

Prior Authorization for Antipsychotic Agent Use in the Pediatric Population Quick Reference Guide

At Amerigroup Community Care, we appreciate the care you give our members in the Georgia Families programs. We always strive to support your efforts to keep our members healthy. We recognize how important it is for your pediatric patients to obtain medications to control their psychiatric symptoms. To that end, we are providing this quick reference guide for prior authorization (PA) for the use of antipsychotic agents in the pediatric population (age 17 and under).

Prescriptions written for preferred or nonpreferred antipsychotic medications in this population will reject at the pharmacy and require a PA review to encourage appropriate use in accordance with the FDA-approved or medically accepted indications. All PA requests should be faxed to Amerigroup at 1-844-490-4736.

PA requests may be approved when the following criteria are met:

Prescriber criteria				
Prescriber is a psychiatrist, neurologist or developmental/behavioral pediatrician.	Or	Prescriber has consulted with a psychiatrist, neurologist or developmental/behavioral pediatrician.	Or	Prescriber is unable to have a timely consult with a specialist and a three-month supply is allowed until consult done.

And

The member must meet the following age, diagnosis, past medical interventions **and** monitoring criteria:

Age (years)						
		5 and older	6 and older	10 and older	12 and older	13 and older
Preferred agents	Risperdal® (risperidone)		<ul style="list-style-type: none"> • Abilify® (aripiprazole) • Trifluoperazine 	<ul style="list-style-type: none"> • Symbyax® (olanzapine + fluoxetine) • Seroquel® (quetiapine) • Seroquel XR® (quetiapine XR) • Saphris® (asenapine) 	<ul style="list-style-type: none"> • Invega® (paliperidone) — oral • Orap (pimozide) • Perphenazine • Thiothixene • Fluphenazine deanoate injection 	<ul style="list-style-type: none"> • Zyprexa® (olanzapine) • Latuda® (lurasidone)

Diagnosis	Treatment*
Schizophrenia	See table above.
Bipolar disorder	Seroquel (quetiapine), Risperdal (risperidone), Zyprexa (olanzapine), Geodon (ziprasidone), Seroquel XR (quetiapine), Abilify (aripiprazole), Saphris (asenapine), Latuda (lurasidone), Vraylar® (cariprazine), chlorpromazine
Irritability associated with autism	Risperdal (risperidone), Abilify (aripiprazole)
Severe behavioral problems including explosive hyperexcitability	Chlorpromazine, haloperidol

* Treatment with an antipsychotic agent including but not limited to the agents listed.

Past medical interventions				
Member has tried nondrug treatment measures such as psychosocial intervention/care in the last 12 months.	Or	Member has had an acute inpatient visit for a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder in the last 12 months.	Or	Member has had at least two visits in outpatient, intensive outpatient or partial hospitalization setting for a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder in the last 12 months.

Monitoring for side effects	
Metabolic	Neurological
<ul style="list-style-type: none"> • Blood glucose or hemoglobin A1c (HbA1c) • Total cholesterol or LDL-C • BMI 	<ul style="list-style-type: none"> • Abnormal involuntary movement scale (AIMS) • Neurological rating scale (NRS)

Antipsychotic agents may also be used in members age 17 and under to treat the following diagnoses when no therapeutic alternative exists or therapeutic alternatives were ineffective:

- Nausea and vomiting — chlorpromazine, perphenazine, prochlorperazine
- Tourette’s disorder — Orap (pimozide), Abilify (aripiprazole), haloperidol
- Presurgical apprehension — chlorpromazine

Please visit the Amerigroup website at <https://providers.amerigroup.com/GA> for the most up-to-date criteria.

This information is current as of January 2018 and subject to change.