



**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 |
| SCAN ID number | Date of Birth |
| Prescriber's Name | Contact Person |
| Office phone | Office Fax |

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

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|---|
| 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>**