

STIMULANTS
Prior Authorization Form

<input type="checkbox"/> Standard Request <input type="checkbox"/> Expedited Request	If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For state exchanges only: The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.
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Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:
Quantity Dispensed:	Day Supply:	<input type="checkbox"/> Generic <input type="checkbox"/> Brand Necessary

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.
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Clinical Information

FOR MEMBERS 18 YEARS OF AGE AND OLDER:

Select Diagnosis: _____ Date Diagnosed: _____

Attention Deficit Hyperactivity Disorder (ADHD)
 Has the member been on the requested medication since before turning 18 years of age? Yes No
If no, please submit documentation of ADHD screening.

Narcolepsy

Autism

Brain injury

Other Diagnosis: _____

Please submit documentation of a comprehensive evaluation by the prescriber and include clinical rationale for use of the requested medication.

FOR MEMBERS UNDER 4 YEARS OF AGE:

Complete the section above AND please submit documentation of a comprehensive evaluation by or in consultation with a pediatric neurologist, a child and adolescent psychiatrist, or a child development pediatrician.

Please provide any additional information which should be considered in the space below:
