

Antipsychotic (6 to < 18 Years of Age)



Maximum Length of Approval = 180 Days

Note: Form must be completed in full.

Recipient's Medicaid ID# Date of Birt												Birth	(MM	/DD/	ΥΥΥ	Y)				7									
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Pres	crib	er's	Full	Nam	е																								
Pres	crit	er's	NPI																										
Pres	crik	er's	Pho	ne N	uml	oer						_						Pres	scrik	er's	Fax	Nun	nber						
			_				_														_				_				
PROVIDER TYPE OR SPECIALTY: CHILD UNDER STATE CARE/CUSTODY: Yes												No																	
PAT	IENT	:		ШΜ	ale			Fem	ale						I	MEDI	CATI	ON R	EQU	EST:			New			Con	tinua	tion	
HEIG	НЕІGHT :																												
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1.	Medication Requested: Requested Antipsychotic(s) Strength								Directions								Quantity												
		-040						(-)			· · · g ·														-7				
_	D:		!-																										
2.		_	osis OHD) .					Disi	ruptiv	ve Be	ehav	/ior Γ	r Disorder															
	☐ ADHD☐ Disruptive Behavior☐ Autism Spectrum☐ Schizophrenia							.0. 2	Other:																				
				r Dis						izoa			Disor	der															_
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3.		•	-	mpt o that a			⊔ <i>P</i>	ggre	SSIC	ori [Ir	npu	lsivit	y		Irrital Otho	•				•		Beh)ľ				
	(0	HEC	(all	uiat	app	1y <i>)</i>									ш,	Oute	''												
4.	Severity of Target Symptioms:)																			
5.	_							☐ 2 Moderate ☐ 3 Marked ☐ 4 Seve							ere)											
6.	Pı	evi	ous .	Anti	psy	cho	tic T	rials	in la	ast 1	2 M	onth	ıs																
		Antipsychotic Medication Start Da							Date	s		End Dates				Maximum			n Do	n Dose (Per Day)									
	-								_							+													



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Recipient's Full Name														
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List all other psychotherapeutic antidepressants, mood stabilize		is taking concurr	ently with the antip	sychotic (i.e.,										
Psychotherapeutic Medication	Dose/day	Psychotherapeu	itic Medication	Dose/day										
8. Rationale for prescribing antipsy	chotic above maximum	recommended do	ose? (if applicable)											
 Is your intent to target lower dos ☐ Yes ☐ No 	e antipsychotic treatme	ent?												
<u> </u>	oro antinevolotice for >	60 days (if applica	blo):											
10. Rationale for prescribing 2 or file	Rationale for prescribing 2 or more antipsychotics for >60 days (if applicable):													
	If your request is for two antipsychotics: Is the plan to cross taper, with antipsychotic monotherapy resumed within the next 60 days?													
	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.													
13. Has an assessment for Tardive I	Dyskinesia (TD) been do	ne in the last 6 mo	onths?											
AlMs: ☐ Yes ☐ No	DISCUS: ☐ Yes		Date:											
*Official Form or notation (most recent	t) must be attached.													
14. Monitoring Plan: RTC:	Labs	q months	TD Screen: q	months										
Labs: ☐ CBC ☐ Prolactin	☐ CMP ☐ Lipid Pro	ofile 🔲 Other, sp	ecify:	 										
15. Next Appointment Date:														
Prescriber's Signature:			Date:											
PEOURED FOR REVIEW: All copies of m														

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

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	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
rritability associated	Pediatric age	Initial dose: 2 mg/day
with Autism	6–17	Recommended dose: 5-10 mg/day
		Maximum dose: 15 mg/day
		Lurasidone
Bipolar I Disorder	Pediatric age	Initial dose: 20 mg/day
(depression)	10-17	Recommended dose: 20-80 mg/day
		Maximum dose: 80 mg/day
Schizophrenia	Pediatric age	Initial dose: 40 mg/day
·	10-17	Recommended dose: 40-80 mg/day
		Maximum dose: 80 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)
ı		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

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FDA Information for 6–17 Age Group									
Medication and Approved Use	Age Range	Dosing Instructions							
Irritability associated	Pediatric age	Initial dose: 0.25 mg/day (< 20 kg); 0.5 mg/day (≥ 20 kg)							
with Autism	5–16	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	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							
		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.							
		and tolerability, may be administered unles daily.							

Helpful Links:

- Access the following information at http://floridabhcenter.org/index.html:
 - Antispychotic 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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