

Michigan Department of Health and Human Services (MDHHS)
Prior Authorization Request
ADD/ADHD Therapy for Recipients Over Age 17 Years

All information addressed on this form must be provided for consideration of approval. Incomplete requests will not be considered for approval and will be returned. Completed requests may be resubmitted at any time.

Beneficiary Information

LAST NAME:

FIRST NAME:

MEDICAID NUMBER:

DATE OF BIRTH: - -

GENDER: MALE FEMALE

Prescriber Information

LAST NAME:

FIRST NAME:

PLEASE SELECT ONE: MD PA NP DO

SPECIALTY: Psychiatry Family Practice (FP) / Internal Medicine (IM)
 Pediatrics

OTHER: _____

NPI NUMBER:

DEA #: -

DEA # EXP: - -

PHONE NUMBER: - -

FAX NUMBER: - -

Person Completing Form

LAST NAME:

FIRST NAME:

TITLE:

PHONE NUMBER: - -

FAX NUMBER: - -

DATE: _____ REQUESTED START DATE: _____

Pharmacy

NAME:

PHONE NUMBER: - -

FAX NUMBER: - -

Drug Name	Strength	Dosing	Duration of Tx	Diagnosis

MDHHS asks that all requests have a current MAPS report included in the patient's medical record at the prescribing physician's office. **Do not include the report with this fax form.** Has the prescribing physician named above verified medication usage by obtaining and reviewing a MAPS report (<https://michigan.pmpaware.net/login>)? Yes No

MDHHS does not cover newly diagnosed adult ADD/ADHD without the diagnosis being confirmed by a mental health professional (psychiatrist, clinical psychologist, clinical social worker or licensed/certified counselor).

IF THE BENEFICIARY HAS NOT BEEN SEEN BY ONE OF THESE SPECIALISTS, PLEASE DOCUMENT THE FULL NAME OF THE PROVIDER WHO CONFIRMED THE DIAGNOSIS ALONG WITH THE PROVIDER'S SPECIALTY AND DATE OF CONSULT. PLEASE INCLUDE COPIES OF TESTING USED AND CHART NOTES DETAILING SIGNS & SYMPTOMS OF THE DIAGNOSIS AS EXHIBITED BY THIS RECIPIENT.

DATE OF INITIAL DIAGNOSIS: _____ DATE ADD/ADHD LAST TREATED: _____

NAMES OF PREVIOUS MEDICATIONS TRIED FOR THIS CONDITION:

Drug Name	Strength	Directions	Dates	Reason for Failure

WHAT ARE THE SOCIAL IMPLICATIONS OF THE DIAGNOSIS FOR THIS RECIPIENT?

