

MEDICATION PRIOR AUTHORIZATION REQUEST FORM FAX this completed form to 1-888-865-6531 OR Mail request to: Envolve Pharmacy Solutions 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.

Envolve Pharmacy Solutions 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.

Recip	Recipient's Medicaid ID# Date of Birth (MM/DD/YYYY)																												
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1.		Medication Requested:										_																	
	-	Requested Antipsychotic(s)							Strength					Directions								Quantity							
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6.	Pr	evic	us .	Anti	psyd	chot	ic T	rials	in la	ast 1	2 M	onth	าร																
	Antipsychotic Medication							tion			S	Start	Date	ites			End Dates			Maximun				n Dose (Per Day)					
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Re	cipient's	Full N	lame																			
	List all											s takii	ng coi	ncur	rently	with	the	antip	sycho	tic (i.	е.,	
	antidepressants, mood stabilizers, anxiolytics, etc.) Psychotherapeutic Medication Dose/day									Psychotherapeutic Medication								Dose/day				
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0.	Rationa	ale fo	r pres	scrib	ing 2	or mo	re a	antipsy	cho	tics f	or > 6	0 day	s (if a _l	pplic	able)	:						
11. If your request is for two antipsychotics: Is the plan to cross taper, with antipsychotic monotherapy resumed within the next 6								60 d	ays?													
	☐ Yes ☐ No If yes, please provide the cross taper plan:																					
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	☐Yes	3 🔲	No		Date:		-															
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	AIMs: [*Official]No tation	(most			US: ☐ ist be at		d.	No			Date	e:	 						
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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	Pediatric age	Initial dose: 2 mg/day
(manic or mixed	10–17	Recommended dose: 10 mg/day
episodes)		Maximum dose: 30 mg/day
Schizophrenia	Pediatric age	Initial dose: 2 mg/day
	13–17	Recommended dose: 10 mg/day
		Maximum dose: 30 mg/day
rritability associated	Pediatric age	Initial dose: 2 mg/day
with Autism	6–17	Recommended dose: 5-10 mg/day
		Maximum dose: 15 mg/day
		Lurasidone
Bipolar I Disorder	Pediatric age	Initial dose: 20 mg/day
(depression)	10-17	Recommended dose: 20-80 mg/day
		Maximum dose: 80 mg/day
Schizophrenia	Pediatric age	Initial dose: 40 mg/day
	10-17	Recommended dose: 40-80 mg/day
		Maximum dose: 80 mg/day
1		Olanzapine
Bipolar I Disorder	Pediatric age	Oral Formulation
(manic or mixed	13–17	Initial dose: 2.5-5 mg/day
epidsodes)		Target dose: 10 mg/day
Schizophrenia	Pediatric age	Initial dose: 2.5-5 mg/day
	13–17	Target dose: 10 mg/day
		Paliperidone
Schizophrenia	Pediatric age	Weight < 51kg: Initial Dose (3 mg/day)
	12–17	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
Pipolar I Digardar	Podiatria aga	
Bipolar I Disorder (manic or mixed	Pediatric age 10–17	Initial dose: 0.5 mg/day
episodes)	10-17	Titration: 0.5–1 mg/day Recommended dose: 2.5 mg/day
cpisoues)		Effective dose range: 0.5–6 mg/day
		Lifective dose range. 0.5—0 mg/day

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		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://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

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