

FLORIDA MEDICAID PRIOR AUTHORIZATION

Stimulants and Strattera (<6 years of age) Please select all that apply:



High-dose stimulant

Long-acting stimulant

Strattera

Maximum length of approval = 6 months or less

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID# Date of Birth (MM/DD/YYYY)
Recipient's Full Name
Prescriber's Full Name
Prescriber's NPI
Prescriber Phone Number Prescriber Fax Number
New □ Continuation: □ Same dose □ Increase □ Decrease Is child in state custody care? □ No □ Yes
Drug:
Requestmonths therapy
Comorbid Medical and Psychiatric Diagnoses:
Height: in / cm
BMI% History of cardiovascular disease?
Previous Behavioral Interventions (duration with date of initiation; if discontinued, include date and reason):
Previous Medication Therapy (include drug name, dose, trial duration, and reason for discontinuation):
List other medications to be taken with the requested stimulant medication or Strattera:
Does the patient swallow medications whole (e.g., necessary for Concerta and Strattera)? ☐ Yes ☐ No
Prescriber's Signature Date:
REQUIRED FOR REVIEW: Copies of medical records (i.e., 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.
University of South Florida, School of Medicine, Department of Psychiatry, USF Child Psychiatrist Review:
☐ I do not recommend approval ☐ I recommend approval for months
USF Child Psychiatrist Signature: Date:

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

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