



FIRST COAST ADVANTAGE

Prior Authorization Antidepressant (< 6 years of age)

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 License # (ME, OS, ARNP, PA)

Prescriber Phone Number

Prescriber Fax Number

PROVIDER SPECIALTY: _____

CHILD UNDER STATE CARE/CUSTODY: Yes No

MEDICATION REQUEST: New Continuation

PATIENT: M F

HEIGHT: _____ in _____ cm WEIGHT: _____ lbs _____ kgs BMI %: _____

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

| Medication | Strength | Quantity (Per Day) | 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
- 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 Normal 2 Borderline 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: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

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FCA Physician Review: I do not recommend approval. I recommend approval for _____ months.

FCA Physician Signature: _____ Date: _____

Fax or mail completed forms to:

First Coast Advantage
c/o Magellan Pharmacy Solutions
11013 West Broad Street, Suite 500
Glen Allen, VA 23060

Phone: 1-800-424-7902
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