



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to (866) 399-0929

OR Mail request to: Envolve Pharmacy Solutions PA Dept. | 5 River Park Place East, Suite 210 | Fresno, CA 93720

Call (800) 460-8988 to request a 72-hour supply of medication.

Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Recipient's Medicaid ID# [grid]

Date of Birth (MM/DD/YYYY) [grid]

Recipient's Full Name [grid]

Prescriber's Full Name [grid]

Prescriber License # (ME, OS, ARNP, PA) [grid]

Prescriber Phone Number [grid]

Prescriber Fax Number [grid]

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: \* <http://nccd.cdc.gov/dnpabmi>

Antipsychotic Medication/Strength: \_\_\_\_\_

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

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

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

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

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): \_\_\_\_\_

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: Copies of medical records (diagnostic evaluation and recent chart notes), the original prescription, most recent copy of related labs and most recent TD screen.

The provider must retain copies of all documentation for five years.

University of South Florida, School of Medicine, Department of Psychiatry

USF Child Psychiatrist Review:

- I do not recommend approval  I recommend approval for \_\_\_\_\_ months

USF Child Psychiatrist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: State of Florida's Agency for Healthcare Administration's Criteria

### **Antipsychotic (<6 years of age)**

#### **180-day Maximum Approval**

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

## **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 link below:  
<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx?CalculatorType=Metric>
- 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 the link below:
  - Access the AIMS/DISCUS forms at:  
<http://medicaidmentalhealth.org/resourcesLinks/diagnosticTreatmentScales.cfm>
- 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 **Principles of Practice** for children less than 6 years of age at:

<http://medicaidmentalhealth.org/ViewGuideline.cfm?GuidelineID=32>

Access the complete **Florida Medicaid Psychotherapeutic Medication Treatment Guidelines** on the Web at:

<http://medicaidmentalhealth.org/>