

Date of medication request: (MM/DD/YYYY): ____ / ____ / ____

Patient information and medication requested

Patient's name:	Medicaid number:
Date of birth:	Gender:
Drug name:	Strength:
Dosing directions:	Length of therapy:

Prescriber information

Prescriber last name:	Prescriber first name:
Prescriber address:	Prescriber representative:
Specialty:	NPI number:
Phone #:	Fax #:

Clinical history

1. What is the patient's diagnosis for use of this medication?

2. Does the patient have swallowing issues? (For Daytrana patch* and Procentra only). Yes No

3. Does the patient have a diagnosis of Tics or Tourette's disorder? (For Strattera* only). Yes No

4. Does the patient have a history of low blood pressure/low heart rate? (For Intuniv* only). Yes No

5. Will the patient be on concurrent clonidine therapy? (For Kapvay* only). Yes No

Provide any additional information that would help in the decision-making process. If additional space is needed, please use a separate sheet.

If you are requesting a non-preferred product, proceed below.

Non-preferred drug approval criteria

Chapter 188 of the Laws of 2004 requires that Medicaid only cover non-preferred drugs upon a finding of medical necessity by the prescribing physician. Chapter 188 requires that you base your determination of medical necessity on the following criteria

<input type="checkbox"/> Allergic reaction. Describe reaction:
<input type="checkbox"/> Drug-to-drug interaction. Describe reaction:
<input type="checkbox"/> Previous episode of unacceptable side effects or therapeutic failure. Provide clinical information:
<input type="checkbox"/> Age specific indications. Provide patient age and explain:
<input type="checkbox"/> Unique clinical indication supported by FDA approval or peer reviewed literature. Explain and provide a reference:
<input type="checkbox"/> Unacceptable clinical risk associated with therapeutic change. Please explain:

Signature of prescriber: _____ Date: _____
(prescriber signature mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.