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:			
SELECT ONE: MD PA DO	SPECIALTY: Psychiatry Family Practice (FP)/Internal Medicine (IM)			
Other: Pediatrics Other:				
NPI NUMBER:				
DEA #:	DEA # EXP:			
PHONE NUMBER:	FAX NUMBER:			
	FAX NUMBER.			
Daniel Completing Same				
Person Completing Form	FIRST MANAGE.			
LAST NAME:	FIRST NAME:			
TITLE:				
PHONE NUMBER:	NE NUMBER: FAX NUMBER:			
DATE: REQUESTED START DATE:				
Pharmacy				
NAME:				
PHONE NUMBER:	FAX NUMBER:			
Drug Name Strength	Dosing Duration of Tx Diagnosis			
Site of the site o	Desired to the second s			
Has the patient been treated with a CNS stimulant for ADD/ADHD w	vithin the past six months?			
Does the patient have a confirmed ADD/ADHD diagnosis via a comprehensive evaluation and/or standard assessment tool?				
MDHHS asks that all requests have a current MAPS report included in the patient's medical record at the prescribing physician's office. <i>Do not include the report with this fax form.</i> Has the prescribing physician named above verified medication usage by obtaining and reviewing a MAPS report (https://michigan.pmpaware.net/login)?				
MDHHS expects that the patient has been counseled on behavioral health management and referred if appropriate (e.g. for comorbidities).				

Submit requests to:

Magellan Medicaid Administration 11013 W Broad Street Suite 500 Glen Allen, VA 23060

Fax: 888-603-7696 **Phone**: 877-864-9014

This form is available at https://michigan.magellanrx.com/provider/forms



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NAMES OF PREVIOUS MEDICATIONS TRIED FOR THIS CONDITION:				
Drug Name	Strength	Directions	Dates	Reason for Failure