

MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-833-546-1507

OR Mail request to: Pharmacy Services Prior Authorization Dept. 5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-866-399-0928 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.

Prescriber's Full Name Prescriber's Full Name	Recipient's Medicaid ID# Date of Birth (MM/DD/YYYY)																													
Prescriber's Full Name Prescriber's NPI															/			/												
Prescriber's NPI Prescriber Phone Number	Recipient's Full Name																													
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New Continuation: Same dose Increase Decrease Is child in state custody care? No Yes																														
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: Ibs /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	Prescriber Phone Number										Prescr										iber Fax Number									
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