



FLORIDA MEDICAID PRIOR AUTHORIZATION

Antipsychotic (< 6 years of age)

180-day Maximum Approval

Note: Form must be completed in full.

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

PROVIDER TYPE OR SPECIALTY: CHILD UNDER STATE CARE/CUSTODY: PATIENT: MEDICATION REQUEST:

HEIGHT: WEIGHT: BMI: \*BMI %:

BMI Calculator: \* https://www.cdc.gov/healthyweight/bmi/calculator.html

Antipsychotic Medication/Strength: Target Symptoms: Diagnosis: Quantity: Directions:

Severity of Target Symptoms Functional Impairment:

Previous Therapy (Pharmacological and Non Pharmacological):

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. Date:

Has an assessment for Tardive Dyskinesia been done in the last 6 months? AIMS: DISCUS:

\*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.

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



## FLORIDA MEDICAID PRIOR AUTHORIZATION

### Antipsychotic (< 6 years of age)

180-day Maximum Approval

Note: Form must be completed in full.

#### 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*

**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.