



Maryland Medicaid Pharmacy Program

Tel: 1-855-283-0876

Fax: 1-866-671-8084

Clinical Criteria

Peer Review Program for Antipsychotic Use in Children and Adolescents Less than Eighteen Years of Age

Criteria for Immediate Approval on Initial Review

Prior Authorization (PA) for new use of an antipsychotic is approved on initial review if the patient meets ALL of the following criteria:

- **Age Criteria**

Patient is ≥ 5 years of age.

- **Target Symptom Criteria**

Target symptom is aggression, irritability, hallucinations, delusions or manic episode of sufficient severity that:

- Patient has failed standard treatment for stated diagnosis, *AND*
- Either:
 - The symptoms occur in multiple settings; *OR*
 - According to the endorsement of the prescriber, the symptoms place the patient at imminent risk of hospitalization, out of home placement, either suspension or expulsion from school or the patient poses a safety risk to themselves or others.

- **Diagnostic Criteria**

- Patient has one of the following diagnoses or conditions:
 - Terminally ill;
 - Schizophrenia
 - Bipolar Disorder
 - Tourette's Syndrome;
 - Autism Spectrum Disorder;
 - Intellectual Disability/Developmental Disability;
 - Traumatic Brain Injury; *OR*
 - One of the following diagnoses/conditions
 - Mood Disorder unspecified/Bipolar Disorder unspecified/Disruptive Mood Dysregulation Disorder;
 - Conduct Disorder;
 - Posttraumatic Stress Disorder or trauma related condition*;
 - Obsessive Compulsive Disorder, if patient has failed combination treatment that includes at least two trials of antidepressants at adequate doses;
 - Depression, if patient has failed at least two treatments for depression (may include medication and a psychosocial treatment.)

- **Psychosocial Criteria**
 - Patient has psychosocial referral or is involved in psychosocial treatment.
- **Medication Criteria**
 - Dosage and regimen are appropriate based on weight and age;
 - Patient is receiving only one antipsychotic (unless a switch of defined duration between two antipsychotics is in progress); *AND*
 - Patient is receiving four or fewer psychiatric medications (excluding medications to treat or prevent side effects).
- **Treatment Monitoring Criteria**
 - Patient has pre-initiation laboratory work completed within last year; *AND*
 - Patient has ECG completed within last year, if prescribed ziprasidone; *AND*
 - If female patient of childbearing age is not pregnant and has received counseling regarding pregnancy prevention and risks of antipsychotic treatment during pregnancy.
- **Preferred Drug List Criteria**
 - Prescribed antipsychotic is a 1st Tier agent on Maryland Preferred Drug List; *OR*
 - Prescribed antipsychotic is a 2nd Tier or Non-Preferred agent on Maryland Preferred Drug List, *AND*
 - Patient is 17 years of age or less and the prescribed medication is aripiprazole to be administered once daily; *OR*
 - Patient has received prescribed antipsychotic for more than 30 days out of previous 120 days through Medicaid Pharmacy Program; *OR*
 - Patient was started on medication while inpatient or in an acute care setting; *OR*
 - All preferred antipsychotics are medically contraindicated for the patient; *OR*
 - Patient has had an unsuccessful trial of a preferred antipsychotic at least six weeks in duration at doses deemed adequate for the child's age and weight, *AND*
 - Patient has an indication for the antipsychotic consistent with FDA approved labeling, *AND*
 - The medication regimen and monitoring are consistent with FDA approved labeling, *AND*
 - The prescribed medication is a capsule or tablet unless medical justification is provided.

Secondary Review

In the event that an application does not meet the initial review criteria, the prescriber may pursue a secondary review involving a dialog with a child psychiatrist.

**Patients with PTSD or a trauma related condition may receive 90 days of initial treatment; renewals will require psychosocial treatment focused on trauma related issues*