West Virginia Medicaid
Drug Prior Authorization Form

http://www.dhhr.wv.gov/bms/Pharmacy/Pages/default.aspx

Atypical Antipsychotics for Children Prior Authorization Form

Rational Drug Therapy Program
WVU School of Pharmacy
PO Box 9511 HSCN
Morgantown, WV 26506
Fax: 1-800-531-7787
Phone: 1-800-847-3859

Patient Name (Last) | (First) | (M) | WV Medicaid 11 Digit ID# | Date of Birth (MM/DD/YYYY)

Prescriber Name (Last) | (First) | (MI)

Prescriber Address (Street) | (City) | (State) | (Zip)

Prescriber 10-Digit NPI# | Phone # (111-222-3333) | Fax # (111-222-3333)

Pharmacy Name (if applicable)

Pharmacy Address (Street) | (City) | (State) | (Zip)

Prescriber 10-Digit NPI# | Phone # (111-222-3333) | Fax # (111-222-3333)

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Important Notes: Preauthorization for medical necessity does not guarantee payment.
The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.

Check one: ☐ Age < 6 years ☐ Age 6 years to < 18 years

Prescriber type or Specialty:

Child under state care/custody?: ☐ Yes ☐ No ☐ Foster Care ☐ Juvenile Services ☐ Past Medical Records Available

Medication Request: ☐ New ☐ Continuation Patient: ☐ Male ☐ Female HT: WT: BMI:

Antipsychotic Medication / Strength | Quantity | Directions

Target Symptoms:
(Check all that apply)
☐ Severe Aggression ☐ Self-Injurious Behavior ☐ Extreme Impulsivity ☐ Extreme Irritability
☐ Psychotic Symptoms ☐ Other

Diagnosis:
☐ ADHD ☐ Autism/PPD ☐ Schizophrenia ☐ Schizophrenia disorder ☐ ODD
☐ Disruptive Behavior ☐ Bipolar ☐ Other ☐ ICD Code

Functional Impairment: ☐ 1 (low) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (severe)

Current Therapy (Pharmacological and Non-Pharmacological):

Previous Therapy (Pharmacological and Non-Pharmacological):

Is the Patient being discharged from a hospital or crisis center? ☐ Yes ☐ No

If yes, please specify the hospital or center, and date of discharge.

Have metabolic monitoring labs* (fasting lipids and glucose) been performed within the last 6 months? ☐ Yes ☐ No

* Official lab results (most recent) must be attached. For continuation therapy, labs are required. Date: (MM/DD/YYYY)

Has an assessment* for Tardive Dyskinesia been done in the last 6 months? AIMS: ☐ Yes ☐ No DISCUS: ☐ Yes ☐ No

For your convenience, an AIMS and Discus form are provided. It is not necessary to fill out both, but when an assessment is completed, it should be attached with this request. Date: (MM/DD/YYYY)

Next appointment date: (MM/DD/YYYY)

Other Pertinent Information (attach additional pages if needed)

Attestation: Your signature (manually or electronically) certifies that the above request is medically necessary, does not exceed the medical needs of the member, and is documented in your medical records. Medical/Pharmacy records must be made available upon request.

☐ Check here for electronic signature

Prescriber of Pharmacist Signature

Date: (MM/DD/YYYY)

Dyskinesia Identification System: Condensed User Scale (DISCUS)

Client Name | I.D. or Unit

Scoring

- 0 — **Not Present** (abnormal movements not observed **or** some movements observed but not considered abnormal)
- 1 — **Minimal** (abnormal movements are difficult to detect **or** are easy to detect but only occur only once or twice in a short non-repetitive manner)
- 2 — **Mild** (abnormal movements occur infrequently **and** are easy to detect)
- 3 — **Moderate** (abnormal movements occur frequently **and** are easy to detect)
- 4 — **Severe** (abnormal movements occur almost continuously **and** are easy to detect)
- NA— **Not Assessed** (an assessment for an item is not able to be made.)

Exam Type (check one)

- ❑ 1. Baseline
- ❑ 2. 6-Month
- ❑ 3. D/C: 1 Month
- ❑ 4. D/C: 2 Month
- ❑ 5. D/C: 3 Month
- ❑ 6. Admission
- ❑ 7. Other

Cooperation (check one)

- ❑ 1. None
- ❑ 2. Partial
- ❑ 3. Full

Current Psychopharmacologic Drugs and Anticholinergic Drugs (also list any other drugs prescribed to treat TD or associated with TD)

_______________ mg/day
_______________ mg/day
_______________ mg/day
_______________ mg/day
_______________ mg/day
_______________ mg/day
_______________ mg/day

Assessment

DISCUS Item and Score (circle one score for each item)

