



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

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<b><i>NAMES OF PREVIOUS MEDICATIONS TRIED FOR THIS CONDITION:</i></b>				
<b>Drug Name</b>	<b>Strength</b>	<b>Directions</b>	<b>Dates</b>	<b>Reason for Failure</b>