GHP Family Pharmacy Customer Service
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Geisinger

STIMULANTS AND RELATED AGENTS PRIOR AUTHORIZATION FORM *(form effective 01/05/2021)*

Prior authorization guidelines for Stimulants and Related Agents and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan's website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

☐ New request ☐ Renewal request	Total # pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Phone number of office contact:		NPI:	State license#:
LTC facility contact/phone:		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Dosage form (tablet, ODT, suspension, ect):	
Directions:	Quantity	# months requested:
Diagnosis *(submit documentation)*:	Dx code *(required)*:	

INITIAL requests

Has the beneficiary been taking the requested medication within the past 90 days?	☐ Yes ☐ No *Submit documentation of drug regimen and clinical response*
For a non-preferred drug: Does the beneficiary have a history of trial and failure of or contraindication or intolerance to the preferred drugs in this class that are approved or medically accepted for treatment of the beneficiary's condition? Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.	☐ Yes ☐ No *Submit documentation*

Complete the sections below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

☐ For a child <4 years of age:
- ☐ Is prescribed the requested medication AND had a comprehensive evaluation by or in consultation with one of the following specialists:
  - ☐ pediatric neurologist ☐ child/adolescent psychiatrist ☐ child development pediatrician

☐ **For a beneficiary ≥18 years of age**:
- ☐ For the treatment of ADHD: ☐ Has a diagnosis of ADHD that is consistent with current DSM criteria
- ☐ For the treatment of narcolepsy: ☐ Has a diagnosis of narcolepsy consistent with current International Classification of Sleep Disorders criteria (e.g., MSLT, overnight PSG, CSF hypocretin-1 concentration, clinical assessment)
- ☐ For the treatment of moderate to severe binge eating disorder:
  - ☐ Has a diagnosis documented by a history that is consistent with current DSM criteria
  - ☐ Tried and failed (or cannot try) SSRIs (unless beneficiary has comorbid ADD or ADHD)
  - ☐ Tried and failed (or cannot try) topiramate (unless beneficiary has comorbid ADD or ADHD)
  - ☐ Was referred for cognitive behavioral therapy or other psychotherapy
- ☐ For a stimulant agent:
  - ☐ Was assessed for potential risk of misuse, abuse, and/or addiction based on family and social history
  - ☐ Was educated regarding the potential adverse effects of stimulants, including the risk of misuse, abuse, and addiction
  - ☐ Has documentation that the provider checked the PDMP for the beneficiary's controlled substance prescription history
  - ☐ For a beneficiary with a history of substance dependency, abuse, or diversion:

For a beneficiary >18 years of age:
- ☐ Has results of a recent UDS for licit & illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with prescribed controlled substances

RENEWAL requests

Has the beneficiary experienced a positive clinical response since starting the requested medication?	☐ Yes ☐ No *Submit documentation*

Please submit to PromptPA https://ghp.promptpa.com OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date: