

**Department of Public Welfare
Office of Medical Assistance Programs
Proposed Prior Authorization Requirements and Medical Necessity
Guidelines for Antipsychotics**

Drug Class	Antipsychotics
Exemptions From Prior Authorization	None
Grandfathering	<p>NOTE: Changes to the provision for grandfathering are noted with a strikethrough for deletions and <u>bold and underline</u> for additions.</p> <p>The Department will grandfather prescriptions for non-preferred Antipsychotics for those recipients age 18 years and older when the PROMISe Point-Of-Sale On-Line Claims Adjudication System verifies that the recipient has a record of a paid claim for a non-preferred Antipsychotic within the past <u>90</u> 365 days from the date of service of the new claim. If the recipient has a record of a paid claim for a non-preferred Antipsychotic, a prescription or a refill for the same non-preferred Antipsychotic will be automatically approved.</p> <p>Grandfathering does not apply to children under 18 years of age when prescribed either a preferred or non-preferred Antipsychotic or to prescriptions for Atypical Antipsychotics that are therapeutic duplications</p>
Quantity Limits	Quantity limits apply with no change.
Effective Date	February 13, 2012
Thresholds For Prior Authorization	All prescriptions for non-preferred Antipsychotics, a preferred Antipsychotic with a prescribed quantity that exceeds the quantity limit, a preferred or non-preferred Antipsychotic regardless of quantity limit when prescribed for a child under 18 years of age, and therapeutic duplications must be prior authorized.
Guidelines for Medical Necessity	<p>NOTE: Changes to existing guidelines for medical necessity are noted with a strikethrough for deletions and <u>bold and underline</u> for additions.</p> <p>In evaluating a request for prior authorization of a prescription for a non-preferred Antipsychotic, the determination of whether the requested prescription is medically necessary will take into account the following:</p>

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	<p>1. <u>For Abilify (aripiprazole) when prescribed for the treatment of Major Depressive Disorder (MDD) – whether the recipient:</u></p> <p>a. <u>Has a diagnosis of MDD</u></p> <p><u>AND</u></p> <p>b. <u>Has a history of therapeutic failure, contraindication or intolerance to at least one agent in two of the following classes:</u></p> <p style="padding-left: 40px;">i. <u>Serotonin reuptake inhibitors (SSRIs)</u> ii. <u>Serotonin norepinephrine reuptake inhibitors (SNRIs)</u> iii. <u>Bupropion</u></p> <p><u>AND</u></p> <p>c. <u>Is being prescribed aripiprazole as adjunctive treatment for MDD with therapeutic doses of an antidepressant</u></p> <p><u>AND</u></p> <p>d. <u>Has a history of therapeutic failure, contraindication or intolerance to at least 150mg of quetiapine taken in combination with therapeutic doses of an antidepressant</u></p> <p>2. For all other non-preferred Antipsychotics - Whether the recipient:</p> <p>a. Has a history of therapeutic failure, <u>contraindication</u> or intolerance of <u>to one (1) the preferred Antipsychotics;</u></p> <p style="padding-left: 40px;">OR <u>AND</u></p> <p>b. For Zyprexa Relprevv (olanzapine pamoate) – Is being transitioned from oral Olanzapine to Zyprexa Relprevv</p> <p style="padding-left: 40px;">OR</p>
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	<p style="text-align: center;">c. Has a current history (within the past 365<u>90</u> days) of being prescribed the same non-preferred Antipsychotic</p> <p>(No change to guidelines to determine medical necessity for Invega, Antipsychotics for a child under the age of 18 years, and therapeutic duplication.)</p>
Automated Prior Authorization	Does not apply
Emergency Supply	A pharmacist is permitted to dispense an emergency supply of the medication without prior authorization if, in the professional judgment of the pharmacist, the recipient has an immediate need for the medication. In these situations, the pharmacist may dispense a five (5) day supply without prior authorization unless the pharmacist determines that taking the medication either alone or along with other medications that the recipient may be taking, would jeopardize the health and safety of the recipient.
Dose and Duration of Therapy	No change