



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-833-546-1507

OR Mail request to: Pharmacy Services Prior Authorization Dept.

5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-866-399-0928 to request a 72-hour supply of medication.

Pharmacy Services 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.

Antipsychotic (6 to < 18 Years of Age)

Maximum Length of Approval = 180 Days

Note: Form must be completed in full.

Recipient's Medicaid ID#

Grid for Recipient's 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's Phone Number

Grid for Prescriber's Phone Number

Prescriber's Fax Number

Grid for Prescriber's Fax Number

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: * https://www.cdc.gov/healthyweight/bmi/calculator.html

1. Medication Requested:

Table with 4 columns: Requested Antipsychotic(s), Strength, Directions, Quantity

2. Diagnosis:

- ADHD, Disruptive Behavior Disorder, Disruptive Mood Dysregulation Disorder, Autism Spectrum, Schizophrenia, Other, Bipolar Disorder, Schizoaffective Disorder

3. Target Symptoms:

- Aggression, Impulsivity, Irritability, Self Injurious Behavior, Other

4. Severity of Target Symptoms:

- 1 Mild, 2 Moderate, 3 Marked, 4 Severe, 5 Extreme

5. Functional Impairment:

- 1 Mild, 2 Moderate, 3 Marked, 4 Severe, 5 Extreme

6. Previous Antipsychotic Trials in last 12 Months

Table with 4 columns: Antipsychotic Medication, Start Dates, End Dates, Maximum Dose (Per Day)



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Recipient's Full Name

Grid for recipient's full name

7. List all other psychotherapeutic medications the patient is taking concurrently with the antipsychotic (i.e., antidepressants, mood stabilizers, anxiolytics, etc.).

Table with 2 columns: Psychotherapeutic Medication, Dose/day

Table with 2 columns: Psychotherapeutic Medication, Dose/day

8. Rationale for prescribing antipsychotic above maximum recommended dose? (if applicable)

9. Is your intent to target lower dose antipsychotic treatment?

Yes No checkboxes

10. Rationale for prescribing 2 or more antipsychotics for >60 days (if applicable):

11. If your request is for two antipsychotics:

Is the plan to cross taper, with antipsychotic monotherapy resumed within the next 60 days?

Yes No checkboxes

If YES, please provide the cross taper plan:

12. Have metabolic monitoring labs* (fasting lipids and glucose) been performed within the last 6 months?

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

Yes No checkboxes and Date field

13. Has an assessment for Tardive Dyskinesia (TD) been done in the last 6 months?

AIMs: Yes No checkboxes

DISCUS: Yes No checkboxes

Date: _____

*Official Form or notation (most recent) must be attached.

14. Monitoring Plan: RTC: _____ Labs: q _____ months TD Screen: q _____ months

Labs: CBC Prolactin CMP Lipid Profile Other, specify: _____

15. Next Appointment Date: _____

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.



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FDA-approved agents and doses are considered most appropriate.

FDA Information for 6–17 Age Group		
Medication and Approved Use	Age Range	Dosing Instructions
Aripiprazole		
Bipolar Disorder (manic or mixed episodes)	Pediatric age 10–17	Initial dose: 2 mg/day Recommended dose: 10 mg/day Maximum dose: 30 mg/day
Schizophrenia	Pediatric age 13–17	Initial dose: 2 mg/day Recommended dose: 10 mg/day Maximum dose: 30 mg/day
Irritability associated with Autism	Pediatric age 6–17	Initial dose: 2 mg/day Recommended dose: 5–10 mg/day Maximum dose: 15 mg/day
Lurasidone		
Bipolar I Disorder (depression)	Pediatric age 10-17	Initial dose: 20 mg/day Recommended dose: 20-80 mg/day Maximum dose: 80 mg/day
Schizophrenia	Pediatric age 10-17	Initial dose: 40 mg/day Recommended dose: 40-80 mg/day Maximum dose: 80 mg/day
Olanzapine		
Bipolar I Disorder (manic or mixed episodes)	Pediatric age 13–17	Oral Formulation Initial dose: 2.5–5 mg/day Target dose: 10 mg/day
Schizophrenia	Pediatric age 13–17	Initial dose: 2.5–5 mg/day Target dose: 10 mg/day
Paliperidone		
Schizophrenia	Pediatric age 12–17	Weight < 51kg: Initial Dose (3 mg/day) Recommended Dose (3–6 mg/day) Maximum Dose (6 mg/day) Weight ≥ 51kg: Initial Dose (3 mg/day) Recommended Dose (3–12 mg/day) Maximum Dose (12 mg/day)
Risperidone		
Bipolar I Disorder (manic or mixed episodes)	Pediatric age 10–17	Initial dose: 0.5 mg/day Titration: 0.5–1 mg/day Recommended dose: 2.5 mg/day Effective dose range: 0.5–6 mg/day

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FDA Information for 6-17 Age Group

Table with 3 columns: Medication and Approved Use, Age Range, and Dosing Instructions. Rows include Irritability associated with Autism, Schizophrenia, Quetiapine (Bipolar I Disorder and Schizophrenia).

Helpful Links:

- Access the following information at http://floridabhcenter.org/index.html:
- Antipsychotic High Dosing Table for Children and Adolescents
- AIMS/DISCUS forms
- Florida Medicaid Best Practice Psychotherapeutic Medication Guidelines for Children and Adolescents
- The Centers for Disease Control and Prevention (CDC) BMI Calculator for Children and Teens: https://www.cdc.gov/healthyweight/bmi/calculator.html

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