

Antipsychotic Medications Age

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Atypical Antipsychotics		
Medication	Comment	Quantity Limit
Aripiprazole (oral dose forms)	All states	May be subject to quantity limit
Clozapine tablets Clozapine oral disintegrating tablets	All states	
Fanapt (iloperidone) tablets Fanapt (iloperidone) Titration Pack	All states except CA*	
Lurasidone tablets	All states except CA*	
Risperidone (oral dose forms)	All states	
Risperdal (risperidone) Injectable Solution	CT only	
Asenapine sublingual tablets	All states except CA*	
Olanzapine (oral dose forms)	All states	
Olanzapine and fluoxetine capsules	All states except CA, CO, MO, NH*	
Paliperidone ER (oral dose forms)	All states except CA*	
Quetiapine immediate release (oral dose forms)	All states	
Quetiapine ER tablets	All states except CA, CO*	
Ziprasidone capsules (oral dose forms)	All states	
Traditional Antipsychotics		
Chlorpromazine tablets, (excludes injectables)	All states	
Fluphenazine tablets, elixir, concentrate	All states	
Haloperidol tablets	All states	
Loxapine capsules	All states	
Pimozide tablets	All states	
Perphenazine tablets	All states	
Thiothixene capsules	All states	

Trifluoperazine tablets	All states	
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*Non-Formulary criteria will be applied in states where drugs are non-formulary

PRIOR AUTHORIZATION APPROVAL CRITERIA

Initial requests for antipsychotic agents in the pediatric population (age 17 and under) may be approved when the following criteria are met:

- I. Individual has been maintained on a stable dose of the requested medication;

OR

- II. Prescriber is a Psychiatrist, Neurologist or Developmental/Behavioral Pediatrician; **OR**
- III. Prescriber has consulted with a Psychiatrist, Neurologist or Developmental/Behavioral Pediatrician;

OR

- IV. Prescriber does not have timely access to a Psychiatrist, Neurologist or Developmental/Behavioral Pediatrician; **AND**
- V. The individual meets the following criteria (Note: If all other conditions below are met, allow 3 month supply to provide time to consult with a specialist):
 - A. Individual is 5 years of age or older;

AND

 - B. Medication being requested is one of the following:
 1. Risperidone tablets or solution; **OR**
 2. Chlorpromazine; **OR**
 3. Prochlorperazine; **OR**
 4. Thioridazine; **OR**
 5. Haloperidol;

OR

- C. Individual is 6 years of age or older;

AND

 - D. Medication being requested is one of the following:
 1. Aripiprazole oral; **OR**
 2. Trifluoperazine;

OR

- E. Individual is 10 years of age or older;

AND

 - F. Medication being requested is one of the following:
 1. Quetiapine; **OR**
 2. Quetiapine XR; **OR**
 3. Asenapine; **OR**
 4. lurasidone;

OR

- G. Individual is 12 years of age or older;

AND

 - H. Medication being requested is one of the following:
 1. Paliperidone oral; **OR**

2. Pimozide; **OR**
 3. Perphenazine; **OR**
- Thiothixene; **OR**
- I. Individual is 13 years of age or older;
AND
 - J. Medication being requested is one of the following:
 1. Olanzapine oral;

AND

- VI. Individual has a psychiatric diagnosis that is amenable to treatment with an antipsychotic agent, including, but not limited to the following:
- A. Schizophrenia; **OR**
 - B. Bipolar disorder [quetiapine, risperidone, olanzapine, ziprasidone, quetiapine ER, aripiprazole, asenapine, lurasidone, chlorpromazine]; **OR**
 - C. Irritability associated with autism [risperidone, aripiprazole]; **OR**
 - D. Severe behavioral problems including explosive hyperexcitability which cannot be accounted for by immediate provocation (chlorpromazine, haloperidol);

AND

- VII. One of the following:
- A. Individual has utilized non-drug treatment measures, such as psychosocial intervention/care, in the previous 12 months with the most recent psychosocial treatment event occurring within the last 90 days (provide date of most recent behavioral health visit); **OR**
 - B. Individual has had an acute inpatient visit for a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder in the previous 12 months; **OR**
 - C. Individual has had at least 2 visits in outpatient, intensive outpatient, or partial hospitalization setting for a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder in the previous 12 months;

AND

- VIII. Prescriber will monitor at least every 6 months for metabolic side effects (including obtaining blood glucose or Hemoglobin A1C (HbA1c), total cholesterol or LDL-C, reviewing BMI changes);

AND

- IX. Prescriber will regularly monitor for neurological side effects [such as, evaluation of movement disorders using tools including Abnormal Involuntary Movement Scale (AIMS) and the Neurological Rating Scale (NRS)];

OR

- X. Individual is requesting an antipsychotic agent to treat the following diagnoses:
- A. Nausea and vomiting (chlorpromazine, perphenazine, prochlorperazine); **OR**
 - B. Tourette's Disorder/tic disorder (pimozide, aripiprazole, haloperidol); **OR**
 - C. Pre-surgical apprehension (chlorpromazine);

AND

- XI. No therapeutic alternative exists or therapeutic alternatives were ineffective.

Continuation of therapy requests for antipsychotic agents in the pediatric population (age 17 and under) may be approved when the following criteria are met:

- I. Criteria above were met at initiation of therapy; **AND**
- II. There is confirmation of clinically significant improvement or stabilization in clinical signs and symptoms of disorder ; **AND**
- III. Individual is currently utilizing or has utilized non-drug treatment measures, such as psychosocial intervention/care, in the previous 12 months; **AND**
- IV. Prescriber is monitoring laboratory values (including blood glucose or Hemoglobin A1C (HbA1c), and total cholesterol or LDL-C) for metabolic side effects at least every 6 months; **AND**
- V. Prescriber is monitoring body weight and BMI at least quarterly; **AND**
- VI. Prescriber is regularly monitoring for neurological side effects.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 11, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
5. Findling RL, Drury SS, Jensen PS, Rapoport, JL. Practice parameter for the use of atypical antipsychotic medications in children and adolescents. American Academy of Child and Adolescent Psychiatry. Approved by AACAP August 2, 2011. Available from http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf. Accessed: January 11, 2022.
6. McClellan JJ. Practice parameter for the assessment and treatment of children and adolescents with schizophrenia. Journal of the American Academy of Child and Adolescent Psychiatry. 2013-09;52:976-990.
7. National Committee for Quality Assurance (NCQA). The Healthcare Effectiveness Data and Information Set (HEDIS), 2020, volume 2. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP).
8. National Committee for Quality Assurance (NCQA). The Healthcare Effectiveness Data and Information Set (HEDIS), 2020, volume 2. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).
9. The American Psychiatric Association Practice Guideline for the treatment of patients with schizophrenia, Third edition. American Psychiatric Association Practice Guidelines. September 2020. Available at: <https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841>. Accessed: January 11, 2022.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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