



Important Provider Notification

Informed Consent for Psychotherapeutic Medication Update

Pursuant to statute **409.912(51)** *The Agency may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. **The physician shall document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.***

Florida Statute 394.492(3) *“Child” means a person from birth until the person’s 13th birthday.*

Psychotropic (Psychotherapeutic) Medications include antipsychotics, antidepressants, anti-anxiety medications, and mood stabilizers. Anticonvulsants and ADHD medications (stimulants and non-stimulants) are not included at this time. The generic names of those medications subject to the informed consent are listed below.

Alprazolam	Dexmedetomidine	Maprotiline	Risperidone
Amitriptyline	Doxepin	Meprobamate	Secobarbital
Amobarbital	Droperidol	Mirtazapine	Selegiline
Amoxapine	Duloxetine	Modafinil	Sertraline
Aripiprazole	Escitalopram	Molindone	Sodium Oxybate
Armodafinil	Estazolam	Nefazodone	Temazepam
Asenapine	Eszopiclone	Nortriptyline	Thioridazine
Bupropion	Equetro	Olanzapine	Thiothixene
Buspirone	Fluoxetine	Oxazepam	Tranlycypromine
Butabarbital	Fluphenazine	Paliperidone	Trazodone
Chlordiazepoxide	Flurazepam	Paroxetine	Triazolam
Chlorpromazine	Fluvoxamine	Perphenazine	Trifluoperazine
Citalopram	Haloperidol	Phenelzine	Trimipramine
Clomipramine	Haloperidol	Pimozide	Venlafaxine
Clorazepate	Imipramine	Protriptyline	VilazodoneZaleplon
Clozapine	Isocarboxazid	Quazepam	Ziprasidone
Desipramine	Lithium	Quetiapine	Zolpidem
Desvenlafaxine	Loxapine	Ramelteon	
	Lurasidone		

Effective September 1, 2011, Better Health shall follow this procedure in support of the measures AHCA has put in place;



1. The prescriber must complete either the Medicaid “Informed Consent for Psychotherapeutic Medication” attestation form; the Department of Children and Families CF1630, or CF FSP 5339 form (page 8 only); the Department of Juvenile Justice Consent Form (page 3 only), or provide the court order for the medication. By accepting a variety of consent forms, the Medicaid Program is providing flexibility with respect to acceptable documentation. Dispensing pharmacists are encouraged to use good judgment, especially in the early phases of implementation, to work with families and prescribers to provide care to children AND obtain the necessary documentation to fulfill the legislative intent of the statute.
2. The completed form must be presented to the pharmacy with every **new** prescription for a psychotherapeutic medication. Prescription refills where the original script was filled prior to September 1st will not be denied. However, pharmacies may not add refills to old prescriptions to circumvent the need for an updated informed consent form.
3. In order for a prescription claim for a psychotherapeutic medication to pay, the pharmacy must enter the medical certification code “2” to certify that the consent form has been filed with the prescription. This process is similar to the pre-existing family planning “6” and dialysis “8” code requirements.
4. The completed form must be filed with the prescription (hardcopy or imaged) in the pharmacy and held for audit purposes, for a minimum of five years.
5. Every **new** prescription will require a **new** informed consent form. **“NEW” means every time a new prescription number is assigned, and includes all new prescriptions including same drug / same dose prescriptions for continuing therapy.**
6. Prescriptions may be phoned in or emailed for these medications when the child is younger than 13. However, the pharmacist will need to obtain a completed consent form from the prescriber via fax, mail or from the guardian, prior to dispensing.
7. If a prescription with remaining refills is transferred to another pharmacy, the consent form should be transferred to the new pharmacy, along with the prescription, to facilitate claim processing. Otherwise the receiving pharmacy should obtain a new consent form.
8. The informed consent forms do not replace prior authorization requirements for non-PDL medications or prior authorized antipsychotics for children and adolescents from 0 through 17 years of age.

A sample of the form to be presented to the pharmacy is on the next page. It is also available on our website at www.betterhealthflorida.com on the Providers page.



INFORMED CONSENT FOR PSYCHOTHERAPEUTIC MEDICATION

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[Children 0 to < 13 Years Old - F.S. 394.492(3)]

F.S. 409.912(51) The Agency may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. The physician shall document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.

Recipient's Medicaid ID#, Date of Birth (MM/DD/YYYY), Recipient's Full Name, Prescriber's Full Name, Prescriber License # (ME, OS, AR, PA), Prescriber Phone Number, Prescriber Fax Number

Psychotherapeutic Medication [antipsychotics, antidepressants, anti-anxiety, mood stabilizers (anticonvulsants and ADHD medications not included)], Dose Range, Diagnosis, Target Symptoms, Expected Outcome

- I have discussed possible other treatments with the parent/guardian providing informed consent.
I have discussed the reason for treatment, the expected outcome, the approximate length of treatment, and how the treatment will be monitored with the parent/guardian providing consent.

Signature of Prescribing Practitioner, Date, Parent/Legal Guardian (Print), Relationship to Recipient, Phone Number (Home), (Cell)

- I consent to the use of the psychotherapeutic medication listed above.
I do not consent to the psychotherapeutic medication listed above.

Comments, Signature of Parent/Legal Guardian, Date