	Item						
Face	1. Tics	0	1	2	3	4	NA
	2. Grimaces	0	1	2	3	4	NA
Eyes	3. Blinking	0	1	2	3	4	NA
Oral	4. Chewing/Lip Smacking	0	1	2	3	4	NA
	5. Puckering/Sucking Thrusting Lower Lip	0	1	2	3	4	NA
Lingual	6. Tongue Thrusting/ Tongue in Cheek	0	1	2	3	4	NA
	7. Tonic Tongue	0	1	2	3	4	NA
	8. Tongue Tremor	0	1	2	3	4	NA
	9. Athetoid/Myokymic/ Lateral Tongue	0	1	2	3	4	NA
Head/ Neck/ Trunk	10. Retrocollis/Torticollis	0	1	2	3	4	NA
	11. Shoulder/Hip Torsion	0	1	2	3	4	NA
Upper Limb	12. Athetoid/Myokymic Finger-Wrist-Arm	0	1	2	3	4	NA
	13. Pill Rolling	0	1	2	3	4	NA
Lower Limb	14. Ankle Flexion/ Foot Tapping	0	1	2	3	4	NA
	15. Toe Movement	0	1	2	3	4	NA

Comments/Other

TOTAL SCORE (items 1-15)

Evaluation (see prerequisites on other side)

1. Greater than 90 days antipsychotic drug exposure? YES NO
2. Total score of 5 or greater (or other scoring indicator)? YES NO
3. Other diagnoses accounting for score? NO YES (specify)
4. Last exam date: ______
   Last total score: ______
   Last conclusion: ______

Preparer signature and title for items 1-4 (if different from prescriber):

5. Conclusion (circle one):
   - A. No TD (if scoring prerequisite met, please discuss in comments)
   - B. Probable TD
   - C. Masked TD
   - D. Withdrawal TD
   - E. Persistent TD
   - F. Remitted TD
   - G. Other (specify below)
6. Comments:

Rater Signature and Title	Exam Date	Prescriber Signature	Date

The DISCUS presented is a slightly modified version by the authors from the published public domain version. It remains in the public domain. (Over)

Simplified Diagnoses for Tardive Dyskinesia (SD-TD)

PREREQUISITES — The 3 prerequisites are as follows. Exceptions may occur.

1. A history of at least three months' total cumulative antipsychotic drug exposure. Include amoxapine and metoclopramide in all categories below as well.
2. **Scoring/Intensity Level**: The presence of a **total score of five (5) or above**. Also be alert for any change from baseline or scores below 5 which have at least a "moderate" (3) or "severe" (4) score on any item or at least two "mild" (2) scores on items located in different body areas.
3. Other conditions are not responsible for the movements.

DIAGNOSES — The diagnosis is based upon the current exam and its relation to the last exam. The diagnosis can shift depending upon whether: (a) movements are present or not, (b) movements are present for 3 months or more (6 months if on a semi-annual assessment schedule), and (c) antipsychotic drug or dose changes occur and effect movements.

- **NO TD** — Movements **are not** present on this exam **or** movements are present, but another condition is responsible for them. The last diagnosis must be NO TD, PROBABLE TD, or WITHDRAWAL TD.
- **PROBABLE TD** — Movements **are** present on this exam. However, this is the first time they are present **or** they have never been present for 3 months or more. The last diagnosis must be NO TD or PROBABLE TD.
- **PERSISTENT TD** — Movements **are** present on this exam **and** they have been present for 3 months or more with this exam or at some point in the past. The last diagnosis can be any except NO TD.
- **MASKED TD** — Movements **are not** present on this exam **but** this is due to an antipsychotic dose increase or reinstitution after a prior exam when movements were present. Also use this category if movements are not present due to the addition of a medication to treat TD. The last diagnosis must be PROBABLE TD, PERSISTENT TD, WITHDRAWAL TD, or MASKED TD.
- **REMITTED TD** — Movements **are not** present on this exam **but** PERSISTENT TD has been diagnosed **and** no anti-psychotic dose increase or reinstitution has occurred. The last diagnosis must be PERSISTENT TD or REMITTED TD. If movements re-emerge, the diagnosis shifts back to PERSISTENT TD.
- **WITHDRAWAL TD** — Movements **are not seen while** receiving antipsychotic drugs **but are seen within** 8 weeks following an antispychotic dose reduction or discontinuation. The last diagnosis must be NO TD or WITHDRAWAL TD. If movements continue for 3 months or more after the antispychotic dose reduction or discontinuation, the diagnosis shifts to PERSISTENT TD. If movements do not continue for 3 months or more after the reduction or discontinuation, the diagnosis shifts to NO TD.

Instructions

1. The rater completes the Assessment according to the standardized examination procedure. If the rater also completes Evaluation items 1-4, he/she must also sign the preparer box.The form is given to the prescriber. Alternatively, the prescriber may perform the assessment.
2. The prescriber completes the Evaluation section. The prescriber is responsible for the entire Evaluation section and its accuracy.
3. It is recommended that the prescriber examine any individual who meets the 3 prerequisites or who has movements not explained by other factors. Neurological assessment or differential diagnostic tests which may be necessary should be obtained.
4. File form according to policy or procedure.

