

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Strattera (IL88)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health Illinois Medicaid at **1-855-684-5250**.

Please contact Aetna Better Health Illinois Medicaid at **1-866-212-2851** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Strattera (IL88).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (select from list of drugs shown)

Atomoxetine	Strattera (atomoxetine)	
Quantity _____	Frequency _____	Strength _____
Route of Administration _____	Expected Length of therapy _____	

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

1. Is Strattera being prescribed for the treatment of attention-deficit hyperactivity disorder (ADHD) in a patient 6 years of age or older? Y N

[If no, then no further questions.]

2. Has the patient had failure of or intolerance to 2 formulary stimulants? If yes, please document agents tried: Y N

[e.g., amphetamine/dextroamphetamine IR/XR (Adderall), dextroamphetamine, dexamethylphenidate IR, methylphenidate/ER/SR tabs/caps (Ritalin, LA/SR), methylphenidate CD (Metadate CD)]

3. Does patient have a confirmed history of substance

abuse? If yes, please submit documentation.

Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date