CHORUS COMMUNITY HEALTH PLANS

Prior Authorization Form: **Stimulants**

If this is an urgent request, please call Chorus Community Health Plans Pharmacy Services.
Otherwise, please return completed form – Phone: 844-201-4677 or Fax: 844-201-4675

Please type or print neatly. Please complete all sections of this form. Incomplete responses may delay this request.				
Office Contact:		Provider Specialty:		
Provider First Name:		Provider Last Name:		
Provider Phone:		Provider Fax:		Provider NPI #:
Patient Name:		CCHP Member ID Number:		Patient DOB:
Drug Requested:	Strength:	Frequency:	Qty Dispensed:	Patient Age:

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

New medication **Ongoing medication**	If ongoing, provide date started:	If medication is ongoing, did the member show improvement while on therapy?	**Yes** ☐ **No** ☐

Please indicate the diagnosis on the left and include the requested information.

For members under four years of age:	
Attention Deficit Hyperactivity Disorder (ADHD) **Brain injury** ☐ **Autism** ☐ **Other Diagnosis** ☐	Please submit documentation of a comprehensive evaluation by or in consultation with a pediatric neurologist, a child and adolescent psychiatrist, or a child development pediatrician.
For members 18 years of age and older:	
Attention Deficit Hyperactivity Disorder (ADHD)	Has the member been on the requested medication since before turning 18 years of age? ☐ **Yes** ☐ **No** If no, please submit documentation of ADHD screening.
Narcolepsy ☐	Please submit documentation of the sleep study confirming the diagnosis.
Autism ☐	
Other Diagnosis	Please submit documentation of a comprehensive evaluation by the prescriber and include clinical rationale for use of the requested medication.

History of medications previously tried and failed

Medication Trial / Previous Therapies	Start Date	End Date	Strength	Frequency	List adverse reactions / side effects / reason for discontinuing

Please provide any additional information which should be considered in the space below: