



Update

January 2012

No. 2012-01

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid

To: Advance Practice Nurse Prescribers with a Psychiatric Specialty, Case Management Providers, Child/Adolescent Day Treatment Providers, Comprehensive Community Service Providers, Crisis Intervention Providers, Federally Qualified Health Centers, Hospital Providers, Intensive In-Home Mental Health and Substance Abuse Treatment for Children Providers, Master's-Level Psychotherapists, Nurse Practitioners, Outpatient Mental Health Clinics, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Psychologists, Rural Health Clinics, HMOs and Other Managed Care Programs

New Prior Authorization Policy for Antipsychotic Drugs for Children 6 Years of Age and Younger

Effective for dates of service (DOS) on and after February 15, 2012, all antipsychotic drugs prescribed for oral use for all children 6 years of age and younger will require prior authorization. As a result, existing policy for prescribing and dispensing more than one antipsychotic drug to members 16 years of age or younger will end for **dates of process on and after February 15, 2012.**

Antipsychotic Drugs for Children 6 Years of Age and Younger

Effective for dates of service (DOS) on and after February 15, 2012, all antipsychotic drugs prescribed for oral use for all children 6 years of age and younger will require prior authorization (PA).

Prior authorization requests must meet the new criteria for children 6 years of age and younger to maintain coverage of an antipsychotic drug. Current antipsychotic drug PAs for children 6 years of age and younger will no longer be effective for DOS on and after February 15, 2012, and the Prior Authorization/Preferred Drug List Exemption Request form, F-11075 (10/11), should no longer be submitted for antipsychotic drugs for children 6 years of age and younger.

Prior authorization requests for antipsychotic drugs for children 6 years of age and younger must be submitted on the new Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and

Younger, F-00556 (01/12). ForwardHealth will begin accepting PA requests for antipsychotic drugs for children 6 years of age and younger beginning February 15, 2012.

A copy of the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger form and completion instructions can be found in Attachments 1 and 2 of this *ForwardHealth Update*.

Claims submitted for an antipsychotic drug for children 6 years of age and younger without an approved Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger on file will be denied.

Providers should refer to the Preferred Drug List Quick Reference on the Pharmacy page of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for a list of covered antipsychotic drugs for members enrolled in the BadgerCare Plus Standard Plan or Medicaid. Prescribers are encouraged to write prescriptions for preferred antipsychotic drugs.

Providers should refer to the BadgerCare Plus Benchmark Plan Product List on the Pharmacy page of the ForwardHealth Portal for a list of covered antipsychotic drugs for BadgerCare Plus Benchmark Plan members. Antipsychotic drugs that are not on the BadgerCare Plus Benchmark Plan Product List are noncovered. If a

noncovered antipsychotic drug is necessary for a Benchmark Plan member, the prescriber should inform the member that the drug is not covered and instruct the member to work with his or her pharmacy provider to determine whether or not the drug is covered by BadgerRx Gold. Providers may refer to the Online Handbook on the Portal for more information about BadgerRx Gold.

Prescriber Responsibilities for Antipsychotic Drugs for Children 6 Years of Age and Younger

Prescribers should determine the ForwardHealth benefit plan in which a member is enrolled before writing a prescription for an antipsychotic drug.

If the child is 6 years of age or younger and requires an antipsychotic drug, the prescriber is required to complete the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger. Prior authorization request forms and prescriptions must be faxed, mailed, or sent with the member to the pharmacy provider.

The pharmacy provider will use the completed form to submit a PA request to ForwardHealth. Prescribers should not submit Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger form directly to ForwardHealth.

Prior authorization requests for covered antipsychotic drugs for children 6 years of age and younger are approved at the active ingredient level. Therefore, an approved PA allows any covered National Drug Code (NDC) with the same active ingredient of the prior authorized drug to be covered with the same PA. For example, if a member has an approved PA for risperidone 1 mg tablets and the prescriber orders a new prescription for risperidone 2 mg tablets, an amended PA or new PA will not be required.

