



# FLORIDA MEDICAID PRIOR AUTHORIZATION

## Antipsychotic (6 To <18 Years Of Age)

Maximum Length Of Approval = 180 Days

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

Recipient's Medicaid ID#  
[Grid for ID#]

Date of Birth (MM/DD/YYYY)  
[Grid for Date]

Recipient's Full Name  
[Grid for Name]

Prescriber's Full Name  
[Grid for Name]

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

Prescriber Phone Number  
[Grid for Phone]

Prescriber Fax Number  
[Grid for Fax]

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>

### 1. Medication Requested:

<i>Requested Antipsychotic(s)</i>	<i>Strength</i>	<i>Directions</i>	<i>Quantity</i>

### 2. Diagnosis:

- ADHD
- Autism Spectrum
- Bipolar Disorder
- Disruptive Behavior Disorder
- Schizophrenia
- Schizoaffective Disorder
- Disruptive Mood Dysregulation Disorder
- Other: \_\_\_\_\_

3. Target Symptoms:  Aggression  Impulsivity  Irritability  Self Injurious Behavior  
(check all that apply)  Other: \_\_\_\_\_

4. Severity of Target Symptoms: 1 Mild 2 Moderate 3 Marked 4 Severe 5 Extreme

5. Functional Impairment: 1 Mild 2 Moderate 3 Marked 4 Severe 5 Extreme

### 6. Previous Antipsychotic Trials in last 12 Months

<i>Antipsychotic Medication</i>	<i>Start Dates</i>	<i>End Dates</i>	<i>Maximum Dose (Per Day)</i>





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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
<b>Aripiprazole</b>		
Bipolar Disorder (manic or mixed episodes)	Pediatric age 10–17	<b>Initial dose:</b> 2 mg/day <b>Recommended dose:</b> 10 mg/day <b>Maximum dose:</b> 30 mg/day
Schizophrenia	Pediatric age 13–17	<b>Initial dose:</b> 2 mg/day <b>Recommended dose:</b> 10 mg/day <b>Maximum dose:</b> 30 mg/day
Irritability associated with Autism	Pediatric age 6–17	<b>Initial dose:</b> 2 mg/day <b>Recommended dose:</b> 5–10 mg/day <b>Maximum dose:</b> 15 mg/day
<b>Olanzapine</b>		
Bipolar I Disorder (manic or mixed episodes)	Pediatric age 13–17	<b>Oral Formulation</b> <b>Initial dose:</b> 2.5–5 mg/day <b>Target dose:</b> 10 mg/day
Schizophrenia	Pediatric age 13–17	<b>Initial dose:</b> 2.5–5 mg/day <b>Target dose:</b> 10 mg/day
<b>Paliperidone</b>		
Schizophrenia	Pediatric age 12–17	<b>Weight &lt;51kg: Initial Dose</b> (3 mg/day) <b>Recommended Dose</b> (3–6 mg/day) <b>Maximum Dose</b> (6 mg/day) <b>Weight ≥51kg: Initial Dose</b> (3 mg/day) <b>Recommended Dose</b> (3–12 mg/day) <b>Maximum Dose</b> (12 mg/day)
<b>Risperidone</b>		
Bipolar I Disorder (manic or mixed episodes)	Pediatric age 10–17	<b>Initial dose:</b> 0.5 mg/day <b>Titration:</b> 0.5–1 mg/day <b>Recommended dose:</b> 2.5 mg/day <b>Effective dose range:</b> 0.5–6 mg/day
Irritability associated with Autism	Pediatric age 5–16	<b>Initial dose:</b> 0.25 mg/day (<20 kg); 0.5 mg/day (> or = 20 kg) <b>Titration:</b> 0.25–0.5 mg at > or = 2 weeks <b>Recommended dose:</b> 0.5 mg/day (<20kg; 1 mg/day (> or = 20 kg) <b>Effective dose range:</b> 0.5–3 mg/day
Schizophrenia	Pediatric age 13–17	<b>Initial dose:</b> 0.5 mg/day <b>Titration:</b> 0.5–1 mg/day <b>Target dose:</b> 3 mg/day <b>Effective dose range:</b> 1–6 mg/day



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FDA Information for 6–17 Age Group		
Medication and Approved Use	Age Range	Dosing Instructions
<b>Quetiapine</b>		
Bipolar I Disorder (mania)	Pediatric age 10–17	<p><b>Information provided is for the immediate release table formulation</b></p> <p><b>Day 1:</b> 25 mg twice a day  <b>Day 2:</b> Twice daily dosing totaling 100 mg  <b>Day 3:</b> Twice daily dosing totaling 200 mg  <b>Day 4:</b> Twice daily dosing totaling 300 mg  <b>Day 5:</b> 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><b>Information provided is for the immediate release tablet formulation</b></p> <p><b>Day 1:</b> 25 mg twice daily  <b>Day 2:</b> Twice daily dosing totaling 100 mg  <b>Day 3:</b> Twice daily dosing totaling 200 mg  <b>Day 4:</b> Twice daily dosing totaling 300 mg  <b>Day 5:</b> Twice daily dosing totaling 400 mg  <b>Recommend dose range:</b> 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 **HIGH DOSE** chart at:

<http://medicaidmentalhealth.org/ViewGuideline.cfm?GuidelineID=26>

Access the **AIMS/DISCUS** forms at:

<http://medicaidmentalhealth.org/resourcesLinks/diagnosticTreatmentScales.cfm>

The Florida Medicaid **Psychotherapeutic Medication Treatment Guidelines** for the use of psychotherapeutic medications in children may be accessed on the Web at: <http://medicaidmentalhealth.org>

The Centers for Disease Control and Prevention (CDC) **BMI Calculator for Children and Teens:**

<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx?CalculatorType=Metric>