

MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-888-865-6531 OR Mail request to: Pharmacy Services Prior Authorization Dept. Reset Form

Print Form

5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-833-705-1351 to request a 72-hour supply of medication. Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, except during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Antipsychotic (6 to < 18 Years of Age) Maximum Length of Approval = 180 Days Note: Form must be completed in full.

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Antipsychotic (6 to < 18 Years of Age)

Maximum Length of Approval = 180 Days

Note: Form must be completed in full.

	Rec	ecipient's Full Name																												
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7. List all other psychotherapeutic medications the patient is taking concurrently with the antipsychotic (i.e., antidepressants, mood stabilizers, anxiolytics, etc.).

Psychotherapeutic Medication	Dose/day	Psychotherapeutic Medication	Dose/day

8. Rationale for prescribing antipsychotic above maximum recommended dose? (if applicable)

- 9. Is your intent to target lower dose antipsychotic treatment?
 - 🗌 Yes 🗌 No

10. Rationale for prescribing 2 or more antipsychotics for >60 days (if applicable):

11.	If your	request	is	for two	antipsy	chotics:
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			the next 60 days?

Г	Yes	🗆 No	
	1 165		

If YES, please provide the cross taper plan: ____

12. 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.

∐ Yes	🗌 No	Date:	

_ ..

13.	Has an	assessme	nt for Tardive D	yskinesia (TD) been done ir	the last 6 mo	nths?	
			No In		JS: ☐ Yes ched.	🗌 No	Date:	
14.	Monitor	ing Plan:	RTC:		Labs: q	months	TD Screen: q	months
	Labs:	🗌 СВС	Prolactin		Lipid Profile	Other, spe	ecify:	
15.	Next Ap	pointment	t Date:					
Pres	scriber's	Signature: _					Date:	
REC		OR REVIEW	I: All copies of me	edical record	ds (e.g., diagnostic	evaluations an	d recent chart notes)	and the most recent

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.

Medication and Approved Use Age Range Dosing Instructions Bipolar Disorder (manic or mixed episodes) Pediatric age 10–17 Initial dose: 2 mg/day Schizophrenia Pediatric age 13–17 Initial dose: 2 mg/day Schizophrenia Pediatric age 13–17 Initial dose: 2 mg/day With Autism Pediatric age 6–17 Initial dose: 2 mg/day With Autism 6–17 Recommended dose: 5-10 mg/day Maximum dose: 30 mg/day Maximum dose: 30 mg/day Utrasidone Initial dose: 2 mg/day Bipolar I Disorder (depression) Pediatric age 10-17 Initial dose: 20 mg/day Schizophrenia Pediatric age 10-17 Initial dose: 20 mg/day Schizophrenia Pediatric age 10-17 Initial dose: 40-80 mg/day Maximum dose: 80 mg/day Maximum dose: 80 mg/day Schizophrenia Pediatric age 13–17 Initial dose: 2.5–5 mg/day Bipolar I Disorder (manic or mixed epidsodes) Pediatric age 13–17 Initial dose: 2.5–5 mg/day Schizophrenia Pediatric age 13–17 Initial dose: 2.5–5 mg/day Schizophrenia Pediatric age 12–17 Initial dose: 2.5–5 mg/day			FDA Information for 6–17 Age Group						
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(manic or mixed 10–17 Titration: 0.5–1 mg/day	Bipolar Disorder	Pediatric ade							
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	episodes)		Recommended dose: 2.5 mg/day						
Effective dose range: 0.5–6 mg/day	. ,		0 , 1						

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MEDICATION PRIOR AUTHORIZATION REQUEST FORM FAX this completed form to 1-888-865-6531 OR Mail request to: Pharmacy Services Prior Authorization Dept.

5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-833-705-1351 to request a 72-hour supply of medication. Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, except during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Antipsychotic (6 to < 18 Years of Age) Maximum Length of Approval = 180 Days

Note: Form must be completed in full.

	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.						

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: <u>https://www.cdc.gov/healthyweight/bmi/calculator.html</u>

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