

To expedite the Prior Authorization process, please  
include the following information when you  
**ePrescribe to Perigon Pharmacy 360**

## Prescription Checklist

### PROVIDER INFORMATION

- Physician name/NPI
- Physician address
- Contact name and number for nurse managing prescriptions**

### PATIENT INFORMATION

- Patient name, address and phone number
- Social security number
- Insurance information or **copy of insurance card**

### PROVIDER INFORMATION

- Name, dosage, and duration of any previously **tried and failed** ADHD medications
- Any clinical information supporting the use of Dyanavel<sup>®</sup>XR such as:
  - ADHD Diagnosis Code
  - Reason for failure of previous ADHD medication



#### **Quick-Start Program**

**To begin treatment while prior authorization is pending, consider sending our pharmacy an additional 30-day prescription for the Quick-Start Program**

*Patients will not receive more than a 30-day supply of medication at a time*

Full Prescribing Information Available Upon Request