Prior Authorization Form

Daytrana® (Methylphenidate transdermal system)

ONLY COMPLETED REQUESTS WILL BE REVIEWED

Drug Requested: ☐ **Daytrana®**

Date: ____________________ Patient ID#: ________________ DOB: __________

Patient Name: ________________________ Provider NPI: ________________________

Prescribing Physician: ____________________ Office Contact: ________________________

Office Fax #: ________________________ Office Phone: ________________________

ONLY COMPLETED REQUESTS WILL BE REVIEWED

1. DIAGNOSIS FOR DRUG REQUESTED:

☐ Attention deficit hyperactivity disorder (ADHD)

☐ Other (specify) ______________________

2. MEDICATION HISTORY (Please list any previous or current therapy related to the diagnosis, using drug names and dates)

☐ **N/A** If none or not applicable to diagnosis, indicate "N/A."

Drug Name	Date	Duration

3. PATIENT HISTORY

a. Has the patient tried and failed or has a contraindication/intolerance allergy to Adderall or Adderall XR? ☐ Yes ☐ No

b. Has the patient tried and failed or has a contraindication/intolerance allergy to a methylphenidate containing product? ☐ Yes ☐ No

c. Has the patient tried and failed or has a contraindication/intolerance allergy to Strattera? ☐ Yes ☐ No

d. Has the patient tried and failed or has a contraindication/intolerance allergy to a dextroamphetamine containing product? ☐ Yes ☐ No

e. Has the patient tried and failed or has a contraindication/intolerance allergy to Desoxyn? ☐ Yes ☐ No

f. Has the patient tried and failed or has a contraindication/intolerance/allergy to dexmethylphenidate containing product? ☐ Yes ☐ No

Please add any other supporting medical information that may be useful in the decision-making process:

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FAX TO (888) 671-5285. YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL.

Internal use only **Coverage effective date** / /

Document #____________________ Processor Initials__________ Date________________

M F Rx coverage Y N STANDARD - SELECT LOB________________

Previous Auth Y N **Approved** **Reviewer Initials**__________ Date__________

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent licensees of the Blue Cross and Blue Shield Association.