



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## Clinical Criteria

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

#### I. Criteria for Immediate Approval on Initial Review

If the patient meets the following criteria, the Prior Authorization Request (PA) for new use of an antipsychotic is approved on initial review.

##### A. Age Criteria

Patient is  $\geq 5$  years of age.

##### B. Diagnostic Criteria

1. Patient has one of the following diagnoses or conditions that are FDA Approved Pediatric Indications:
  - a. Autism Spectrum Disorder
  - b. Bipolar Disorder
  - c. Schizophrenia
  - d. Tourette's Syndrome
2. Patient has one of the following diagnoses or conditions that are not FDA Approved Pediatric Indications:
  - a. Conduct Disorder/Oppositional Defiant Disorder
    - If the patient also has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) at least one course of medication treatment for ADHD must have been attempted
  - b. Depression
    - If patient has failed at least two treatments for depression which may include medication and a psychosocial treatment
  - c. Disruptive Mood Dysregulation Disorder
  - d. Intellectual Disability/Developmental Disability
  - e. Mood Disorder unspecified
  - f. Obsessive Compulsive Disorder
    - If the patient has failed combination treatment that includes at least two trials of antidepressants at adequate doses
  - g. Posttraumatic Stress Disorder or trauma related condition
    - 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  
h. Traumatic Brain Injury

*Note: If a patient has a diagnosis of ADHD only, a secondary review will be required.*

**C. Target Symptom Criteria**

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

1. Patient has failed standard treatment for stated diagnosis, AND
2. Either:
  - a. The symptoms occur in multiple settings; OR
  - b. 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 himself/herself or others.

**D. Medication and Dosage Criteria**

1. The initial (or restart if off medication for more than eight weeks) dosage and regimen are appropriate based on weight and age;
2. The initial (or restart if off medication for more than 48 hours) dosage of clozapine is 12.5 mg per day;
3. The patient is receiving only one antipsychotic (unless a switch of defined duration between two antipsychotics is in progress); AND
4. The patient is receiving four or fewer psychiatric medications (excluding medications to treat or prevent side effects).

**E. Preferred Drug List Criteria**

1. The prescribed antipsychotic is a 1<sup>st</sup> Tier agent on Maryland Preferred Drug List; OR
2. The prescribed antipsychotic is a 2nd Tier or Non-Preferred agent on Maryland Preferred Drug List, AND
  - a. The patient has received prescribed antipsychotic for more than 30 days out of the previous 120 days through Maryland Medicaid Pharmacy Program; OR
  - b. The patient was started on medication while inpatient or in an acute care setting; OR
  - c. All preferred antipsychotics are medically contraindicated for the patient; OR
  - d. The patient has had two unsuccessful trials of preferred antipsychotics at doses deemed adequate for the child's age and weight, AND
    - i. The patient has an indication for the antipsychotic consistent with FDA approved labeling, AND

- ii. The medication regimen and monitoring are consistent with FDA approved labeling, AND
- iii. The prescribed medication is a capsule or tablet unless medical justification is provided.

**F. Treatment Monitoring Criteria**

- 1. The patient has pre-initiation laboratory work completed within last year;  
AND
- 2. The patient has ECG completed within last year, if prescribed ziprasidone;  
AND
- 3. The laboratory values are within the normal range; AND
- 4. If the patient is female and of childbearing age, she is not pregnant and has received counseling regarding pregnancy prevention and risks of antipsychotic treatment during pregnancy.

**II. Secondary Review**

For any patients not meeting the above criteria, the prescriber may choose to pursue a secondary review with a child psychiatrist.

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