



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-888-865-6531
OR Mail request to: Pharmacy Services Prior Authorization Dept.
5 River Park Place East, Suite 210 | Fresno, CA 93720

Reset Form

Print Form

Call 1-833-705-1351 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,
except 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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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		
Medication and Approved Use	Age Range	Dosing Instructions
Irritability associated with Autism	Pediatric age 5–16	Initial dose: 0.25 mg/day (< 20 kg); 0.5 mg/day (≥ 20 kg) Titration: 0.25–0.5 mg at > or = 2 weeks Recommended dose: 0.5 mg/day (< 20 kg; 1 mg/day (≥ 20 kg) Effective dose range: 0.5–3 mg/day
Schizophrenia	Pediatric age 13–17	Initial dose: 0.5 mg/day Titration: 0.5–1 mg/day Target dose: 3 mg/day Effective dose range: 1–6 mg/day
Quetiapine		
Bipolar I Disorder (mania)	Pediatric age 10–17	Information provided is for the immediate release table formulation Day 1: 25 mg twice a day Day 2: Twice daily dosing totaling 100 mg Day 3: Twice daily dosing totaling 200 mg Day 4: Twice daily dosing totaling 300 mg Day 5: Twice daily dosing totaling 400 mg Further adjustments should be in increments no greater than 100 mg/per day within the recommended dose range of 400–600 mg/per day. Based on response and tolerability, may be administered three times daily.
Schizophrenia	Pediatric age 12–17	Information provided is for the immediate release tablet formulation Day 1: 25 mg twice daily Day 2: Twice daily dosing totaling 100 mg Day 3: Twice daily dosing totaling 200 mg Day 4: Twice daily dosing totaling 300 mg Day 5: Twice daily dosing totaling 400 mg Recommend dose range: 400–800 mg/day Further adjustments should be in increments no greater than 100 mg/per day within the recommended dose range of 400–800 mg/per day. Based on response and tolerability, may be administered three times daily.

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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