



FLORIDA MEDICAID PRIOR AUTHORIZATION

Antipsychotic (<6 years of age)

180-day Maximum Approval

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

Recipient's Medicaid ID# [grid]

Date of Birth (MM/DD/YYYY) [grid]

Recipient's Full Name [grid]

Prescriber's Full Name [grid]

Prescriber License # (ME, OS, ARNP, PA) [grid]

Prescriber Phone Number [grid]

Prescriber Fax Number [grid]

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: \* http://nccd.cdc.gov/dnpabmi

Antipsychotic Medication/Strength: \_\_\_\_\_
Quantity: \_\_\_\_\_
Directions: \_\_\_\_\_

Target Symptoms: (check all that apply)
[ ] Aggression
[ ] Self-Injurious Behavior
[ ] Impulsivity
[ ] Irritability
[ ] Other

Diagnosis: [ ] ADHD
[ ] Autism Spectrum
[ ] Disruptive Behavior Disorder
[ ] Disruptive Mood Dysregulation Disorder
[ ] Other

Table with 6 columns: Severity of Target Symptoms, Functional Impairment, and 4 levels of severity (1 Mild to 5 Extreme).

Previous Therapy (Pharmacological and Non Pharmacological): \_\_\_\_\_

Have metabolic monitoring labs\* (fasting lipids and glucose) been performed within the last 6 months?: Yes No

\*Official lab results (most recent) must be attached. For continuation of therapy, labs are required. Date: \_\_\_\_\_

Has an assessment for Tardive Dyskinesia been done in the last 6 months? AIMS: Yes No DISCUS: Yes No

\*Official Form or notation (most recent) must be attached. Date: \_\_\_\_\_

Monitoring Plan: RTC: \_\_\_\_\_ Labs: q \_\_\_\_\_ months TD Screen: q \_\_\_\_\_ months

Next appointment date: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED FOR REVIEW: Copies of medical records (diagnostic evaluation and recent chart notes), the original prescription, most recent copy of related labs and most recent TD screen. The provider must retain copies of all documentation for five years.

Fax Information to:



Pharmacy Provider Services
Fax: 855-825-2717
Phone: 1-800-617-5727

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: \_\_\_\_\_



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## Review Criteria

- The most current antipsychotic prior authorization request form is required for review.
- All relevant sections of the antipsychotic prior authorization form must be complete.
- To calculate the 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>
- The evaluation and progress notes must document target symptoms and behaviors.
- Continuation requests require documentation to demonstrate monitoring for movement disorders. Find screening tools (AIMS, DISCUS) at the link below:
  - Access the AIMS/DISCUS forms at:  
<http://medicaidmentalhealth.org/resourcesLinks/diagnosticTreatmentScales.cfm>
- Continuation requests require the attachment of the most recent metabolic monitoring labs to include
  - Fasting glucose and fasting lipids.

## Clinical Notes

- Psychosocial treatments should precede the use of psychotherapeutic medications and should continue if medications are prescribed.
- Risks and benefits should be carefully considered before prescribing an antipsychotic.
- Prior to starting an antipsychotic medication, baseline measures should be obtained for weight, height, BMI, blood pressure, fasting glucose and fasting lipids.
- Assessments obtained at baseline should be repeated at three months and at least annually to assure safety and efficacy with the use of antipsychotic treatment.
- Fasting glucose and lipids may need to be assessed every six months to provide optimal monitoring in young children.
- Assessment for movement disorders should be performed during the initial titration, at three months and annually.

## Florida Medicaid Clinical Guidelines

Access the **Principles of Practice** for children less 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/>