WV Public Employees Insurance Agency
WV Children's Health Insurance Program
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 PEIA Identification #:**	**Patient's Date of Birth**

Requested Medication Name:	**Dose**	**Directions**	**Patient's Current Weight**

II. Prescriber Information

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

IV. 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) ICD-9: 314.00 / ICD-10: F90.0
- ☐ ADHD, Predominantly Inattentive Type ICD-9: 314.00 / ICD-10: F90.0
- ☐ ADHD, Predominantly Hyperactive-Impulse Type ICD-9: 314.01 / ICD-10: F90.1
- ☐ ADHD, Combined Type ICD-9: 314.01 / ICD-10: F90.2
- ☐ Other – Please Document:

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

- ☐ History/Physical
- ☐ DSM-IV Criteria ☐ DSM-V 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 name diagnostic tool:
  e.g. Vanderbilt, Achenback. Conner Scale Not accepted.

Yes	No

3. Has a treatment plan been developed by the prescribing physician or other credentialed professional?
(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)

Yes	No

4. Has an evaluation been completed by the prescribing physician within the last year?

5. What date was the evaluation performed?

Month	Day	Year

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)