

# Antipsychotics in Children

**Goal(s):**

- Ensure safe and appropriate use of antipsychotics in children
- Discourage off-label use not supported by compendia

**Length of Authorization:**

- Up to 12 months

**Requires PA:**

- Antipsychotic use beyond 60 days in children 3-6 years of age
- All antipsychotic use in children 2 years of age or younger
- For quetiapine requests in children ≥7 years of age, see criteria for Low Dose Quetiapine

Note: olanzapine can be automatically approved in patients with a recent cancer diagnosis

**Covered Populations:** FFS and CCO enrolled patients (pharmacy claims only).

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

**Table 1. FDA-Approved Indications and Ages for Oral Second-generation Antipsychotics in Children**

FDA-Approved Indications and Ages				
Drug	Schizophrenia	Bipolar I disorder	Major depressive disorder (adjunct)	Other
aripiprazole	≥13 yrs	≥10 yrs	≥18 yrs	Irritability associated with Autistic Disorder ≥6 yrs Tourette's Disorder ≥6 yrs
asenapine maleate	≥18 yrs	≥10 yrs		
brexpiprazole	≥13 yrs			
lurasidone HCl	≥13 yrs	≥10 yrs		
olanzapine	≥13 yrs	≥13 yrs	≥18 yrs	
paliperidone	≥12 yrs			Schizoaffective disorder ≥18 yrs
quetiapine fumarate	≥13 yrs	≥10 yrs		Bipolar depression ≥18 yrs
risperidone	≥13 yrs	≥10 yrs		Irritability associated with Autistic Disorder ≥5 yrs

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the request for use of olanzapine as an antiemetic associated with cancer or chemotherapy?	<b>Yes:</b> Approve for 12 months	<b>No:</b> Go to #3
3. Has the patient been screened for diabetes (blood glucose or A1C) within the last 12 months?	<b>Yes:</b> Go to #5	<b>No:</b> Go to #4

## Approval Criteria

<p>4. Is there documented clinical rationale for lack of metabolic monitoring (e.g. combative behaviors requiring sedation) OR documentation of patient weight before and after initiation of treatment?</p> <p>Note: Caregivers failing to take patients to the laboratory is not a clinical rationale for lack of monitoring.</p>	<p><b>Yes:</b> Document rationale. Go to #5</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Annual metabolic screening or consistent evaluation for rapid weight gain is required for chronic use of antipsychotics. Refer denied requests to the OHA for follow-up.</p>
<p>5. Is the patient engaged in, been referred for, or have documented inability to access evidence based first-line non-pharmacological therapy (e.g., applied behavior analysis therapy for autism, parent behavioral therapy, or parent child interaction therapy)?</p>	<p><b>Yes:</b> Go to #6</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Refer denied requests to the OHA for follow-up.</p>
<p>6. Is the drug prescribed by or in consultation with a child psychiatrist or developmental pediatrician?</p>	<p><b>Yes:</b> Approve for up to 12 months or length of therapy, whichever is less</p>	<p><b>No:</b> Go to #7</p>
<p>7. Is there detailed documentation regarding risk/benefit assessment and the decision to prescribe antipsychotic therapy?</p> <p>A thorough assessment should include ALL the following:</p> <ol style="list-style-type: none"> <li>Multidisciplinary review including a mental health specialist</li> <li>Mental health assessment including documentation of diagnoses, symptoms, and disease severity</li> <li>Discussion and consideration of first-line non-pharmacological therapies</li> <li>Assessment of antipsychotic risks and monitoring strategies</li> <li>Specific therapeutic goals of antipsychotic therapy, and for ongoing therapy, discussion of progress toward or achievement of therapeutic goals (or reasons for lack of progress and remediation strategies)</li> <li>Anticipated duration of therapy</li> <li>Detailed follow-up plan</li> </ol>	<p><b>Yes:</b> Approve for up to 12 months or length of therapy, whichever is less</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Refer denied requests to the OHA for follow-up.</p>