



<b>ISSUE DATE</b> December 9, 2011	<b>EFFECTIVE DATE</b> January 9, 2012	<b>NUMBER</b> *See below
---------------------------------------	--	-----------------------------

<b>SUBJECT</b>  Prior Authorization of Antipsychotics – Pharmacy Services	<b>BY</b>    Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs
---	--

**IMPORTANT REMINDER:** If you submit HIPAA compliant electronic healthcare claim transactions to the department, you need to be prepared for the ANSI X12 v5010 and NCPDP vD.0 upgrades in order to prevent the rejection of your claims. The CMS mandated compliance date for all covered entities to use the new standards is January 1, 2012. For additional information, visit the DPW website at:  
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/softwareandservicevendors/hipaa5010d.0upgradeinformation/index.htm>

**PURPOSE:**

The purpose of this bulletin is to:

1. Inform providers that the Department will require prior authorization of preferred and non-preferred Antipsychotics prescribed for recipients under 18 years of age; currently prior authorization is required for Antipsychotics prescribed for recipients under 6 years of age. Implementation will be phased in by age groups.
2. Issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Antipsychotics that require prior authorization, including the type of medical information needed to evaluate requests for medical necessity.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service (FFS) delivery system, including pharmacy services to residents of long term care facilities.

*01-11-52	09-11-52	27-11-50	
02-11-46	11-11-46	30-11-46	
03-11-47	14-11-47	31-11-51	
08-11-54	24-11-53	32-11-46	33-11-14

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at [www.dpw.state.pa.us/PartnersProviders](http://www.dpw.state.pa.us/PartnersProviders)

**BACKGROUND:**

The Department's Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the Department's Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

**DISCUSSION:**

During the March 30, 2011 DUR Board meeting, the DUR Board recommended that the Department extend the requirement for prior authorization of Antipsychotics for children under 6 years of age to include children under 18 years of age. The recommendation to require prior authorization of antipsychotics for children under 18 years of age was in response to peer-reviewed medical literature identifying an increase in the use of antipsychotic medication in children and adolescents, and a recent study indicating that Pennsylvania has one of the highest rates in the nation of utilization of antipsychotics among children under the age of 18. Current medical literature also identifies the associated risks of diabetes, high cholesterol, obesity, and hypertension, even with appropriate use of antipsychotics. Some studies suggest that metabolic adverse effects of some atypical antipsychotics may be even more severe in the child and adolescent population. A recent analysis by the Community Care Behavioral Health Organization (CCBHO), one of the Department's behavioral health managed care organizations (BH-MCOs), identified that 52.6% of pediatric recipients receiving an antipsychotic medication did not receive routine monitoring of lipids or glucose. Only 29.9% of pediatric recipients receiving an antipsychotic medication were monitored for both glucose and lipids.

In response to the high rate of utilization of antipsychotics among children under 18 years of age, the high risk of serious adverse outcomes, and the lack of monitoring recommended for these conditions, the DUR Board recommended guidelines to determine medical necessity based upon treatment guidelines recommended by nationally-recognized associations including the Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY) as published in the Journal of the American Academy of Child and Adolescent Psychiatry, the American Diabetes Association, the American Psychiatric Association, and the American Academy of Child and Adolescent Psychiatry. Those guidelines were subject to public review and comment, and subsequently approved for implementation by the Department.

The Department is phasing in implementation of prior authorization of Antipsychotics for recipients under 18 years of age by age group as follows:

1. January 9, 2012 for MA recipients age 6 to 12
2. February 13, 2012 for MA recipients age 12 to 16
3. April 4, 2012 for MA recipients age 16 to 18

The requirements for prior authorization and clinical review guidelines to determine the medical necessity of Antipsychotics when prescribed for MA recipients under age 18 are included in the attached updated provider handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Antipsychotics are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Benzodiazepines) in reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

**ATTACHMENTS:**

[Prior Authorization of Pharmaceutical Services Handbook - Updated pages](#)

SECTION II  
Antipsychotics