroamphetamine extended release) 25mg	1	
Adderall XR (amphetamine/ dextroamphetamine extended release) 30mg	1	
Adhansia XR (methylphenidate extended release) 25mg	1	Per FDA label: Dosages above 85 mg daily in adults and 70 mg and above daily in pediatric patients are associated with disproportionate increases in the incidence of certain adverse reactions.
Adhansia XR (methylphenidate extended release) 35mg	1	
Adhansia XR (methylphenidate extended release) 45mg	1	
Adhansia XR (methylphenidate extended release) 55mg	1	
Adhansia XR (methylphenidate extended release) 70mg	1	
Adhansia XR (methylphenidate extended release) 85mg	1	
Adzenys ER (amphetamine ER suspension) 1.25mg/mL	15.1mL	Pediatric (6-12 yoa): 18.8 mg once daily Pediatric (13-17 yoa): 12.5 mg once daily Adults: 18.8 mg once daily
Adzenys XR-ODT (amphetamine ER dispersible) 3.1mg	1	Pediatric (6-12 yoa): 18.8 mg once daily
Adzenys XR-ODT (amphetamine ER dispersible) 6.3mg	1	
Adzenys XR-ODT (amphetamine ER dispersible) 9.4 mg	1	
Adzenys XR-ODT (amphetamine ER dispersible) 12.5mg	1	

Adzenys XR-ODT (amphetamine ER dispersible) 15.7mg	1	Pediatric (13-17 yoa): 12.5 mg once daily Adults: 18.8 mg once daily
Adzenys XR-ODT (amphetamine ER dispersible) 18.8mg	1	
Aptensio XR (methylphenidate extended release) 10mg	1	ADHD (Pediatric and Adults): Doses greater than 60mg per day have not been studied and are not recommended
Aptensio XR (methylphenidate extended release) 15mg	1	
Aptensio XR (methylphenidate extended release) 20mg	1	
Aptensio XR (methylphenidate extended release) 30mg	1	
Aptensio XR (methylphenidate extended release) 40mg	1	
Aptensio XR (methylphenidate extended release) 50mg	1	
Aptensio XR (methylphenidate extended release) 60mg	1	
Concerta (methylphenidate extended release) 18mg/ and non-equivalent methylphenidate extended release Concerta generic	1	Pediatric (6-12yoa): Doses greater than 54mg per day have not been studied and are not recommended Pediatric (13-17yoa): Doses greater than 72mg per day have not been studied and are not recommended Adults (18-65yoa): Doses greater than 72mg per day have not been studied and are not recommended
Concerta (methylphenidate extended release) 27mg/ and non-equivalent methylphenidate extended release Concerta generic	1	
Concerta (methylphenidate extended release) 36mg/ and non-equivalent methylphenidate extended release Concerta generic	2	
Concerta (methylphenidate extended release) 54mg/ and non-equivalent methylphenidate extended release Concerta generic	1	
Cotempla XR-ODT (methylphenidate ER ODT) 8.6mg	1	Daily doses above 51.8 mg have not been studied and are not recommended.
Cotempla XR-ODT (methylphenidate ER ODT) 17.3mg	2	
Cotempla XR-ODT (methylphenidate ER ODT) 25.9mg	2	
Daytrana (methylphenidate transdermal patch) 10mg/9hr	1	Doses greater than 30mg/9hr were not studied
Daytrana (methylphenidate transdermal patch) 15mg/9hr	1	
Daytrana (methylphenidate transdermal patch) 20mg/9hr	1	
Daytrana (methylphenidate transdermal patch) 30mg/9hr	1	
Dextroamphetamine (DextroStat) 5mg	2	Narcolepsy: 5-60mg/day in divided doses ADHD: 40mg/day
Dextroamphetamine (DextroStat) 10mg	6	
Dexedrine (dextroamphetamine extended release) 5mg	3	ADHD: Per FDA label, only in rare cases will it be necessary to exceed a total of 40 mg per day.
Dexedrine (dextroamphetamine extended release) 10mg	4	
Dexedrine (dextroamphetamine extended release) 15mg	4	

Dyanavel XR (amphetamine extended release) 2.5mg per 1mL	8 mL	ADHD: Per FDA label, daily doses above 20mg are not recommended.
Focalin (dexmethylphenidate) 2.5mg	3	Per FDA label, the maximum recommended dose is 20mg/day (10mg twice daily).
Focalin (dexmethylphenidate) 5mg	3	
Focalin (dexmethylphenidate) 10mg	2	
Focalin XR (dexmethylphenidate extended release) 5mg	1	Per FDA label, doses above 30mg/day in pediatrics and 40mg/day in adults have not been studied and are not recommended.
Focalin XR (dexmethylphenidate extended release) 10mg	1	
Focalin XR (dexmethylphenidate extended release) 15mg	1	
Focalin XR (dexmethylphenidate extended release) 20mg	1	
Focalin XR (dexmethylphenidate extended release) 25mg	1	
Focalin XR (dexmethylphenidate extended release) 30mg	1	
Focalin XR (dexmethylphenidate extended release) 35mg	1	
Focalin XR (dexmethylphenidate extended release) 40mg	1	
Intuniv (guanfacine extended release) 1mg	1	Per the FDA label, doses above 4mg/day have not been systematically studied in controlled clinical studies.
Intuniv (guanfacine extended release) 2mg	1	
Intuniv (guanfacine extended release) 3mg	1	
Intuniv (guanfacine extended release) 4mg	1	
Jornay PM (methylphenidate extended release) 20 mg	1	Per the FDA label, daily dosage above 100mg/day is not recommended.
Jornay PM (methylphenidate extended release) 40 mg	1	
Jornay PM (methylphenidate extended release) 60 mg	1	
Jornay PM (methylphenidate extended release) 80 mg	1	
Jornay PM (methylphenidate extended release) 100 mg	1	
Kapvay (clonidine extended release) 0.1mg	4	0.2mg given twice daily
Metadate CD (methylphenidate extended release) 10mg	1	Per FDA label, daily dosage above 60mg is not recommended.
Metadate CD (methylphenidate extended release) 20mg	1	
Metadate CD (methylphenidate extended release) 30mg	1	
Metadate CD (methylphenidate extended release) 40mg	1	
Metadate CD (methylphenidate extended release) 50mg	1	
Metadate CD (methylphenidate extended release) 60mg	1	
Metadate ER (methylphenidate extended release) 10mg	3	Children ≥6yo: Per FDA label, daily dosage above 60mg/day is not recommended
Metadate ER (methylphenidate extended release) 20mg	3	
Methylin Chew Tabs (methylphenidate) 2.5mg	3	Children ≥6yo: Per FDA label, daily dosage above 60mg/day is not recommended.
Methylin Chew Tabs (methylphenidate) 5mg	3	
Methylin Chew Tabs (methylphenidate) 10mg	6	
Methylin Solution (methylphenidate) 5mg/5mL	15 mL	
Methylin Solution (methylphenidate) 10mg/5mL	30 mL	

