





MEDICATION PRIOR AUTHORIZATION REQUEST FORM

**FAX this completed form to (866) 339-0928**

**OR** Mail request to: Envolve Pharmacy Solutions PA Dept. | 5 River Park Place East, Suite 210 | Fresno, CA 93720

Call (800) 460-8988 to request a 72-hour supply of medication.

Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays.  
For immediate response on weekends and holidays, NurseWise will answer your call.

## **Antidepressant < 6 years**

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

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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 link below:

<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx?CalculatorType=Metric>

### **Florida Medicaid Clinical Guidelines:**

- Access the Principles of Practice for children younger than 6 years of age at:  
<http://medicaidmentalhealth.org/ViewGuideline.cfm?GuidelineID=32>
- Access the complete Florida Medicaid Psychotherapeutic Medication Treatment Guidelines on the Web at:  
<http://medicaidmentalhealth.org/>