

FLORIDA MEDICAID PRIOR AUTHORIZATION

Antipsychotic (6 To <18 Years Of Age)

Maximum Length Of Approval = 180 Days

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

| Recipient's Medicaid ID# | | | | | | | | Date | of B | of Birth (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | |
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| Presc | riber | Lice | ense | # (M | E, O | S, Al | RNP, | PA) | | | <u> </u> | | | | | | <u> </u> | | | | | | | | | | <u> </u> | | |
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| 1. | Me | dic | atio | n Re | que | stec | d: | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | Dia | agn | osis | : | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | |] Au | tism | Spe | ctru | m | | | Sch | izop | hren | ia | | | | | | Oth | er: _ | | | | | | | | | | _ |
| | |] Bip | olar | Disc | orde | r | | | Sch | izoa | ffect | ive [| Disor | rder | | | | | | | | | | | | | | | _ |
| 3. | Та | raei | : Svi | mpto | oms | : | ПΑ | aare | ssic | n | _ ا (| mpu | Isivit | v | | Irrita | ability | / | \Box | Self | Iniur | ious | Beh | avio | r | | | | |
| | | _ | - | hat a | | | | 33 | | | | | | , | | Oth | | , | | | , | | | | | | | | |
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| 4. | Se | veri | ty o | f Ta | rget | Syn | nptio | oms | : | | 1 Mi | ld | | 2 M | ode | rate | | 3 N | /lark | ed | | 4 | Sev | ere | | 5 Ex | ktrer | ne | |
| 5. | Fu | ncti | ona | l Im | pair | men | t: | | | | 1 Mi | ld | | 2 M | ode | rate | | 3 N | /lark | ed | | 4 | Sev | ere | | 5 Ex | ktrer | ne | |
| 6. | Pr | evio | us A | Antij | osyd | chot | ic Tr | rials | in la | ast 1 | 2 M | onth | าร | | | | | | | | | | | | | | | | |
| | | Aı | ntips | sych | otic | Ме | dica | tion | | | S | Start | Date | es | | | | End | Date | es | | M | laxin | num | Dos | se (F | Per E | Day) | |
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FLORIDA MEDICAID PRIOR AUTHORIZATION

Antipsychotic (6 To <18 Years Of Age)

Maximum Length Of Approval = 180 Days

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

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| ' . | List all other psychotherapeutic medications the patient is taking concurrently with the antipsychotic (i.e. antidepressants, mood stabilizers, anxiolytics, etc.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | Rationale for prescribing antipsychotic above maximum recommended dose? (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ٠. | Rationale for prescribing antipsychotic above maximum recommended dose? (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Is the | - | | | ss ta | • | | | - | - | | | | | | | nea | Witi | hin | the i | next | 60 c | lays | ? | | | | | |
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| 3. | Has a | an a | sse | ssme | ent f | or Ta | ardi | ve D | ysk | ines | ia (T | D) l | beer | n do | ne in | ı the | las | t 6 ı | mo | nths | ? | | | | | | | | |
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| 4. | Moni | itori | ng F | ʻlan: | R7 | Г С : _ | | | | | | _ | Ŀ | abs: | q | | _ m | onth | S | TD | Scr | een: | q | | m | onth | ıs | | |
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| 5. | Next | Ap | ροιτι | tmen | IT Da | ite: _ | | | | | | | | | | | | | | | | | | | | | | | |
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| Fax | Inforn | natio | n to: | _ | _ | _ | _ | _ | Ur | ivers | ity of | Sou | ath F | n Florida, School of Medicine, Department of Psychiatry | | | | | | | | | | | | | | | |
| \Box | | - - | - — | | | 5 M | | | US | USF Child Psychiatrist Review: | | | | | | | | | | | | | | | | | | | |
| _ | EF | ₹ <i>F</i> | ப | <u>R</u> r | <u> </u> | X | | | | I do not recommend approval I recommend approval for months | | | | | | | | | | | | he | | | | | | | |
| Phar | Pharmacy Provider Services | | | | | | | | | | | | _ | | | | | | 110 | COIII | menu | appro | vai 10 | J1 | | mont | 119 | | |
| | namacy Fiovider Services | | | | | | | | | LIGE CL'II D. L'AA'A C'. | | | | | | | | | | | | | | D . | | | | | |

