

ADHD/Anti-Narcolepsy: Non-Stimulants – Viloxazine (Qelbree)

Please fax this completed form to (833) 645-2734 OR mail to: Centene Pharmacy Services | 5 River Park Place East, Suite 210 | Fresno, CA 93720. You can also complete online at CoverMyMeds.com.

Date of request:	Reference #:		MAS:		
Patient	Date of birth		ProviderOne ID or Coordinated Care		ed Care ID
Pharmacy name	Pharmacy NPI	Telephone number		Fax number	
Prescriber	Prescriber NPI	Telephone number		Fax number	
Medication and strength		Dire	Directions for use		Qty/Days supply
 Is this request for a continuation of existing therapy? Yes No If yes, is there documentation demonstrating improvement or stabilization in signs and symptoms of ADHD (e.g., inattention, hyperactivity, behavior)? Yes No Indicate patient's diagnosis: Attention Deficit Hyperactivity Disorder (ADHD) 					
					rance and/or contraindication. ach medication.)
Chart notes are required with this request					
Prescriber signature	Prescriber specialty			Date	

Centene Pharmacy Services will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)