



Strattera
(Atomoxetine)

Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922

Please have the information below ready when calling in the authorization.

Member's Last Name	Member's First Name
VH ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
-------------	------------

1. Is the diagnosis or indication for the treatment of ADHD or ADD?
2. Has the patient tried and failed both methylphenidate and dextroamphetamine?
3. Does the patient have a documented history of stimulant drug abuse/dependence?
4. Are there any other comments, diagnoses, symptoms, and/or any other information you feel is important to this review?

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.