

Note: Form must be completed in full.

[illegible]

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.

Call or Fax Information to: Florida Community Care Prior Authorization

Phone number for non-specialty Prior Authorization: 877-433-7643

Phone number for specialty Prior Authorization: 866-814-5506

Fax number for non-specialty Prior Authorization: 866-255-7569

Fax number for non-specialty Prior Authorization: 866-249-6155

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*