WVCHIP
WV Children's Health Insurance Program
ADDM Pharmacy Prior Approval Program

PO Box 9511 HSCN, WVU School of Pharmacy
Morgantown, WV 26505

Phone 1-800-847-3859 **FAX: 1-800-531-7787**

Attention Deficit Disorder Medication Prior Approval Request Form

I. Patient and Medication Information

Patient Name (Last) (First) (MI)	**Patient's WVCHIP Identification #:**		**Patient's Date of Birth**
Requested Medication Name:	**Dose**	**Directions**	**Patients Current Age**

II. Prescriber Information

Prescribing Practitioner's Name (Last) (First) (MI) (Specialty)		
Practitioner Address: (Street) (City) (State) (Zip)		
Practitioner DEA Number	Return Phone #	Return FAX #

III. Please answer each of the following questions for your request.

1. What is the diagnosis for which this drug is being prescribed?

- ☐ Attention Deficit Disorder (ADD)
- ☐ ADHD, Predominantly Inattentive Type (314.00)
- ☐ ADHD, Predominantly Hyperactive-Impulse Type (314.01)
- ☐ ADHD, Combined Type (314.01)
- ☐ Other – Please Document:

2. **Which set of criteria was used to determine the diagnosis?** Check all that apply

- ☐ History/Physical
- ☐ DSM-IV Criteria
- ☐ Research Diagnostic Criteria: Preschool Age (AACAP Task Force on Research Diagnostic Criteria: Infancy Preschool Age, 2003)
- ☐ Diagnostic Criteria: 0Y3R (Zero to Three Diagnostic Classification Task Force, 2005)
- ☐ Other, please document, including name of diagnostic tool

3. Has an assessment been completed by the prescribing physician within the last year? ☐ Yes ☐ No
(Examples of credentialed professionals are physician, psychiatrist, psychologist, social worker trained and experienced with Attention Disorders, or an ADHD Coach Certified by the Institute for the Advancement of AD/HD Coaching (IAAC))

4. Has an assessment been completed by the prescribing physician within the last year? ☐ Yes ☐ NO

5. What date was the assessment performed? _____

Practitioner Signature: _____
(If a signature stamp is used, then the prescribing Practitioner must initial the signature, signatures by agents of the Practitioner are not acceptable)

CONFIDENTIAL INFORMATION