FLORIDA MEDICAID PRIOR AUTHORIZATION

# ADULT ANTIPSYCHOTIC HIGH DOSE

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

**Recipient's Medicaid ID #** | | | | | | | | | | |

**Date of Birth (MM/DD/YYYY)** | | | / | | | / | | | | |

**Recipient's Full Name**

**Prescriber's Full Name**

**Prescriber's NPI**

**Prescriber's Phone Number** ___ - ___ - ____

**Prescriber's Fax Number** ___ - ___ - ____

**Drug, Dose and Frequency:** ____________________

**Diagnosis:** ____________________

**Previous Antipsychotic Trials (include drug, maximum dose, duration, and trial dates):**

1. ____________________ ____________
2. ____________________ ____________
3. ____________________ ____________

**Rationale for high dose antipsychotic (check all that apply):**

- ☐ Failure to respond to clozapine
- ☐ Failure to respond to clozapine with augmentation
- ☐ Failure to tolerate clozapine
- ☐ During the switch of one antipsychotic to another
- ☐ As a temporary measure during an acute episode
- ☐ Other: ____________________

**Please provide the monitoring plan (including tapering schedule) in the space provided below.**

**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.**

**Mail or Fax Information to:**
Magellan Medicaid Administration, Inc.
Prior Authorization
P. O. Box 7082
Tallahassee, FL 32314-7082
Phone: 877-553-7481
Fax: 877-614-1078

**Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (via return fax) immediately and arrange for the return or destruction of these documents. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.