Children's Medical Services Health Plan
OPERATED BY SUNSHINE HEALTH

Reset Form | Print Form

MEDICATION PRIOR AUTHORIZATION REQUEST FORM
FAX this completed form to
OR Mail request to: Pharmacy Services Prior Authorization Dept.
5 River Park Place East, Suite 210 | Fresno, CA 93720
Call to request a 72-hour supply of medication.
Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Stimulants and Strattera (<6 years of age)

Please select all that apply:
☐ **High-dose stimulant** ☐ **Long-acting stimulant** ☐ **Strattera**

Maximum length of approval = 6 months or less; Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber Phone Number - -

Prescriber Fax Number - -

☐ **New** ☐ **Continuation:** ☐ Same dose ☐ Increase ☐ Decrease **Is child in state custody care?** ☐ No ☐ Yes

Drug: _____ **Dose:** _____ **Frequency:** _____ **Quantity:** _____

Request ____months therapy **Diagnosis:** ☐ ADHD ☐ Other_____**Target Symptoms**: _____

Comorbid Medical and Psychiatric Diagnoses:_____

Height: _____ **in / cm** **Weight:** _____ **lbs /kgs** **Blood Pressure:** _____ **Pulse:** _____

BMI% _____ **History of cardiovascular disease?** ☐ No ☐ Yes**;** **If yes:** ☐ Patient**,** or ☐ Family

Previous Behavioral Interventions *(Duration with date of initiation; if discontinued, include date and reason):* _____

_____

Previous Medication Therapy *(Include drug name, dose, trial duration, and reason for discontinuation)**:*** _____

_____

List other medications to be taken with the requested stimulant medication or Strattera: _____

_____

Does the patient swallow medications whole *(e.g., necessary for Concerta and Strattera)*? ☐ **Yes** ☐ **No**

Prescriber's Signature: _____ **Date:** _____

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.