

## Informed Consent Required for Psychotherapeutic Medications for Children Florida Medicaid

As of September 1, 2011, Florida Medicaid, a division of the Agency for Health Care Administration (AHCA), requires informed consent from the parent or legal guardian of children age 12 and under who are prescribed psychotherapeutic medications. CVS/caremark will provide the following or a similar message to help remind pharmacies of this requirement: <<Informed consent reqrd age 12 and under>>

### The prescriber must:

- Document consent in the child’s medical record and provide the pharmacy with a signed attestation of this documentation
- Complete and provide to the pharmacy one of the following:
  - The Medicaid informed consent for psychotherapeutic medication form
  - The Department of Children and Family Services Consent Form (CF) 1630
  - The Department of Children and Family Services CF FSP 5339 (Page 8 only)
  - The Department of Juvenile Justice form HS 006 (Page 3 only)
  - The court order for the medication

The informed consent forms are available online at:

[http://ahca.myflorida.com/Medicaid/Prescribed\\_Drug/med\\_resource.shtml](http://ahca.myflorida.com/Medicaid/Prescribed_Drug/med_resource.shtml)

### The pharmacy must:

- Receive a completed informed consent form **with every new prescription** for a psychotherapeutic medication
- File the completed form with the hard copy prescription and maintain the file for **a minimum of five years** for auditing purposes
- Not add refills to old prescriptions to circumvent the need for an updated informed consent form
- 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
- Contact the Pharmacy Help Desk (1-800-364-6331) to request an appropriate override
- Enter the Prior Authorization (PA) override code in the Number field for the claim to be paid

NCPDP Field #	Data Element	Value
461-EU	Prior Authorization Type Code	2
462-EV	Prior Authorization Number Submitted	Supplied by Pharmacy Help Desk

### **Notes:**

- Each claim must have a corresponding prior authorization record as well as a step therapy record
- Informed consent forms do not replace PA requirements for medications that are not on the preferred drug list or for PA antipsychotics for children and adolescents from birth through 17 years of age

In the case of a true emergency, the pharmacy should dispense the product without an informed consent form. At all times, the pharmacy must exercise professional judgment in providing services to an eligible member.

**Additional note:** AHCA requires that all participating pharmacies must comply with the Hernandez Settlement Agreement (HSA). An HSA noncompliance situation arises when a Medicaid member is unable to get a prescription filled due to:

- An unreasonable delay in filling the prescription
- A denial of the prescription
- The reduction of a prescribed good or service
- The termination of a prescription

**For assistance**

If you have questions, please call the CVS/caremark Pharmacy Help Desk at 1-800-364-6331.