



Request for Prior Authorization VILOXAZINE (QELBREE)

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Documentation of clinically significant impairment in two or more current environments (social, academic, or occupational).

Current Environment 1 & description:

Current Environment 2 & description:

Trial Documentation:

Preferred Amphetamine Stimulant:

Name/Dose: Trial Dates: Failure reason:

Preferred Methylphenidate Stimulant:

Name/Dose: Trial Dates: Failure reason:

Atomoxetine:

Name/Dose: Trial Dates: Failure reason:

Medical or contraindication reason to override trial requirements:

Renewals & newly eligible members established on medication

Date of most recent clinical visit confirming improvement in symptoms from baseline:

Attach lab results and other documentation as necessary.

Table with 2 columns: Prescriber signature (Must match prescriber listed above.) and Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only.