



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
ADULT ADD/ADHD PRIOR AUTHORIZATION

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 AND RETURNED WITH THE ORIGINAL DRUG PRIOR AUTHORIZATION FORM.

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

Participant Name	DOB	Participant MO HealthNet Number
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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 _____

Is the patient currently working or enrolled in school (including sheltered workshop or vocational rehab)?

Yes No

What is the goal of ADHD therapy?

Is the patient's care supervised by a mental health specialist? Yes No

If yes, name and title? _____

If no, has the patient been seen by a mental health specialist in the last 6 months? Yes No

What other mental health diagnoses does the patient have?

Please submit the initial assessment that documents the ADD/ADHD diagnosis, six months of office progress notes and Adult ADHD Self-Report scale. These are required for review.

- Per DSM 5, documentation must include at least 5 signs and symptoms of inattention and/or at least 5 signs & symptoms of hyperactivity/impulsivity. There must be clear evidence that the symptoms interfere with social, academic, or occupational function, and they must be present in 2 or more settings.**
- If the Adult ADHD Self-Report Scale cannot be faxed with the other documents, the findings of the scale can be summarized and included in the progress notes.**

Prescriber name and specialty	Prescriber Provider NPI
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Prescriber Telephone Number	Prescriber Fax Number	Prescriber Other contact info:
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Name, title and credentials of person completing form

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
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