

Gateway Health
Prior Authorization Criteria

Second generation antipsychotics for children younger than 18 years of age

All requests for **Second Generation (atypical) antipsychotics in children younger than 18 years of age** require prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

- Coverage may be provided when the diagnosis is an FDA-approved or medically accepted 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, extrapyramidal symptoms (EPS) using the Abnormal Involuntary Movement Scale (AIMS), and a fasting lipid panel; **AND**
- If the medication was started inpatient **OR** the member is currently stable on the medication, the above criteria must be met; **OR**
- If the request is for a new start for a non-formulary oral atypical antipsychotic, the member has tried and failed two formulary oral atypical antipsychotics; **OR**
- If the request is for Latuda, the member has tried and failed one generic formulary oral atypical antipsychotic; **OR**
- If the request is for clozapine, the member has tried and failed at least two other oral antipsychotics, unless the member recently started clozapine inpatient or the member is currently stable on clozapine; **OR**

- If the request is for an injectable, there is evidence tolerability has been established with an oral antipsychotic prior to initiation of an injectable antipsychotic **AND** there is evidence describing compliance concerns with daily oral dosage forms of antipsychotics;
- Benefit is approved for a three (3) month duration for new requests 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 (annually) blood pressure, glucose, lipids, EPS using AIMS
- 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.