



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

Recipient's Full Name

Grid for recipient's full name

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

Table with 2 columns: Psychotherapeutic Medication, Dose/day

Table with 2 columns: 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 antipsychotics: Is the plan to cross taper, with antipsychotic monotherapy resumed within the next 60 days? Yes No 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 assessment for Tardive Dyskinesia (TD) been done in the last 6 months? AIMS: Yes No DISCUS: Yes No Date: Official Form or notation (most recent) must be attached.

14. Monitoring Plan: RTC: Labs: q months TD Screen: q months Labs: CBC Prolactin CMP Lipid Profile Other, specify:

15. Next Appointment Date:

Prescriber's Signature: Date:

REQUIRED FOR REVIEW: Copies of medical records (diagnostic evaluation and recent chart notes), most recent copy of metabolic labs(fasting lipids and fasting glucose), and most recent TD screen.

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



Antipsychotic (6 to < 18 Years of Age)

Maximum Length of Approval = 180 Days

Note: Form must be completed in full.

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 (manic or mixed episodes) | Pediatric age 10–17 | Initial dose: 2 mg/day Recommended dose: 10 mg/day Maximum dose: 30 mg/day |
| Schizophrenia | Pediatric age 13–17 | Initial dose: 2 mg/day Recommended dose: 10 mg/day Maximum dose: 30 mg/day |
| Irritability associated with Autism | Pediatric age 6–17 | Initial dose: 2 mg/day Recommended dose: 5–10 mg/day Maximum dose: 15 mg/day |
| Lurasidone | | |
| Bipolar I Disorder (depression) | Pediatric age 10-17 | Initial dose: 20 mg/day Recommended dose: 20-80 mg/day Maximum dose: 80 mg/day |
| Schizophrenia | Pediatric age 10-17 | Initial dose: 40 mg/day Recommended dose: 40-80 mg/day Maximum dose: 80 mg/day |
| Olanzapine | | |
| Bipolar I Disorder (manic or mixed episodes) | Pediatric age 13–17 | Oral Formulation Initial dose: 2.5–5 mg/day Target dose: 10 mg/day |
| Schizophrenia | Pediatric age 13–17 | Initial dose: 2.5–5 mg/day Target dose: 10 mg/day |
| Paliperidone | | |
| Schizophrenia | Pediatric age 12–17 | Weight < 51kg: Initial Dose (3 mg/day) 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) |
| Risperidone | | |
| Bipolar I Disorder (manic or mixed episodes) | Pediatric age 10–17 | Initial dose: 0.5 mg/day Titration: 0.5–1 mg/day Recommended dose: 2.5 mg/day Effective dose range: 0.5–6 mg/day |

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.



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 with Autism | Pediatric age 5–16 | <p>Initial dose: 0.25 mg/day (< 20 kg); 0.5 mg/day (≥ 20 kg)</p> <p>Titration: 0.25–0.5 mg at > or = 2 weeks</p> <p>Recommended dose: 0.5 mg/day (< 20 kg; 1 mg/day (≥ 20 kg)</p> <p>Effective dose range: 0.5–3 mg/day</p> |
| Schizophrenia | Pediatric age 13–17 | <p>Initial dose: 0.5 mg/day</p> <p>Titration: 0.5–1 mg/day</p> <p>Target dose: 3 mg/day</p> <p>Effective dose range: 1–6 mg/day</p> |
| Quetiapine | | |
| Bipolar I Disorder (mania) | Pediatric age 10–17 | <p>Information provided is for the immediate release table formulation</p> <p>Day 1: 25 mg twice a day</p> <p>Day 2: Twice daily dosing totaling 100 mg</p> <p>Day 3: Twice daily dosing totaling 200 mg</p> <p>Day 4: Twice daily dosing totaling 300 mg</p> <p>Day 5: Twice daily dosing totaling 400 mg</p> <p>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.</p> |
| Schizophrenia | Pediatric age 12–17 | <p>Information provided is for the immediate release tablet formulation</p> <p>Day 1: 25 mg twice daily</p> <p>Day 2: Twice daily dosing totaling 100 mg</p> <p>Day 3: Twice daily dosing totaling 200 mg</p> <p>Day 4: Twice daily dosing totaling 300 mg</p> <p>Day 5: Twice daily dosing totaling 400 mg</p> <p>Recommend dose range: 400–800 mg/day</p> <p>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.</p> |

Helpful Links:

- Access the following information at <http://medicaidmentalhealth.org>:
 - **HIGH DOSE** chart
 - **AIMS/DISCUS** forms
 - Florida Medicaid **Psychotherapeutic Medication Treatment Guidelines** for the use of psychotherapeutic medications in children
- The Centers for Disease Control and Prevention (CDC) **BMI Calculator for Children and Teens:** <https://www.cdc.gov/healthyweight/bmi/calculator.html>

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.