

December 15, 2015 Announcement 1037

## **Psychotropic Medications for Children and Adolescents**

The Nevada Drug Use Review (DUR) Board met on September 3, 2015, and approved the following changes to Medicaid Services Manual (MSM) Chapter 1200 Prescribed Drugs. These changes will be effective at a future date yet to be determined. Please see future web announcements posted at <a href="https://www.medicaid.nv.gov">www.medicaid.nv.gov</a> for further information and implementation date.

- Psychotropic drug classes modified to consist of the following drug classes:
  - a. Anti-anxiety Agents
  - b. Sedative Hypnotics
  - c. Mood Stabilizers (lithium preparations and anticonvulsants for behavioral health indications only)
  - d. Antidepressants
  - e. Antipsychotics
- 2. Single therapy for all drug classes:
  - a. Removed prior authorization requirement for single therapy for 6 to 18 year olds
  - b. Continuation of prior authorization requirement for all classes for 0 to 5 year olds utilizing Food and Drug Administration (FDA) approved indications and/or peer-reviewed literature
- 3. Poly-Pharmacy for Children ages 0 to 18
  - a. New policy for **intra**-class poly-pharmacy
    - i. Prior authorization required for two or more medications within the same class of medications
    - ii. 30-day time period allowed for cross tapering
  - b. New policy for **inter**-class poly-pharmacy
    - i. Prior authorization required for **four or more** medications across psychotropic classes
    - ii. 30-day time period allowed for cross tapering
- 4. Continuity of Care
  - a. Modified continuity of care language for children 0 to 18 who are <u>discharged from an institutional facility</u>. A 6-month prior authorization will be granted for continuity of discharge medication regimen. The initial prior authorization after discharge must document that the recipient has been discharged from an institution.
  - b. For all other recipients, under the age of 18, a **6-month** prior authorization will be granted to cover current medication regimens when it is documented that the recipient has been stabilized.