



MONTANA HEALTHCARE PROGRAMS NOTICE

December 26, 2019

**Pharmacy, Mid-Level, Physician, Indian Health Service/Tribal
638 Providers**

Effective January 16, 2020

Prior Authorization Criteria for Atypical Antipsychotics for Children 7 Years of Age and Under

Effective January 16, 2020, prior authorization requirements for atypical antipsychotics prescribed for children will be expanded to include age 7 and younger (previously 6 and under). Antipsychotic medication can cause significant metabolic side effects. In 2003, the Food and Drug Administration (FDA) required a warning on diabetes risk to be added to the prescribing information for all second-generation antipsychotics. In 2004, the American Psychiatric Association and the American Diabetes Association issued a consensus statement guideline recommending baseline and follow-up fasting glucose testing. Research indicates that children, especially those that are antipsychotic naïve, are more vulnerable to metabolic effects than adults. Due to the increased risk, providers must perform recommended metabolic monitoring and must educate the child's guardian regarding the risks associated with antipsychotic medications.

Documentation required for prior authorization approval may include but is not limited to:

- Atypical antipsychotic medication dose/frequency
- Indication for use (diagnosis/target symptoms)
- Safety monitoring information (fasting blood sugar, lipids)
- Medication regimen history
- Informed consent signed by legal guardian and prescriber
- Provider specialty designation

For questions regarding this policy, please contact Shannon Sexauer, PharmD, Medicaid Pharmacist at (406) 444-5951 or Dani Feist, Pharmacy Program Officer at (406) 444-27

Contact Information

Drug Prior Authorization Unit
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[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHlpdesk@conduent.com\]\(mailto:MTPRHlpdesk@conduent.com\).](#)

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