



Thank you for choosing Perigon Pharmacy 360 West to service your DYANAVEL® XR patients!

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

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® 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



Please scan QR code for Full Prescribing Information, including Boxed Warning regarding Abuse, Misuse, and Addiction.

Questions? Contact us at 805.874.2025

perigonpharmacy.org

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