



FLORIDA MEDICAID PRIOR AUTHORIZATION

Antipsychotic (< 6 years of age)



180-day Maximum Approval

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>

Antipsychotic Medication/Strength:

Line for Antipsychotic Medication/Strength

Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Line for Directions

- Target Symptoms:  Aggression,  Self-Injurious Behavior,  Impulsivity,  Irritability,  Other

- Diagnosis:  ADHD,  Autism Spectrum,  Disruptive Behavior Disorder,  Disruptive Mood Dysregulation Disorder,  Other

Severity of Target Symptoms  1 Mild  2 Moderate  3 Marked  4 Severe  5 Extreme

Functional Impairment:  1 Mild  2 Moderate  3 Marked  4 Severe  5 Extreme

Previous Therapy (Pharmacological and Non Pharmacological):

Line for Previous Therapy

Line for Previous Therapy

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: 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.

Call or Fax Information to: Florida Community Care Prior Authorization
Phone number for non-specialty Prior Authorization: 877-433-7643
Phone number for specialty Prior Authorization: 866-814-5506
Fax number for non-specialty Prior Authorization: 866-255-7569
Fax number for non-specialty Prior Authorization: 866-249-6155

## 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 following link:  
<https://www.cdc.gov/healthyweight/bmi/calculator.html>
- 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: <http://floridabhcenter.org/assessment-scales.html>
- 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 following guidelines at <http://floridabhcenter.org/index.html>:

- *Principles of Practice Regarding the Use of Psychotropic Medication in Children Under Age 6*
- *Florida Medicaid Best Practice Psychotherapeutic Medication Guidelines for Children and Adolescents*