Brand name antipsychotic drugs prescribed to children 6 years of age and younger that are brand medically necessary require a prescription with “Brand Medically Necessary” written in the prescriber’s own handwriting, a Prior

Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger, *and* a Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), F-11083 (10/08). For example, if a prescription is written for Risperdal, the prescriber is required to complete the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger, a PA/BMNA, and a prescription with “Brand Medically Necessary” written in the prescriber’s own handwriting.

As a reminder, brand medically necessary criteria require that a member try and fail more than one generic equivalent drug from different manufacturers prior to the brand product being approved. Providers may refer to the Online Handbook for more detailed information about brand medically necessary policy.

Pharmacy Responsibilities for Antipsychotic Drugs for Children 6 Years of Age and Younger

Pharmacy providers should ensure that they have received the completed Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger from the prescriber. Pharmacy providers should determine the ForwardHealth benefit plan in which the member is enrolled. After the benefit plan is confirmed, pharmacy providers should review the program-specific covered drug or product list. For Standard Plan and Medicaid members, pharmacy providers should review the Preferred Drug List Quick Reference for the most current list of preferred and non-preferred drugs. For Benchmark Plan members, pharmacy providers should review the BadgerCare Plus Benchmark Plan Product List.

If a Standard Plan or Medicaid member presents a prescription for a non-preferred antipsychotic drug, the pharmacy provider is encouraged to contact the prescriber to discuss preferred drug options. The prescriber may choose to change the prescription to a preferred antipsychotic drug, if medically appropriate for the member.

For Benchmark Plan members, if an antipsychotic drug is a noncovered drug, claims for the drug may be submitted to BadgerRx Gold.

It is important that pharmacy providers work with prescribers to ensure that members are given appropriate assistance regarding coverage information and the PA submission process for antipsychotic drugs. Pharmacy providers are responsible for the submission of the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger to ForwardHealth. Pharmacy providers are required to retain a completed and signed copy of the PA form.

Brand name antipsychotic drugs prescribed to children 6 years of age and younger that are brand medically necessary require a Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger to be submitted on paper by fax or mail with the PA/BMNA and the Prior Authorization Request Form (PA/RF), F-11018 (10/08), and a prescription with “Brand Medically Necessary” written in the prescriber’s own handwriting. Two unique PA numbers will be assigned for a brand medically necessary antipsychotic drug. One PA number will be assigned to the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger and the other will be assigned to the PA/BMNA.

Prior Authorization Submission Methods

Pharmacy providers are encouraged to submit all PA requests for antipsychotic drugs for Standard Plan and Medicaid members 6 years of age and younger using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. The STAT-PA submission allows ForwardHealth to capture and use information to monitor prescribing of antipsychotic drugs for children under the Drug Utilization Review program.

If the PA is not approved through the STAT-PA system or the PA is for a brand medically necessary antipsychotic drug, pharmacy providers are required to submit the Prior

Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger form via either of the following:

- The Portal.
- Fax.
- Mail.

For Benchmark Plan members, all Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger forms must be submitted on either the Portal or by fax or mail.

Prior authorization for all antipsychotic drugs submitted via Portal or by fax or mail to ForwardHealth must include:

- A PA/RF.
- The Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger.
- Any additional supporting documentation from the prescriber.

Required Documentation

The following factors will be considered for the approval of a PA request for antipsychotics for children 6 years of age and younger and should be documented on the PA request:

- Diagnoses — There are appropriate indications for the use of antipsychotic medications in young children with certain diagnoses including autism spectrum disorders, psychotic disorders, tic disorders, and severe agitation or aggression that may accompany severe mood and developmental disorders.
- Prescriber’s credentials — When ForwardHealth reviews a particular PA request, the prescriber’s credentials are considered as one’s area of expertise that may or may not include familiarity with the antipsychotic class of medications.
- Target symptoms — To appropriately prescribe and track the use of antipsychotic medications, the prescriber needs to carefully identify the primary target symptom so that the family, mental health clinicians, teachers, and all involved adults can help clarify and determine the efficacy of the medication.

