



Antidepressant < 6 years

Note: Form must be completed in full.

Reset Form

Print Form

Recipient's Medicaid ID#

Grid for Medicaid ID number

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber's Phone Number

Grid for Prescriber's Phone Number

Prescriber's Fax Number

Grid for Prescriber's Fax Number

PROVIDER TYPE OR SPECIALTY:

CHILD UNDER STATE CARE/CUSTODY: Yes No

PATIENT: Male Female

MEDICATION REQUEST: New Continuation

HEIGHT: in / cm WEIGHT: lbs / kgs BMI: *BMI %:

BMI Calculator: * <https://www.cdc.gov/healthyweight/bmi/calculator.html>

Medication:	Strength:	Quantity:	Directions (with titration or taper if indicated):

Target Symptoms (Check all that apply.):

- Depressive, Sad Mood or Anhedonia
- Irritability
- Somatic Complaints
- Appetite Disturbances
- Sleep Disturbances
- Anxiety
- Obsessions and/or Compulsions
- Aggression or self-injurious behavior
- Other: _____

Diagnosis:

- Major Depressive Disorder
- Disruptive Mood Dysregulation Disorder
- Obsessive Compulsive Disorder
- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder
- Panic Disorder
- Other: _____

Severity of Target Symptoms: 1 Mild 2 Moderate 3 Marked 4 Severe 5 Extreme

Functional Impairment: 1 Mild 2 Moderate 3 Marked 4 Severe 5 Extreme

Previous Therapy (Pharmacological and Non-Pharmacological) including Effectiveness/Tolerability/Compliance:

Next Appointment date: _____

Prescriber's Signature: _____

Date: _____

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.1078

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Review Criteria:

- The most current antidepressant prior authorization request form is required for review.
- All relevant sections of the antidepressant prior authorization form must be complete.
- The evaluation and progress notes must document target symptoms and behaviors.

Clinical Notes:

- Psychosocial treatments (e.g., dyadic therapy) must precede the use of psychotherapeutic medications and should continue if medications are prescribed.
- Risks and benefits should be carefully considered before prescribing an antidepressant.
- When discontinuing antidepressant medication prescribed for depression or anxiety, gradually taper down the dose to prevent discontinuation syndrome.

Calculation of BMI and BMI Percentile:

The Centers for Disease Control and Prevention (CDC) provides a **BMI Calculator for Children and Teens** that may be accessed at the following link: <https://www.cdc.gov/healthyweight/bmi/calculator.html>

Florida Medicaid Clinical Guidelines:

Access the following guidelines at <http://floridabhcenter.org/index.html>

- *Principles of Practice Regarding the Use of Psychotropic Medication in Children Under Age 6*
- *Florida Medicaid Best Practice Psychotherapeutic Medication Guidelines for Children and Adolescents*