



Federal Employee Program.

METHYLPHENIDATE
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required) and Provider Information (required) form with fields for Date, Patient Name, Date of Birth, Sex, Street Address, City, State, Zip, Patient ID, Provider Name, Specialty, NPI, Office Phone, Office Fax, Office Street Address, City, State, Zip, and Physician Signature.

PHYSICIAN COMPLETES

NOTE: Form must be completed in its entirety for processing

Please select drug, strength(s), and indicate the quantity being prescribed for each per day:

Tablets, Capsules, Chewable tablets, and Solutions sections with checkboxes and quantity fields for various medications like Ritalin, Concerta, Relexxii, Aptensio, and Metadate.

\*\*Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

Is this request for brand or generic? Brand Generic

1. What is the patient's total daily dose (mg/day) of ALL Methylphenidates added together for the patient's current regimen? Answer below:
\_\_\_\_\_ mg per day

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL QUESTIONS



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PAGE 2 – PHYSICIAN COMPLETES

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient ID: R \_\_\_\_\_

2. What is the patient’s diagnosis?

- Attention deficit disorder (ADD)
Attention deficit hyperactivity disorder (ADHD)
Depressive disorder

a. Will the medication be used in combination with antidepressants? Yes No\*

\*If NO, does the patient have an intolerance or contraindication or have they had an inadequate treatment response to antidepressants? Yes No

- Narcolepsy
None of the above

3. Will this medication be used in combination with Azstarys? Yes No

4. Will the requested medication be used in combination with any of the following: Adhansia XR, Aptensio XR, Concerta ER, Jornay PM, Metadate CD, Methylin chewable tablets, Methylphenidate, Methylphenidate ER, Methylphenidate oral solution, QuilliChew ER, Quillivant XR oral suspension, Relexxii, or Ritalin LA? Yes\* No

\*If YES, please select drug and specify each strength and the quantity needed PER DAY for each strength:

- Adhansia XR (please specify):
Aptensio XR (please specify):
Concerta ER (please specify):
Jornay PM (please specify):
Metadate CD (please specify):
Methylin chewable tablets (please specify):
Methylphenidate (please specify):
Methylphenidate ER (please specify):
Methylphenidate oral solution (please specify):
QuilliChew ER (please specify):
Quillivant XR oral suspension (please specify):
Relexxii (please specify):
Ritalin LA (please specify):
Multiple medications (please specify):



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p><b>Electronically Online</b> (ePA) Results in 2-3 minutes <b>FASTEST AND EASIEST</b></p>	<p>Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> responses and do not require faxing or phone calls.</p> <p>Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to <b>Caremark.com/ePA.</b></p>
<p><b>Phone</b> (4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service.</p> <p>The process over the phone takes on average between 4 and 5 minutes.</p>
<p><b>Fax</b> (3-5 days for response)</p>	<p>Fax the attached form to <b>(877)-378-4727.</b> Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed.</p> <p><b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b></p>

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easier...  
better...** Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA. Sign up today!

**CVS/caremark** 