- Polypharmacy — There are many concerns regarding the use of multiple psychoactive medications in children. The Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger requires the notation of any psychoactive medications, concurrent medications as well as previous medication trials in the preceding 12 months.
- Mental health resources — The available resources for evaluating and treating a child and family are critical for understanding the clinical approach and role of medication in a child’s treatment plan. Noting the involvement of resources (such as Birth to 3, in-home therapy, family therapy, child psychiatry consultation, outpatient contacts, hospitalization, acute/chronic medical needs) will help the PA consultants understand the clinical resources available to a particular child and family.
- Body mass index (BMI) — Antipsychotic medications can have profoundly adverse effects on weight, glucose, and lipids. Because of these well-documented side effects, the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger requires the submission of a BMI measurement with each PA request. A BMI calculator is available and may be found on the Centers for Disease Control and Prevention Web site at <http://apps.nccd.cdc.gov/dnpabmi/>.
- Foster placement — Several studies have shown that children in foster care have a relatively high incidence of receiving antipsychotic medications. Indicate whether or not the child is currently placed in foster care.
- Preferred Drug List (PDL) — If the prescriber is requesting a non-preferred antipsychotic medication, clinical justification must be provided (e.g., failed trials of preferred medications including doses, length of treatment, clinical response, side effects, target symptoms). Prior authorization requests for brand medically necessary drugs must be submitted separately with clinical justification that the brand name drug is medically necessary.

Psychiatrist’s board certified in child psychiatry developed the PA criteria and they are consulting with ForwardHealth to review the PA requests. A PA request may be returned for additional information prior to adjudication so it is important that contact information for the prescriber or the prescriber’s office be accurate to facilitate the adjudication process. The child psychiatrist consultants will be available to review specific questions about a particular PA request after a PA is received by ForwardHealth.

Approved Prior Authorizations for Antipsychotic Drugs for Children 6 Years of Age and Younger

Prior authorization requests for all antipsychotic drugs for children 6 years of age and younger will be approved at the ingredient level.

Neither a new PA request nor a PA amendment is needed if the antipsychotic drug the child is taking has changed and the new drug contains the same active ingredient as the original drug approved or if the child is taking multiple strengths of the same drug.

Prior authorization decision letters for antipsychotic drugs for children 6 years of age and younger will include a message stating: “The prior authorization for this drug has been approved at the active ingredient level instead of the drug strength and dosage form level. Additional PAs are not needed for a different strength of this same drug.”

Emergency Supply

BadgerCare Plus and Medicaid strongly encourage pharmacy providers to dispense a 14-day emergency supply of a medication when a member receives a prescription for a covered drug with a PA restriction, the prescriber cannot be reached to discuss preferred drug options, therapeutic alternatives, or to complete the necessary PA form, and the pharmacist determines that the member should begin taking the medication immediately.

Emergency Medication Supply for Standard Plan and Medicaid Members

When medically necessary, providers may submit requests for an expedited emergency supply for antipsychotic drugs using the STAT-PA system and then submit a claim for the expedited emergency supply electronically for members enrolled in the Standard Plan and Medicaid.

Expedited emergency supply requests for antipsychotic drugs for children 6 years of age and younger will be granted for up to a 14-day supply.

An approved expedited emergency supply request does not guarantee that a subsequent PA request will be approved. Members must meet all the criteria for a PA request to be approved.

Pharmacy providers should work with the prescribing provider to complete the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger form.

Pharmacy providers may also submit claims for emergency medication supplies for covered antipsychotic drugs for children 6 years of age and younger on the Noncompound Drug Claim form, F-13072 (09/11), with a Pharmacy Special Handling Request form, F-13074 (04/11).

For more information regarding expedited emergency medication supply and emergency medication supply, providers should refer to the Pharmacy area of the Online Handbook on the Portal.

Emergency Medication Supply for Benchmark Members

When medically necessary, pharmacy providers are encouraged to dispense a 14-day emergency supply for a covered antipsychotic drug when a child 6 years of age or younger enrolled in the Benchmark Plan receives a prescription for a covered antipsychotic drug without an approved Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and

Younger PA and the pharmacist determines that the member should begin taking the medication immediately.

