MC-Rx
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Strattera® atomoxetine

Ticket #: _____ **Request Date:** _____ **Request Time:** _____

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **Strattera®** atomoxetine. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information		
Patient Name:	Plan Name/Plan ID:	
Patient ID:	Patient Date of Birth:	Patient Contact Phone #:

B. Physician Information			
Physician Name:	Physician Address:		
Physician DEA #:	Physician Phone #:	Physician Fax #:	
Drug Name and Strength:	Direction (SIG):	QTY and Days Supply:	NDC #:

C. Pharmacy Information			
Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:

D. Clinical Information (Please fill out the following information: circle all that apply)

1. Is the patient 6 years or older? YES NO
2. Has the patient been diagnosed with ADHD? YES NO
3. Is the patient currently receiving a course of therapy with Monoamine Oxidase Inhibitor? YES NO
4. Has the patient failed a course of therapy with any two of the following stimulants? YES NO
   - ☐ Methylphenidate (Concerta, Ritalin, Focalin, Metadate)
   - ☐ Amphetamines (Adderall, Adderall XR)
   - ☐ Dextroamphetamine (Dexedrine)

Dosing Guidelines:
Children up to 70kg: Initial daily dose of 0.5 mg/kg and increase after a minimum of 3 days to a target dose of 1.2 mg/kg/d administered as a single daily dose in the morning or as evenly divided doses in the morning and late afternoon/early evening.
Adults and Children over 70kg: Initial total daily dose of 40 mg and increase after a minimum of 3 days to a target dose of 80 mg/d administered as a single daily dose in the morning or as evenly divided doses in the morning and late afternoon/early evening. After 2 to 4 additional weeks, the dose may be increased to a maximum of 100 mg in patients who have not achieved an optimal response.

NOTE: The effectiveness of Strattera for long-term use (>9 weeks for children and >10 weeks for adults) has not been systematically evaluated in controlled clinical trials. Physicians who elect to prescribe the drug for long-term use should periodically re-evaluate the usefulness of the drug for the individual patient.

Authorized Medical Signature:	
Telephone:	**Date:**

When Completed Return To:

MC-Rx Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.