Other Conditions (partial list)

1. Age
2. Blind
3. Cerebral Palsy
4. Contact Lenses
5. Dentures/No Teeth
6. Down's Syndrome
7. Drug Intoxication (specify)
8. Encephalitis
9. Extrapyramidal Side-Effects (specify)
10. Fahr's Syndrome
11. Heavy Metal Intoxication (specify)
12. Huntington's Chorea
13. Hyperthyroidism
14. Hypoglycemia
15. Hypoparathyroidism
16. Idiopathic Torsion Dystonia
17. Meige Syndrome
18. Parkinson's Disease
19. Stereotypies
20. Sydenham's Chorea
21. Tourette's Syndrome
22. Wilson's Disease
23. Other (specify)

The DISCUS side 2 Simplified Diagnoses for Tardive Dyskinesia (SD-TD) was a modified version adapted for applied use in relation to the DISCUS of the Research Diagnoses for Tardive Dyskinesia [Schooler, N.R., & Kane, J.M. (1982). Research diagnoses for tardive dyskinesia. *Archives of General Psychiatry, 37*, 486-487; Sprague, R.L., & Kalachnik, J.E. (1991). Reliability, validity, and a total score cut-off for the Dyskinesia Identification System: Condensed User Scale (DISCUS) with mentally ill and mentally retarded populations. *Psychopharmacology Bulletin, 27*, 51-58]. It is not intended to cover all aspects of TD and is not a substitute for the user reviewing other sources of information.

AIMS Examination Procedure

Should be completed before entering the ratings on the AIMS form.

Either before or after completing the Examination Procedure, observe the patient unobtrusively at rest (eg, in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1: Ask patient whether there is anything in his/her mouth (ie, gum, candy, etc) and if there is, to remove it.

2: Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?

3: Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.

4: Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position).

5: Ask patient to sit with hands hanging unsupported. If male, between legs, if female, and wearing a dress, hanging over knees. (Observe hands and other body areas.)

6: Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.

7: Ask patient to protrude tongue. (Observe abnormalities of tongue movement.)

*8: Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds: separately with right hand, then with left hand. (Observe facial and leg movements.)

9: Flex and extend patient's left and right arms, one at a time. (Note any rigidity and rate it.)

10: Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)

*11: Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)

*12: Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

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*Activated movements.

Abnormal Involuntary Movement Scale (AIMS)

Patient's Name (Please print) ____________________ Patient's ID information ____________

Examiner's Name ____

Current Medications and Total mg/Day

Medication #1 ____________ Total mg/Day _______ Medication #2 ____________ Total mg/Day _______

Instructions: Complete the examination procedure before entering these ratings.

Facial and Oral Movements	None, normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
1. Muscles of Facial Expression eg, movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2. Lips and Perioral Area eg, puckering, pouting, smacking	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3. Jaw eg, biting, clenching, chewing, mouth opening, lateral movement	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4. Tongue Rate only increases in movement both in and out of mouth, NOT inability to sustain movement	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Extremity Movements					
5. Upper (arms, wrists, hands, fingers) Include choreic movements (ie, rapid, objectively purposeless, irregular, spontaneous); athetoid movements (ie, slow, irregular, complex, serpentine). DO NOT include tremor (ie, repetitive, regular, rhythmic).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6. Lower (legs, knees, ankles, toes) eg, lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Trunk Movements					
7. Neck, shoulders, hips eg, rocking, twisting, squirming, pelvic gyrations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

SCORING:

- Score the highest amplitude or frequency in a movement on the 0-4 scale, not the average;
- Score Activated Movements the same way; do not lower those numbers as was proposed at one time;
- A POSITIVE AIMS EXAMINATION IS A SCORE OF 2 IN TWO OR MORE MOVEMENTS or a SCORE OF 3 OR 4 IN A SINGLE MOVEMENT
- Do not sum the scores: e.g. a patient who has scores 1 in four movements DOES NOT have a positive AIMS score of 4.

Overall Severity					
8. Severity of abnormal movements	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9. Incapacitation due to abnormal movements	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

	No awareness	Aware, no distress	Aware, mild distress	Aware, moderate distress	Aware, severe distress
10. Patient's awareness of abnormal movements (rate only patient's report)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Dental Status	Yes	No
11. Current problems with teeth and/or dentures?	☐	☐
12. Does patient usually wear dentures?	☐	☐

Comments: ____

Examiner's Signature ______________________ Next Exam Date ____________

Guy W: ECDEU Assessment Manual for Psychopharmacology - Revised (DHEW Publ No ADM 76-338), US Department of Health, Education, and Welfare; 1976