Pharmacy providers may submit claims for emergency medication supplies for covered antipsychotic drugs for children 6 years of age and younger on the Noncompound Drug Claim form with a Pharmacy Special Handling Request form.

Emergency medication supply requests for drugs other than covered antipsychotic drugs for children 6 years of age and younger are not available for Benchmark Plan members.

A paid emergency medication supply claim does not guarantee that a PA request will be approved for the drug. Members must meet all criteria for a PA request to be approved.

Attestation to Prescribe More than One Antipsychotic Drug for a Member 16 Years of Age or Younger

Effective for **dates of process on and after February 15, 2012**, the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger, F-00402 (10/11), is no longer required for any member. All policy associated with prescribing more than one antipsychotic drug for a member 16 years of age and younger will no longer apply.

Note: Antipsychotic drugs prescribed for members 7 years of age and older only require PA if the drug is non-preferred or brand medically necessary.

Background

In 2007, a consortium of state Medicaid medical directors for 16 states and the Rutgers Center for Education and Research on Mental Health Therapeutics collaborated on an analysis of antipsychotic medication use among a combined enrollment of 12 million children and adolescents. This collaboration concluded the following:

- Many children receive mental health care that is largely limited to medications without adequate evaluations and other therapy services.
- The signs, symptoms, and diagnostic criteria for bipolar disorder in children are highly controversial and often lead to antipsychotic use in children and adolescents.
- There are many concerns about the use of multiple psychoactive medications simultaneously (polypharmacy) within and between drug classes.
- Off-label prescribing of antipsychotic medications in children occurs and some children are prescribed doses that may exceed maximum limits.
- Antipsychotic prescribing occurs in young children with questionable diagnoses and without child psychiatric consultation.
- There is limited knowledge about the long-term effects of antipsychotic medications.
- Children in foster care appear to have significantly higher rates of antipsychotic medication use.
- There are significant metabolic risks including weight gain and diabetes associated with the use of second generation antipsychotic medications.

The consortium surveyed 36 states regarding the possible approaches to monitoring antipsychotic use among children and adolescents. States have adopted many different approaches singularly or in combinations including PAs, PDLs, restrictions by provider types, step therapy protocols, guidelines, limited refills, second opinions, age restrictions, dose restrictions, polypharmacy restrictions, cost restrictions, and generic preferences. There is growing concern particularly regarding the use of antipsychotic medications in children placed in foster care and in very young (6 and under) preschool-age children.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family

Care Partnership are provided by the member's managed care organization. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT 1

Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger Completion Instructions

(A copy of the “Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger Completion Instructions” is located on the following pages.)

FORWARDHEALTH PRIOR AUTHORIZATION DRUG ATTACHMENT FOR ANTIPSYCHOTIC DRUGS FOR CHILDREN 6 YEARS OF AGE AND YOUNGER COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible members. Although these instructions refer to BadgerCare Plus, all information also applies to Medicaid.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration, such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is mandatory when requesting PA for certain drugs. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger, F-00556. Pharmacy providers are required to use the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger form to request PA using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a PA request on the ForwardHealth Portal or on paper. Prescribers and pharmacy providers are required to retain a completed copy of the form.

Providers may submit PA requests on a PA drug attachment form in one of the following ways:

- 1) For STAT-PA requests, pharmacy providers should call (800) 947-1197.
- 2) For requests submitted on the ForwardHealth Portal, pharmacy providers can access www.forwardhealth.wi.gov/.
- 3) For paper PA requests by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate PA Attachment to ForwardHealth at (608) 221-8616.
- 4) For paper PA requests by mail, pharmacy providers should submit a PA/RF and the appropriate PA Attachment form to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

Element 3 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

SECTION II — PRESCRIPTION INFORMATION

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

Element 4 — Drug Name

Enter the drug name.

Element 5 — Drug Strength

Enter the strength of the drug listed in Element 4.

Element 6 — National Drug Code (NDC)

Enter the National Drug Code (NDC) of the drug prescribed.

Element 7 — Date Prescription Written

Enter the date the prescription was written.

Element 8 — Directions for Use

Enter the directions for use of the drug.

