



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
**ADHD MEDICATION PRIOR AUTHORIZATION
 CHILDREN LESS THAN 6 YEARS OLD**

RETURN TO: ATTN: DRUG PRIOR AUTHORIZATION
 MO HEALTHNET DIVISION
 PO BOX 4900
 JEFFERSON CITY, MO 65102-4900

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE SUPPLIED OR THE REQUEST WILL NOT BE PROCESSED.

PHONE: (800) 392-8030 FAX: (573) 636-6470

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|------------------|-----|---------------------------------|
| Participant Name | DOB | Participant MO HealthNet Number |
|------------------|-----|---------------------------------|

What is the requested drug name, strength, dosing form and instructions?

What is the diagnosis for use of this drug (including ICD-10 code)?

ADD with ICD-10 code: _____

ADHD with ICD-10 code: _____

Other _____

What other mental health diagnoses does the patient have?

The following is also required for consideration of approval:

- **Documentation of the SIX signs & symptoms of ADHD elicited by the provider during assessment of the child.**
 - **Per DSM 5, this should include 6 signs & symptoms of inattention OR 6 signs & symptoms of hyperactivity/impulsivity. If the child is diagnosed with the combined type of ADHD, then SIX signs & symptoms of inattention AND hyperactivity/impulsivity must be documented.**
 - **An alternate form of documentation that is acceptable is acknowledgement in the provider's notes of agreement with the findings on the ADHD rating scales.**
- **The ADHD rating scales (e.g. Vanderbilt or Conners) completed by the child's parent/guardian and teacher. If there is no teacher, then a rating scale completed in another setting other than the home environment (such as daycare or pre-school) is required.**

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| Prescriber Name and Specialty | Prescriber Provider NPI |
|-------------------------------|-------------------------|

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|-----------------------------|-----------------------|--------------------------------|
| Prescriber Telephone Number | Prescriber Fax Number | Prescriber Other Contact Info: |
|-----------------------------|-----------------------|--------------------------------|

Name and title of person completing form

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|--|--------------------------------------|---|
| Telephone Number of person completing form | Fax Number of person completing form | Other contact info of person completing form: |
|--|--------------------------------------|---|

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| Signature of person completing form | Date |
|-------------------------------------|------|