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

USF Child Psychiatrist Signature:______ Date



FLORIDA MEDICAID PRIOR AUTHORIZATION Antipsychotic (6 To <18 Years Of Age)

Maximum Length Of Approval = 180 Days

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

FDA approved agents and doses are considered most appropriate.

| | ١ | FDA Information for 6–17 Age Group | | | | | | | |
|--------------------------------|---------------|---|--|--|--|--|--|--|--|
| Medication and Approved Use | Age Range | Dosing Instructions | | | | | | | |
| Aripiprazole | · | | | | | | | | |
| Bipolar Disorder | Pediatric age | Initial dose: 2 mg/day | | | | | | | |
| (manic or mixed | 10–17 | Recommended dose: 10 mg/day | | | | | | | |
| episodes) | | Maximum dose: 30 mg/day | | | | | | | |
| Schizophrenia | Pediatric age | Initial dose: 2 mg/day | | | | | | | |
| | 13–17 | Recommended dose: 10 mg/day | | | | | | | |
| | | Maximum dose: 30 mg/day | | | | | | | |
| Irritability associated | Pediatric age | Initial dose: 2 mg/day | | | | | | | |
| with Autism | 6–17 | Recommended dose: 5–10 mg/day | | | | | | | |
| | | Maximum dose: 15 mg/day | | | | | | | |
| Olanzapine | | | | | | | | | |
| Bipolar I Disorder | Pediatric age | Oral Formulation | | | | | | | |
| (manic or mixed | 13–17 | Initial dose: 2.5-5 mg/day | | | | | | | |
| epidsodes) | | Target dose: 10 mg/day | | | | | | | |
| Schizophrenia | Pediatric age | Initial dose: 2.5–5 mg/day | | | | | | | |
| | 13–17 | Target dose: 10 mg/day | | | | | | | |
| Paliperidone | | | | | | | | | |
| Schizophrenia | Pediatric age | Weight <51kg: Initial Dose (3 mg/day) | | | | | | | |
| · | 12–17 | 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 | Pediatric age | Initial dose: 0.5 mg/day | | | | | | | |
| (manic or mixed | 10–17 | Titration: 0.5-1 mg/day | | | | | | | |
| episodes) | | Recommended dose: 2.5 mg/day | | | | | | | |
| | | Effective dose range: 0.5–6 mg/day | | | | | | | |
| Irritability associated | Pediatric age | Initial dose: 0.25 mg/day (<20 kg); 0.5 mg/day (> or = 20 kg) | | | | | | | |
| with Autism | 5–16 | Titration: $0.25-0.5 \text{ mg at > or = 2 weeks}$ | | | | | | | |
| | | Recommended dose: 0.5 mg/day (<20kg; 1 mg/day (> or = 20 kg) | | | | | | | |
| | | Effective dose range: 0.5–3 mg/day | | | | | | | |
| Schizophrenia | Pediatric age | Initial dose: 0.5 mg/day | | | | | | | |
| | 13–17 | Titration: 0.5–1 mg/day | | | | | | | |
| | | Target dose: 3 mg/day | | | | | | | |
| | | Effective dose range: 1-6 mg/day | | | | | | | |



FLORIDA MEDICAID PRIOR AUTHORIZATION Antipsychotic (6 To <18 Years Of Age)

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

| | | FDA Information for 6–17 Age Group |
|--------------------------------|---------------|--|
| Medication and Approved Use | Age Range | Dosing Instructions |
| Quetiapine | | |
| Bipolar I Disorder | Pediatric age | Information provided is for the immediate release table formulation |
| (mania) | 10–17 | 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 | Information provided is for the immediate release tablet formulation |
| | 12–17 | 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 HIGH DOSE chart at:

http://medicaidmentalhealth.org/ViewGuideline.cfm?GuidelineID=26

Access the **AIMS/DISCUS** forms at:

http://medicaidmentalhealth.org/resourcesLinks/diagnosticTreatmentScales.cfm

The Florida Medicaid **Psychotherapeutic Medication Treatment Guidelines** for the use of psychotherapeutic medications in children may be accessed on the Web at: http://medicaidmentalhealth.org

The Centers for Disease Control and Prevention (CDC) **BMI Calculator for Children and Teens:** http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx?CalculatorType=Metric