



**TEXAS MEDICAID**  
**Clinical Edit Prior Authorization**  
**Attention Deficit Disorder (ADD) / Attention Deficit**  
**Hyperactivity Disorder (ADHD) IR Formulations**

**STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING**

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

**STEP 2: MEDICATION INFORMATION**

Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

Patient's Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Indicate the drug's formulary status: \*(Formulary available at [www.txvendordrug.com](http://www.txvendordrug.com))

- Non-Preferred Drug (**NPD or NAP Status, Go to Step 3 - PDL PA Criteria Applies**)  
**OR**  Preferred Drug (**Go to Step 4**)  
**OR**  No Status, Drug is not in a Market Basket (**Go to Step 4**)  
**OR**  N/A as this request is for a CHIP / PERINATE client (**Go to Step 4**)

**STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT**

1. Has the client failed a 30-day treatment trial with at least 1 preferred agent in the last 180 days?

- Yes (Go to Step 4 Question 1)       No (Go to #2)

2. Is there a documented allergy or contraindication to preferred agents in this class?

- Yes (Go to Step 4 Question 1)       No (Go to #3)

3. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?

- Yes (Go to Step 4 Question 1)       No (Deny)



**STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA**

1. Is the client less than (<) 3 years of age?

Yes (Deny)

No (Go to #2)

2. Is the request for greater than (>) the Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose?

Yes (Deny)

No (Go to #3)

3. Does the client have a paid claim for another IR stimulant in the past 14 days?

Yes (Deny)

No (Go to #4)

4. Is the client less than (<) 6 years of age?

Yes (Go to #5)

No (Go to #6)

5. Is the request for ONE (1) of the following?

- amphetamine/dextroamphetamine salts (ADDERALL)
- amphetamine sulfate (EVEKEO Tablets)
- dexmethylphenidate (FOCALIN)
- dextroamphetamine (DEXEDRINE, PROCENTRA, ZENZEDI)
- methylphenidate (METHYLIN, RITALIN)

Yes (Approve – 365 days)

No (Deny)

6. Is the client greater than or equal to (≥) 19 years of age?

Yes (Go to #7)

No (Approve – 365 days)

7. Does the client have a diagnosis of ADD/ADHD in the last 730 days?

Yes (Approve – 365 days)

No (Go to #8)

8. Does the client have a diagnosis of narcolepsy in the past 730 days?

Yes (Go to #9)

No (Deny)

9. Is the request for dexmethylphenidate (FOCALIN), EVEKEO ODT, or methamphetamine (DESOXYN)?

Yes (Deny)

No (Approve – 365 days)

**STEP 5: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances.  
For questions, please call Navitus Customer Care at 1-877-908-6023.



## IR Formulations DFPS Supporting Table

Active Ingredient	Drug (brand)	Initial Dosage	Literature Based Maximum Dosage	FDA Approved Maximum Dosage for Children and Adolescents
AMPHETAMINE/ DEXTROAMPHETAMINE SALTS	ADDERALL	Age 3-5 years: 2.5mg/day Age ≥ 6 years: 5-10mg/day	Age 3-5 years: 30mg/day Age ≥ 6 years (≤ 50kg): 40mg/day Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 3 years and older: 40mg/day
AMPHETAMINE SULFATE	EVEKEO	Age 3-5 years: 2.5-5mg/day Age ≥ 6 years: 5-10mg/day	Age ≥ 3 years: 40mg/day	Approved for children 3 years and older: 40mg/day
	EVEKEO ODT	Age ≥ 6 years: 5mg/day	Ages 6-17 years: 40mg/day	Ages 6-17 years: 40mg/day
DEXMETHYLPHENIDATE	FOCALIN	Age ≥ 6 years: 2.5mg twice daily	Age ≥ 6 years: 50mg/day	Approved for children 6 years and older: 20mg/day
DEXTROAMPHETAMINE	DEXEDRINE PROCENTRA ZENZEDI	Age 3-5 years: 2.5mg/day Age ≥ 6 years: 5-10mg/day	Age 3-5 years: 30mg/day Age ≥ 6 years (≤ 50kg): 40mg/day Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 3 years and older: 40mg/day
METHAMPHETAMINE	DESOXYN	5mg daily	N/A	Approved for children 6 years and older: 25mg/day
METHYLPHENIDATE	METHYLIN RITALIN	Age 3-5 years: 2.5mg twice daily Age ≥ 6 years: 5mg twice daily	Age 3-5 years: 22.5mg/day Age ≥ 6 years (≤ 50kg): 60mg/day Age ≥ 6 years (> 50kg): 100mg/day	Approved for children 6 years and older: 60mg/day