



Montana Healthcare Programs Provider Notice

January 17, 2024

Effective February 7, 2024

Revised

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

Prior Authorization Criteria for Atypical Antipsychotics for Children 8 Years of Age and Under

Effective February 7, 2024, prior authorization (PA) requirements for atypical antipsychotics prescribed for children will be expanded to include age 8 and younger (previously 7 and under).

Antipsychotic medications can cause significant metabolic side effects. In 2003, the Food and Drug Administration (FDA) required a warning of diabetes risk to be added to the prescribing information of 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 plasma 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 plasma glucose or hemoglobin A1C, lipids, physical assessment)
- Medication regimen history
- Informed consent signed by legal guardian and prescriber

A copy of the PA Form is on the [Mountain Pacific Quality Health Pharmacy webpage](#). Use the search function under the **Drug Prior Authorization tab**. Search for **Atypical** to pull the form to the top.

Contact and Website Information

Drug Prior Authorization Unit
Mountain Pacific Quality Health
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 513-1928 or (800) 294-1350 (Fax)

For questions about this provider notice please contact:

- Shannon Sexauer, PharmD, Montana Healthcare Programs Pharmacist, (406) 444-5951, email Shannon.Sexauer@mt.gov
- Dani Feist, Pharmacy Program Officer, (406) 444-2738, email DFeist@mt.gov

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email Montana Provider Relations Helpdesk.

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.