

Prior Authorization Request Form for Strattera (atomoxetine HCl)

Member Information

Patient Name _____
Cardholder ID _____
Date of Birth _____
Address _____
City, State Zip _____
Phone Number _____

Provider Information

Provider Name _____
DEA Number _____
Address _____
City, State and Zip _____
Phone Number _____
FAX Number _____

Pharmacy Information

Pharmacy Name _____ Address _____ Phone _____

Name of drug and strength requested: _____

Criteria for Approval:

- 1. Is the patient 6 years of age or older? Yes No
- 2. Has the patient been on a Methylphenidate or Amphetamine product for the previous 6 months? Yes No
- 3. Has the patient been on Strattera for the previous 6 months? Yes No
- 4. Diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD)? Yes No
- 5. Have any of the following requirements been met? *Check all that apply:* Yes No
 - ADHD symptoms displayed in more than one setting (i.e., school, work, home, etc)
 - ADHD symptoms displayed for at least 6 months
 - ADHD symptoms significantly impair social, academic, or occupational functioning
 - No other psychiatric disorders to explain hyperactivity

Provider Signature _____ Date _____

Fax completed forms to (866) 284-4509.

For Office Use Only

Date/Time Received _____
Reference Number _____
Approved / Denied (Circle One) by _____ Date _____
Date/Time Returned to Provider _____

If you have any questions regarding this form, contact the Prior Authorization Department Toll Free at (866) 284-4492 or FAX Toll Free at (866) 284-4509.

FOX Rx Care Utilization Management
3375-I Capital Circle NE
Tallahassee, FL 32308

IMPORTANT NOTICE: This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure and applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by other than the named addressee, except by express authority of the sender to the named addressee.

