



Aetna Better Health® of Florida (MEDICAID) 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#

Grid for Medicaid ID#

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 Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

- New Continuation: Same dose Increase Decrease

Is child in state custody care? No Yes

Drug: Dose: Frequency: Quantity:

Request ___ months therapy Diagnosis: ADHD Other Target Symptoms:

Comorbid Medical and Psychiatric Diagnoses:

Height: ___ in / cm Weight: ___ lbs /kgs Blood Pressure: Pulse:

BMI% History of cardiovascular disease? No Yes; If yes: Patient, or Family

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: 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.

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