



TEXAS MEDICAID

Clinical Edit Prior Authorization

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) ER 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)

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)



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STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA

1. Is the request for MYDAYIS?

Yes (Go to #2)

No (Go to #3)

2. Is the client less than (<) 13 years of age?

Yes (Deny)

No (Go to #4)

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

Yes (Deny)

No (Go to #4)

4. Is the request for greater than (>) the Texas Health and Human Services (HHS) Psychotropic Medication Utilization Parameters maximum recommended daily dose?

Yes (Deny)

No (Go to #5)

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

Yes (Deny)

No (Go to #6)

6. Is the client greater than or equal to (\geq) 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 last 730 days?

Yes (Go to #9)

No (Deny)

9. Is the request for methylphenidate extended-release tablets, methylphenidate sustained release tablets, or dextroamphetamine extended-release capsules?

Yes (Approve – 365 days)

No (Deny)

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.



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ER Formulations Texas HHS Psychotropic Medication Utilization Parameters Supporting Table				
Active Ingredient	Drug (brand)	Initial Dosage	Literature Based Maximum Dosage	FDA Approved Maximum Dosage for Children and Adolescents
AMPHETAMINE SALTS	MYDAYIS	Age 13-17 years: 12.5mg/day	Age ≥ 13 years: 25mg/day	Age 13-17 years: 25mg Age > 17 years: 50mg
AMPHETAMINE/ DEXTROAMPHETAMINE SALTS	ADDERALL XR	Age 6-12 years: 5- 10mg/day Age ≥ 13 years: 10mg/day	Age ≥ 6 years (≤ 50kg): 30mg/day Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 6 years and older: 30mg/day
	DYANAVEL XR	Age ≥ 6 years: 2.5–5mg/day	Age ≥ 6 years: 20mg/day	Approved for children 6 years and older: 20mg/day
	ADZENYS ER ADZENYS XR- ODT	Age 6-17 years: 6.3mg/day	Age 6-12 years: 18.8mg daily Age 13-17 years: 12.5mg daily	Age 6-12 years: 18.8mg daily Age 13-17 years: 12.5mg daily
DEXMETHYLPHENIDATE	FOCALIN XR	Age ≥ 6 years: 5-10mg/day	Age ≥ 6 years: 50mg/day	Approved for children 6 years and older: 30mg/day
DEXTROAMPHETAMINE	DEXEDRINE SPANSULE	Age ≥ 6 years: 5mg/day	Age ≥ 6 years (≤ 50kg): 40mg/day Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 6 years and older: 40mg/day
LISDEXAMFETAMINE	VYVANSE capsule VYVANSE chewable tablet	Age ≥ 6 years: 30mg/day	Age ≥ 6 years: 70mg/day	Approved for children 6 years and older: 70mg/day
METHYLPHENIDATE	ADHANSIA XR	Age ≥ 6 years: 25mg/day	Age 6-17 years: 85mg/day Age ≥ 18 years: 100mg/day	Age 6-17 years: 85mg/day Age ≥ 18 years: 100mg/day
	APTENSIO XR	Age ≥ 6 years: 10mg/day	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
	METADATE CD QUILLICHEW ER QUILLIVANT XR	Age ≥ 6 years: 20mg/day	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



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METHYLPHENIDATE (continued)	METADATE ER		Age 3-5 years: 22.5mg/day	Approved for children 6 years and older: 60mg/day
	METHYLIN ER	Age ≥ 3 years: 10mg/day	Age ≥ 6 years (≤ 50kg): 60mg/day	
	RITALIN SR		Age ≥ 6 years (> 50kg): 100mg/day	
	CONCERTA	Age ≥ 6 years: 18mg/day	Age 3-5 years: 36mg/day	Age 6-12 years: 54mg/day
			Age ≥ 6 years: 72mg/day	Age 13-17 years: Lesser of 72mg/day or 2mg/kg/day
	COTEMPLA XR- ODT	Age ≥ 6 years: 17.3mg/day	Age 6-17 years: 51.8mg/day	Approved for children 6 years and older: 51.8mg/day
	DAYTRANA TD	Age ≥ 6 years: 10mg/day	Age 3-5 years: 20mg/day	Approved for children 6 years and older: 30mg/day
		Age ≥ 6 years: 30mg/day		
	RITALIN LA	Age ≥ 6 years: 10 - 20mg/day	Age 3-5 years: 22.5mg/day	Approved for children 6 years and older: 60mg/day
			Age ≥ 6 years (≤ 50kg): 60mg/day	
			Age ≥ 6 years (> 50kg): 100mg/day	
	JORNAY PM	Age ≥ 6 years: 20mg/day	Age ≥ 6 years: 100mg/day	Age ≥ 6 years: 100mg/day
SERDEXMETHYLPHENIDATE/ DEXMETHYLPHENIDATE	AZSTARYS	Age ≥ 6 years: 39.2/7.8mg/day	Age ≥ 6 years: 39.2/7.8mg/day	Age ≥ 6 years: 52.3/10.4mg/day