

Gateway Health  
Prior Authorization Criteria  
**First Generation Antipsychotics for Children Less than 18**

All requests for first generation (typical) antipsychotics for children less than 18 years of age require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

**First Generation Antipsychotics for Children Less than 18 Prior Authorization Criteria:**

- Coverage may be provided when the diagnosis is an FDA-labeled or compendia-supported indication for the medication and there is documented evidence of severe behavioral problems related to the diagnosis; **AND**
- Medication is prescribed by, or in consultation with, an appropriate specialist including:
  - Pediatric Neurologist
  - Child and Adolescent Psychiatrist
  - Child Development Pediatrician
  - Adult Psychiatrist when the member is at least 14 years of age
  - Adult Psychiatrist prescribing in conjunction with one of the specialists above for members younger than 14 years of age**AND**
- Chart documented evidence is provided of a comprehensive evaluation by the prescriber or in conjunction with a specialist listed above, including documentation that non-pharmacologic therapies such as, but not limited to, evidence based behavioral, cognitive, and family based therapies have been tried; **AND**
- The member has documented baseline monitoring of weight, body mass index (BMI), blood pressure, fasting glucose, fasting lipid panel, and extrapyramidal symptoms (EPS) using the Abnormal Involuntary Movement Scale (AIMS); **AND**
- If the medication was started inpatient OR the member is currently stable on the medication, the above criteria must be met.
- Benefit is approved for a three (3) month duration for new starts and a 12 month duration upon reauthorization if criteria is met.
  - Reauthorization requires documentation of the following:
    - Improvement in target symptoms; **AND**
    - Has a documented plan for taper/discontinuation of the antipsychotic or rationale for continued use; **AND**
    - Chart information supporting monitoring of weight (quarterly) and blood pressure, glucose, lipids, EPS using AIMS (annually)
- When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must over ride criteria when, in their professional judgment, the requested medication is medically necessary.

References:

- 1) Olfson M, Blanco C, Linxu L, et al. National Trends in the Outpatient Treatment of Children and Adolescents With Antipsychotic Drugs, Arch Gen Psychiatry. 2006;63:679-685.
- 2) Pappadopulos E, MacIntyre JC, Crismon ML. Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY). Part II, J Am Acad Child Adolesc Psychiatry, 42:2, February 2003.
- 3) Schur SB, Sikich L, Rindling RL. Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY). Part I: A Review, J Am Acad Child Adolesc Psychiatry, 42:2, February 2003.
- 4) McVoy M, Findling R. Child and adolescent psychopharmacology update. Psychiatr Clin North Am 2009; 32:111.