

FAX completed form to  
Change Healthcare  
1-866-964-3472

Wyoming Medicaid – Pharmacy Services Program  
PRIOR AUTHORIZATION REQUEST FORM  
**Adult ADHD Treatment**

**PHONE:**  
(For questions or inquiries ONLY)  
1-877-207-1126

Provider must fill in all information below. It must be legible, correct and complete or the form will be returned.

Client ID #: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Prescriber NPI: \_\_\_\_\_

Prescriber's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Drug Name</u> (List one drug per form)	<u>Strength</u>	<u>Dosage Instructions</u>	<u>Days Supply</u>	<u>Quantity</u>	<u>Refills</u>
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- Client's Medical Diagnosis: \_\_\_\_\_
- Does the client have five or more symptoms of inattention that have been present for at least 6 months and are inappropriate for developmental level?  Yes  No
- Does the client have five or more symptoms of hyperactivity and impulsivity that have been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level?  Yes  No
- Is there clear evidence that this client's symptoms interfere or reduce the quality of social, school, or work functioning?  Yes  No
- Can the client's symptoms be associated with another mental disorder?  Yes  No  
If yes, please provide what mental disorder: \_\_\_\_\_
- Are the client's symptoms present in two or more settings?  Yes  No  
If yes, please check all that apply:  
 Home  
 Work  
 School

7. If requesting a non-preferred agent, please list the "preferred" alternatives that have been tried and why they were discontinued:

<u>Medication</u>	<u>Dates of use</u>	<u>Reason for Discontinuing</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

**Prescriber Signature:** \_\_\_\_\_ **Date(s) of Submission:** \_\_\_\_\_

\* Prescriber's original signature required; copied, stamped, or e-signatures are not allowed. By signature, the prescriber confirms the criteria information above is accurate and verifiable in client records.