

CRITERIA FOR PRIOR AUTHORIZATION

Antipsychotics for Children Age 13 or Younger

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| PROVIDER GROUP | Pharmacy |
| MANUAL GUIDELINES | The following drugs require prior authorization: Aripiprazole (Abilify [®] , Abilify Maintenna [®]) Asenapine (Saphris [®]) Brexpiprazole (Rexulti [®]) Clozapine (Clozaril [®] , Fazaclo [®]) Iloperidone (Fanapt [®]) Lurasidone (Latuda [®]) Olanzapine (Zyprexa [®] , Zyprexa Zydis [®]) Olanzapine Pamoate (Zyprexa Relprevv [®]) Olanzapine/Fluoxetine (Symbyax [®]) Paliperidone (Invega [®]) Paliperidone Palmitate (Invega Sustenna [®] , Invega Trinza [®]) Quetiapine (Seroquel [®]) Quetiapine Fumarate (Seroquel XR [®]) Risperidone (Risperdal [®] , Risperdal Consta [®] , Risperdal M-Tab [®]) Ziprasidone (Geodon [®]) |

CRITERIA FOR ANTIPSYCHOTICS PRESCRIBED TO CHILDREN AGE 6 OR YOUNGER: (must meet all of the following)

- Must be prescribed by a psychiatrist
- Must have a diagnosis of Autistic Disorder, Hyperactive Behavior, Mood Disorder, Problem Behavior (Severe), Schizophrenia OR Tourette’s Syndrome
- Documentation of plasma glucose, lipid screening, weight and waist circumference within the previous 3 months

LENGTH OF APPROVAL: 6 Months*

* A one-time 30 day override for this criteria requirement will be available to dispensing pharmacies through the Point-of-Sale PBM adjudication system.

CRITERIA FOR ANTIPSYCHOTICS PRESCRIBED TO CHILDREN AGES 7-13:

- Must have a diagnosis of Autistic Disorder, Hyperactive Behavior, Mood Disorder, Problem Behavior (Severe), Schizophrenia OR Tourette’s Syndrome
- Documentation of plasma glucose, lipid screening, weight and waist circumference within the previous 3 months

LENGTH OF APPROVAL: 12 Months*

* A one-time 30 day override for this criteria requirement will be available to dispensing pharmacies through the Point-of-Sale PBM adjudication system.

RENEWAL CRITERIA FOR CHILDREN AGE 6 OR YOUNGER: (must meet all of the following)

- Must be prescribed by a psychiatrist
- Documentation of glucose and lipid screening within the previous 6 months
- Patient must be receiving evidenced-based behavioral modification therapy concurrently with anti-psychotic therapy unless behavioral modification therapy is documented to be ineffective
- Annual physical must be completed by a pediatrician for continued approval

LENGTH OF RENEWAL APPROVAL: 12 months

RENEWAL CRITERIA FOR CHILDREN AGES 7-13: (must meet all of the following)

- Documentation of glucose and lipid screening within the previous 6 months
- Patient must be receiving evidenced-based behavioral modification therapy concurrently with anti-psychotic therapy unless behavioral modification therapy is documented to be ineffective
- Annual physical must be completed by a pediatrician for continued approval

LENGTH OF RENEWAL APPROVAL: 12 months