Mydayis 12.5 mg extended-release capsule (mixed salts of a single-entity amphetamine product)	1	Adults: Doses above 50 mg daily have shown no additional clinically meaningful benefit Pediatric (13-17): Doses higher than 25 mg have not been evaluated in clinical trials in pediatric patients
Mydayis 25 mg extended-release capsule (mixed salts of a single-entity amphetamine product)	1	
Mydayis 37.5 mg extended-release capsule (mixed salts of a single-entity amphetamine product)	1	
Mydayis 50 mg extended-release capsule (mixed salts of a single-entity amphetamine product)	1	
Procentra (dextroamphetamine) 5mg/5mL	60 mL	ADHD: Per FDA label, only in rare cases will it be necessary to exceed a total of 40mg/day.
Qelbree ER (viloxazine extended release) 100 mg	1	Pediatric (6-17 yo): Per FDA label, daily dosage above 400mg/day is not recommended.
Qelbree ER (viloxazine extended release) 150 mg	2	
Qelbree ER (viloxazine extended release) 200 mg	2	
Quillichew ER (methylphenidate extended release) 20mg	1	Per the FDA label, daily dosage above 60 mg is not recommended.
Quillichew ER (methylphenidate extended release) 30mg	2	
Quillichew ER (methylphenidate extended release) 40mg	1	
Quillivant XR (methylphenidate extended release) 25 mg/5 mL	60 mg or 12 mL	ADHD: Per FDA label, dosage >60mg/day is not recommended. Doses up to 60mg/day were studied in clinical trials.
Relexxii (methylphenidate extended release) 72 mg	1	Pediatric (13-17yoa): Doses greater than 72mg per day have not been studied and are not recommended Adults (18-65yoa): Doses greater than 72mg per day have not been studied and are not recommended
Ritalin (methylphenidate) 5mg	3	Children ≥6yo: Per FDA label, daily doses above 60mg/day is not recommended.
Ritalin (methylphenidate) 10mg	3	
Ritalin (methylphenidate) 20mg	3	
Ritalin LA (methylphenidate extended release) 10mg	1	Per FDA label: daily dosage above 60mg is not recommended.
Ritalin LA (methylphenidate extended release) 20mg	1	
Ritalin LA (methylphenidate extended release) 30mg	2	
Ritalin LA (methylphenidate extended release) 40mg	1	
Ritalin LA (methylphenidate extended release) 60mg	1	

Ritalin SR (methylphenidate extended release) 20mg	3	Children ≥6yo: Per FDA label, daily doses above 60mg/day is not recommended.
Strattera (atomoxetine) 10mg	2	Children and adolescents: Doses of 0.5 to 1.8mg/kg/day were studied; 1.8mg/kg/day dose did not provide any additional benefit over that observed with the 1.2mg/kg/day dose. Adults: Doses of 60 to 120mg/day were studied; mean final dose was approximately 95mg/day.
Strattera (atomoxetine) 18mg	2	
Strattera (atomoxetine) 25mg	2	
Strattera (atomoxetine) 40mg	2	
Strattera (atomoxetine) 60mg	2	
Strattera (atomoxetine) 80mg	1	
Strattera (atomoxetine) 100mg	1	
Vyvanse (lisdexamphetamine) capsule or chew 10mg	1	Per the FDA label, doses >70mg/day were not studied in clinical trials. Only once daily doses were studied.
Vyvanse (lisdexamphetamine) capsule or chew 20mg	1	
Vyvanse (lisdexamphetamine) capsule or chew 30mg	1	
Vyvanse (lisdexamphetamine) capsule or chew 40mg	1	
Vyvanse (lisdexamphetamine) capsule or chew 50mg	1	
Vyvanse (lisdexamphetamine) capsule or chew 60mg	1	
Vyvanse (lisdexamphetamine) capsule 70mg	1	
Zenzedi (dextroamphetamine) 2.5mg	3	ADHD: Per FDA label, only in rare cases will it be necessary to exceed a total of 40mg/day.
Zenzedi (dextroamphetamine) 5mg	2	
Zenzedi (dextroamphetamine) 7.5mg	8	
Zenzedi (dextroamphetamine) 10mg	6	
Zenzedi (dextroamphetamine) 15mg	2	
Zenzedi (dextroamphetamine) 20mg	3	
Zenzedi (dextroamphetamine) 30mg	2	

NOTE: quantity limits apply to both brand and generic formulations