

10/23/08 PROPOSAL TO DUR BOARD

Prior Authorization Criteria for Psychotropics for Children ages 5 and Younger

Nevada Medicaid has adopted the following practice standards to strengthen treatment outcomes for our youngest recipients. These practices include:

1. Psychotropic medications in this age group should be administered by or in consultation with a child psychiatrist.
2. Psychotropic medication therapy for must be a part of a comprehensive treatment plan that addresses the education, behavioral management and psychotherapy.
3. Physician monitoring is required while the recipient is utilizing the medication.
 - a. For recipients who are in initiative treatment or are unstable on the medication therapy, medical documentation must support a monthly or more frequent visit with the prescribing practitioner. If the recipient was discharged from an institution on the medication, the follow up visit can be with their treating physician.
 - b. For recipients who are considered stable in the medication therapy, medical documentation must support visits with the treating physician at least every three months.
4. Polypharmacy is to be avoided. Each pharmaceutical prescribed must be independently treating a specific condition (diagnosis). To be considered for multiple drug therapy for one diagnosis, treatment of unique symptoms must be documented. Recipients must fail a trial of single medication within the same class before treatment with multiple agents in the same class will be considered. This will be demonstrated by medical attestation by the treating physician.

Nevada Medicaid requires prior authorization for all psychotropic medications for recipients aged 5 years and younger. Psychotropic Medication Categories and Medications subject to prior authorization for this age group include:

1. Antianxiety Agents
2. Anticonvulsants
3. Antidepressants
4. Lithium Preparations
5. Sedatives
6. Antipsychotics

Exceptions to this policy are:

1. Treatment of seizure disorders with the following diagnosis beginning with 345 (Epilepsy), beginning with 780.3 (Convulsions), and 779.0 (Convulsions in Newborn) will be approved. These diagnoses on the prescription will bypass the prior authorization requirement in the pharmacy point-of-sale.
2. Treatment of ADD/ADHD with the following diagnosis is not covered under this policy. The current policy for ADD/ADHD is to be followed

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Prior Authorization Criteria for Psychotropics for recipients ages 6-17

Nevada Medicaid requires prior authorization of psychotropic medications for recipients ages 6-17 when either of the two following conditions are met:

1. More than one medication is prescribed from within the same psychotropic therapeutic class within the same 30 day period.
2. Three or more psychotropic medication are prescribed (regardless of therapeutic class) within the same 30 day period.

Therapeutic Classes for this policy:

1. Antianxiety Agents
2. Anticonvulsants
3. Antidepressants
4. Lithium Preparations
5. Sedatives
6. Antipsychotics

Exceptions from this policy are:

1. Treatment of seizure disorders with the following diagnosis beginning with 345 (Epilepsy), beginning with 780.3 (Convulsions), and 779.0 (Convulsions in Newborn) will be approved. The submission of any of these diagnoses on the prescription will bypass the prior authorization requirement in the pharmacy point-of-sale.
2. Treatment of ADD/ADHD with the following diagnosis is not covered under this policy. The current policy for ADD/ADHD is to be followed.

Prior Authorization Criteria:

1. Each pharmaceutical prescribed must be independently treating a specific condition (diagnosis).
2. To be considered for multiple drug therapy for one diagnosis, treatment of unique symptoms must be documented.
3. Recipients must fail a trial of single medication within the same class before treatment with multiple agents in the same class will be considered.
4. Physician monitoring is required while the recipient is utilizing the medication.
 - a. For recipients who are initiating treatment or are unstable on the medication therapy, medical documentation must support a monthly or more frequent visit with the prescribing practitioner. If the recipient was discharged from an institution on the medication, the follow up visit can be with their treating physician.
 - b. For recipients who are considered stable in the medication therapy, medical documentation must support visits with the treating physician at least every three months.
5. Medication therapy for psychotropic medications must be a part of a comprehensive treatment plan that addresses the medication education, behavioral management and psychotherapy.