Element 9 — Start Date Requested

Enter the requested start date.

Element 10 — Name — Prescriber

Enter the name of the prescriber.

Element 11 — National Provider Identifier (NPI)

Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

Element 12 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 13a — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

Element 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

Element 14 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis code and the description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description.

Element 15a — Body Mass Index — Member

Indicate the member's current body mass index (BMI) using the following equation. Indicate the member's most current BMI as a three-digit number (e.g., if the member's BMI is 33, enter 33.0).

Refer to the formula below or to the BMI calculator on the Centers for Disease Control and Prevention Web site at

<http://apps.nccd.cdc.gov/dnpabmi/>.

$$\text{BMI} = \frac{703 \times (\text{weight in pounds})}{(\text{height in inches})^2}$$

Example: Height = 5'9"

Weight = 230 lbs

Figure out height in inches: $5 \times 12 + 9 = 69$

$$\text{BMI} = \frac{703 \times 230}{69^2}$$

$$\text{BMI} = \frac{161690}{4761}$$

$$\text{BMI} = 33.9$$

Element 15b — Date Weight and Height Measured

Enter the date the member's height and weight were measured in MM/CCYY format.

SECTION IV — PRESCRIBER SPECIALTY INFORMATION

Element 16

Check the appropriate box(es) to indicate the prescriber's medical/nursing specialty. If other, specify the medical/nursing specialty in the space provided.

SECTION V — CLINICAL INFORMATION

Element 17

Indicate, to the best of your knowledge, whether or not the child and/or family have been involved with at least one of the listed mental health resources within the past year. If yes, check all the mental health resource(s) that apply. If other, indicate the other mental health resource(s) in the space provided.

Element 18

Indicate whether or not the member is in foster care.

Element 19

Check the appropriate box to indicate the child's *one* primary target symptom. If other, specify the target symptoms in the space provided.

SECTION VI — DRUG INFORMATION

Element 20

Indicate whether or not the child is currently taking psychoactive medication(s) (other than the drug requested). If yes, check the medication category(s) and indicate the name of the drug(s) and total daily dose on each line. Check all categories that apply.

Element 21

Indicate whether or not the child has previously (within the last 12 months) taken a psychoactive medication(s) that he or she is no longer taking. If yes, check the medication category(s), and indicate the name of the drug(s) on each line provided. Check all categories that apply.

SECTION VII — CLINICAL INFORMATION FOR A NON-PREFERRED DRUG

Element 22

If the drug being requested is a non-preferred drug on the ForwardHealth Preferred Drug List, indicate the preferred drugs that have been attempted in the past. Also, include clinical justification why a non-preferred drug is necessary over a preferred drug.

SECTION VIII — FOR PHARMACY PROVIDERS USING STAT-PA

Element 23 — NDC

Enter the appropriate 11-digit NDC for each drug.

Element 24 — Days' Supply Requested

Enter the requested days' supply.

Element 25 — NPI

Enter the NPI. Also enter the taxonomy code if the pharmacy provider taxonomy code is not 333600000X.

Element 26 — Date of Service

Enter the requested first date of service (DOS) for the drug in MM/DD/CCYY format. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 27 — Place of Service

Enter the appropriate place of service code designating where the requested item would be provided/performed/dispensed.

Code	Description
01	Pharmacy
13	Assisted living facility
14	Group home
32	Nursing facility
34	Hospice
50	Federally qualified health center
65	End-stage renal disease treatment facility
72	Rural health clinic

Element 28 — Assigned PA Number

Enter the PA number assigned by the STAT-PA system.

Element 29 — Grant Date

Enter the date the PA was approved by the STAT-PA system.

Element 30 — Expiration Date

Enter the date the PA expires as assigned by the STAT-PA system.

SECTION IX — AUTHORIZED SIGNATURE

Element 31 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 32 — Date Signed

Indicate the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION X — ADDITIONAL INFORMATION

Element 33

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

ATTACHMENT 2

Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger Form

(A copy of the “Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger” form is located on the following pages.)

**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/>)

15b. Date Weight and Height Measured (MM/CCYY)

Continued



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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 — CLINICAL 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.