



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

STRATTERA (Atomoxetine)

Coverage Criteria

Attention Deficit Hyperactivity Disorder

Monitor for suicidal tendencies, clinical worsening, changes in behavior, blood pressure changes, heart rate changes, weight loss, decreased growth velocity in children, sleep disturbances, liver injury.

Exclusion Criteria

Non FDA approved use; concurrent use of MAOI or use of MAOI within last 14 days

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physicians Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

STRATTERA	Reason for Request				
Condition/Diagnosis Related					

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing		Strength/Dosage			
Formulary Alternative(s) Attempted?		Yes:		No:	
Please List Alternative Formulary Drugs					

Comments					
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Physicians Signature: _____ Fax Form to 1-877-847-9904