

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.

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Recip	ient's N	ledicaid	ID#						[Date	of B	irth (MM/[DD/Y	YYY)				_						
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Recip	ient's F	ull Nam	ne		1						-	1		1		-		1	1	1	-	1	1		r r	
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Presc	riber Li	cense #	(MF	OS A	RNP	PA)																				
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Presc	riber Pl	none Nu	umber	1												Pres	cribe	er Fa	x Nu	mbei	r		_			
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PROV	IDER T	YPE OR	SPEC	IALTY:										Cł	HILD	UND	ER S	TATE	CAR	RE/CL	JSTO	DY:	Ye	5	N	0
PATIE	ENT:	Ma	ale		Fen	nale							I	MEDIO	CATI	ON R	EQUI	EST:		N	ew		C	contir	nuatio	n
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	Req	ueste	J AIIU	psyc	ποιπ	<i>.</i> (S)		Sue	ngu							Dire	Clic	115						QU	annı	у
2.	Diag	nosis:																								
		חחח					Dieru	ntiv		hai	ior F	مماد	dor				runti		1004	עם ו	roa	ulatio	ה חי	cord	or	
							uptive Behavior Disorder Disruptive Mood Dysregulation Disorder																			
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	ЦВ	ipolar	Disoro	der			Schiz	zoaff	ecti	ve [Disor	der														
-	_							-	- .				_				_					-				
3.	Targ	et Syn	ptom	IS:	ΠA	ggre	ssion] Ir	npu	lsivit	у		Irrita	bility	/		Self	Injur	ious	Beh	navio	r			
	(chec	k all th	at ap	ply)										Othe	er: _											
4.	Seve	rity of	Targ	et Sy	mpti	oms		1	Mile	d		2 M	oder	ate		3 N	larke	ed		4	Sev	ere		5 E	xtrem	ne
5.	Fund	tional	Impa	irmer	nt:			1	Mile	d		2 M	oder	ate		3 N	/lark	ed		4	Sev	ere		5 E:	xtrem	ne
			-																							
6.	Prev	ious A	ntips	ycho	tic Ti	rials	in las	st 12	2 Mo	onth	าร															
									-		_						-			_			_			

Antipsychotic Medication	Start Dates	End Dates	Maximum Dose (Per Day)



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Recipient's Full Name													
Date of Birth (MM/DD/YYYY)						I							
. List all other psychotherapeut		ient is taking cou	ncurrently y	vith the antir	osvehotic	· (i o							
antidepressants, mood stabiliz					Jayenotic	, (1.0.							
Psychotherapeutic Medication	n Dose/day	Psychothe	erapeutic M	Dose/day									
3. Rationale for prescribing antip	osychotic above maxim	num recommend	ed dose? (i	f applicable))								
9. Is your intent to target lower d	ose antipsychotic treat	tment? Yes	No										
10. Rationale for prescribing 2 or			-										
io. Rationale for prescribing 2 of	more antipsycholics to	n ≥00 uays (n ap	plicable).										
14 If your name of in fact two antim	avahatiaa.												
	f your request is for two antipsychotics: s the plan to cross taper, with antipsychotic monotherapy resumed within the next 60 days?												
Yes No If yes , p													
	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 Tardiv													
AIMs: Yes No *Official Form or notation (most rec		No	Date:										
14. Monitoring Plan: RTC:	La	abs: q mo	onths TD	Screen: q	m	onths							
•	tin 🗌 CMP 🗌 Lipic												
15. Next Appointment Date:			aner, speciry	•									
15. Next Appointment Date													
Prescriber's Signature:				_ Date:									
<u>REQUIRED FOR REVIEW</u> : Copies prescription, most recent copy of													
	ovider must retain copie	-				3010011.							
				, , , , , , , , , , , , , , , , , , ,									
Fax Information to:	University of South Flo	orida, School of Me	dicine, Depart	ment of Psychia	atry								
ΡεοεποκάΩ.»	USF Child Psychiatris			-									
PerformR	I do not recommen	nd approval	I ree	commend appro	val for	month	s						
Pharmacy Provider Services													
Fax: 855-825-2717 Phone: 1-800-617-5727	USF Child Psychiatris	a signature:		·	Date:								



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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					
Irritability associated	Pediatric age	Initial dose: 2 mg/day					
with Autism	6–17	Recommended dose: 5–10 mg/day					
		Maximum dose: 15 mg/day					
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							
Bipolar I Disorder	Pediatric age	Initial dose: 0.5 mg/day					
(manic or mixed	10–17	Titration: 0.5–1 mg/day					
episodes)		Recommended dose: 2.5 mg/day					
		Effective dose range: 0.5–6 mg/day					
Irritability associated	Pediatric age	Initial dose: 0.25 mg/day (<20 kg); 0.5 mg/day (> or = 20 kg)					
with Autism	5–16	Titration: $0.25-0.5$ mg at > or = 2 weeks					
		Recommended dose: 0.5 mg/day (<20kg; 1 mg/day (> or = 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					



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FDA Information for 6–17 Age Group								
Medication and Approved Use	Age Range	Dosing Instructions						
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 **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: <u>http://medicaidmentalhealth.org</u>

The Centers for Disease Control and Prevention (CDC) **BMI Calculator for Children and Teens:** <u>http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx?CalculatorType=Metric</u>