

Antipsychotic Agents

Appropriate Diagnosis/Prescriber Specialty

- The patient must have an appropriate diagnosis supported by documentation in the patient record, or the prescription may be written by a psychiatrist (adults), child/adolescent psychiatrist (children), or a mid-level practitioner (CRNP or Physician Assistant) of the respective psychiatrist.

Prior Treatment Trials

- Not Applicable

Stable Therapy

- Approval may be given for children, adolescents and adults (6 years of age and older) who have documented stable therapy on the requested medication for 60 consecutive days or greater.
- If an appropriate diagnosis is not included, requests will be approved for 3 months for adults (>18 years of age) and 6 months for children and adolescents (6 to 18 years of age). Notification (via PA approval letter) will be sent to the prescribing physician notifying him/her that an appropriate diagnosis will be required to approve subsequent requests.
- Stable therapy does not apply to antipsychotic agents for children <6 years of age.

Medical Justification

- For children, adolescents and adults (6 years of age and older), medical justification may include peer-reviewed literature, medical record documentation, request for continuation of therapy after discharge from the hospital, or information specifically requested.
- For children <6 years of age, medical justification must include chart notes with specific symptoms that support the diagnosis, as well as peer-reviewed literature if the antipsychotic agent is being used for an off-label use.
- For children <6 years of age, the prescriber must indicate through attestation that monitoring protocols have been followed. For a list of monitoring protocols, see Attachment C on the Agency website at www.medicaid.alabama.gov.

PA Approval Timeframes

- Approval may be given for up to 12 months for adults with an appropriate diagnosis and for up to 3 months for adults without an appropriate diagnosis.

- Approval may be given for up to 6 months for children and adolescents (6 to 18 years of age) and for up to 6 months for children <6 years of age.

Electronic Prior Authorization (PA)

- Antipsychotic agents are included in the electronic PA program.

Verbal PA Requests

- Not Applicable