envolve sunshine health, Pharmacy Solutions MEDICATION PRIOR AUTHORIZATION REQUEST FORM 
 FAX this completed form to (866) 399-0929

 OR Mailequest 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# D	ate of Birth (MM/DD/YYYY)	
Recipient's Full Name		
Prescriber's Full Name		
Prescriber License # (ME, OS, ARNP, PA)		
Prescriber Phone Number	Prescriber F	Fax Number
PROVIDER TYPE OR SPECIALTY:	CHILD UNDER STA	TE CARE/CUSTODY: OYes ONo
PATIENT: O Male O Female	MEDICATION REQUEST:	O New O Continuation
HEIGHT: O in / O cm WEIGHT: _	O lbs / O kgs BM	I: *BMI %:
_		BMI Calculator: * http://nccd.cdc.gov/dnpabmi
Antipsychotic Medication/Strength: Target Symptom (check all		is: ☐ ADHD ☐ Autism Spectrum ☐ Disruptive Behavior Disorder
Quantity:	☐ Irritability ☐ Other	Disruptive Mood Dysregulation Disorder
Directions:		
Severity of Target Symptoms O 1 Mild	) 2 Moderate O 3 Marked	O 4 Severe O 5 Extreme
	2 Moderate O 3 Marked	O 4 Severe O 5 Extreme
Previous Therapy (Pharmacological and Non Pharmac	-	
Have metabolic monitoring labs* (fasting lipids and glu *Official lab results (most recent) must be attached. For continuat	<i>,</i>	t 6 months?: O Yes O No
Has an assessment for Tardive Dyskinesia been done		
*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	University of South Florida, School of Medic	ine, Department of Psychiatry
The provider must retain copies of all documentation for five years.	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 Adminstration'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: <u>http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx?CalculatorType=Metric</u>
- 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: <u>http://medicaidmentalhealth.org/resourcesLinks/diagnosticTreatmentScales.cfm</u>
- 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/