

If the following information is not complete, correct, and legible, the SA process could be delayed.

Please use one form per member.

**Preferred stimulants/ADHD medications for individuals 4 to 17 years old do not require Service Authorization.**

**If your request is for a non-preferred non-stimulant, please go to question 8 and submit form.**

**Stimulants prescribed for children under the age of 4 must be prescribed by a pediatric psychiatrist, pediatric neurologist, developmental/behavioral pediatrician, or in consultation with one of these specialists**

**MEMBER INFORMATION****Last Name:**

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**First Name:**

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**Medicaid ID Number:**

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**Date of Birth:**

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**Gender:** ☐ Male ☐ Female**Weight in Kilograms:** \_\_\_\_\_**PRESCRIBER INFORMATION****Last Name:**

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**First Name:**

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**NPI Number:**

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**Phone Number:**

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**Fax Number:**

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**If the member is under the age of 4 and you are prescribing a stimulant:**

Are you a pediatric psychiatrist, pediatric neurologist, developmental/behavioral pediatrician or in consultation with one of these specialists?

☐ Yes ☐ No

*(Form continued on next page.)*



