**DEPARTMENT OF HEALTH SERVICES**
Division of Health Care Access and Accountability
F-00556 (01/12)

**STATE OF WISCONSIN**
DHS 107.10(2), Wis. Admin. Code

**FORWARDHEALTH**

# PRIOR AUTHORIZATION DRUG ATTACHMENT FOR ANTIPSYCHOTIC DRUGS FOR CHILDREN 6 YEARS OF AGE AND YOUNGER

**Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger Completion Instructions, F-00556A. Providers may refer to the Forms page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage* for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal or on paper. Providers may call Provider Services at (800) 947-9627 with questions.

**SECTION I — MEMBER INFORMATION**

1. Name — Member (Last, First, Middle Initial)

| 2. Member Identification Number | 3. Date of Birth — Member |
|---|---|

**SECTION II — PRESCRIPTION INFORMATION**

| 4. Drug Name | 5. Drug Strength |
|---|---|
| 6. National Drug Code (NDC) | 7. Date Prescription Written |
| 8. Directions for Use | 9. Start Date Requested |
| 10. Name — Prescriber | 11. National Provider Identifier (NPI) |

12. Address — Prescriber (Street, City, State, ZIP+4 Code)

13a. Telephone Number — Prescriber

13b. In case the PA consultant needs additional information about the member, provide a contact person and telephone number at the clinic where the member was seen that can be contacted to discuss the member's clinical information.

**SECTION III — DIAGNOSIS AND WEIGHT INFORMATION**

14. Diagnosis Code and Description

| 15a. Body Mass Index — Member (A BMI calculator can be found at *http://apps.nccd.cdc.gov/dnpabmi/*.)<br><br>_____ _____ . _____ | 15b. Date Weight and Height Measured (MM/CCYY) |
|---|---|

*Continued*

## SECTION IV — PRESCRIBER SPECIALTY INFORMATION

16. Indicate the medical / nursing specialty of the prescribing provider. If other, indicate the specific medical / nursing specialty in the space provided.

1. ❒ Child Psychiatrist Board Certified.
2. ❒ Child Psychiatrist Board Eligible.
3. ❒ Psychiatrist Board Certified.
4. ❒ Psychiatrist Board Eligible.
5. ❒ American Nurses Credentialing Center (ANCC)-Certified Family Psychiatric and Mental Health Nurse Practitioner.
6. ❒ ANCC-Certified Clinical Nurse Specialist in Child / Adolescent Psychiatric and Mental Health.
7. ❒ Developmental-Behavioral Pediatrician Board Certified.
8. ❒ Pediatric Neurology Board Certified.
9. ❒ Other medical / nursing specialty _____

## SECTION V — CLINCAL INFORMATION

17. Has the child and/or family, to the best of your knowledge, been involved with at least one of the mental health resources listed below within the past year? ❑ Yes ❑ No

If yes, check all the mental health resource(s) that apply. If other, indicate the other mental health resource in the space provided.

❑ Individual therapy.
❑ Family therapy.
❑ In-home therapy.
❑ Biological parent(s) receiving mental health treatment.
❑ Hospitalization (psychiatric or other medical condition).
❑ Birth to 3 Program.
❑ Child psychiatry consultation.
❑ Social services.
❑ Other mental health resource _____

18. Is the child currently in foster care placement? ❑ Yes ❑ No ❑ Unknown

19. Check the **one** primary target symptom that applies to this child. (Do not check more than one target symptom.) If other, indicate the specific target symptom(s) in the space provided.

01. ❒ Anger.
02. ❒ Depression.
03. ❒ Defiant, oppositional.
04. ❒ Hyperactivity.
05. ❒ Impulsivity.
06. ❒ Inattention.
07. ❒ Insomnia.
08. ❒ Temper tantrums.
09. ❒ Tics.
10. ❒ Other target symptom(s) _____

*Continued*

## SECTION VI — DRUG INFORMATION

20. Is the child currently taking a psychoactive medication(s) (other than the drug being requested)? ❑ Yes ❑ No

If yes, check the medication category(s); indicate the name of the drug(s), and the total daily dose on each line below. Check all categories that apply.

- ❑ Alpha-2 adrenergic agonist _____ _____ Total daily dose _____
- ❑ Anticonvulsant / mood stabilizer _____ Total daily dose _____
- ❑ Antidepressant _____ _____ Total daily dose _____
- ❑ Antipsychotic _____ _____ Total daily dose _____
- ❑ Lithium _____ _____ Total daily dose _____
- ❑ Stimulants _____ _____ Total daily dose _____
- ❑ Other _____ _____ Total daily dose _____

21. Has the child previously (within the last 12 months) taken a psychoactive medication(s) that he or she is no longer taking? ❑ Yes ❑ No

If yes, check the medication category(s), and indicate the name of the drug(s) on each line below. Check all categories that apply.

- ❑ Alpha-2 adrenergic agonist _____
- ❑ Anticonvulsant / mood stabilizer _____
- ❑ Antidepressant _____
- ❑ Antipsychotic _____
- ❑ Lithium _____
- ❑ Stimulant _____
- ❑ Other _____

## SECTION VII — CLINICAL INFORMATION FOR A NON-PREFERRED DRUG

22. If the drug being requested is a non-preferred drug on the ForwardHealth Preferred Drug List, has the preferred drug(s) been attempted in the past? ❑ Yes ❑ No

Indicate clinical justification why a non-preferred drug is necessary over a preferred drug.

## SECTION VIII — FOR PHARMACY PROVIDERS USING STAT-PA

| 23. NDC (11 Digits) | 24.Days' Supply Requested |
|---|---|
| | |

25. NPI

26. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

27. Place of Service

28. Assigned PA Number

| 29. Grant Date | 30. Expiration Date |
|---|---|
| | |

*Continued*

## SECTION IX — AUTHORIZED SIGNATURE

| 31. **SIGNATURE** — Prescriber | 32. Date Signed |
|---|---|
| | |

## SECTION X — ADDITIONAL INFORMATION

33. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here.

Reset Form