



Prior Authorization – Antipsychotics in Children Birth to Five

Maricopa County / Magellan

Medication Class: First and Second Generation Antipsychotics

Safe and Appropriate Use Review - Antipsychotics in Children birth to five years of age

Resource - AZDBHS Practice Protocol: Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age
http://www.azdhs.gov/bhs/guidance/bp_birthtofive.pdf

FDA Approved Indication:

Some antipsychotics have not been approved for use in children. There are a few randomized controlled trials to demonstrate safety and efficacy in this population.

Guidelines for approval:

1. Child has a schizophrenic-spectrum diagnosis.
2. Child has an autistic diagnosis.

OR

3. Child displays hyperactivity or aggression as symptoms of developmental delay; exhibits irritability associated with autism; has bipolar disorder, disruptive behavior disorder with no comorbid disorder present, or displays symptoms of Tourette's Syndrome and is nonresponsive to other treatment modalities (unless contraindicated). Of the antipsychotics, risperidone would be considered first line when an antipsychotic is indicated.
4. Each prior authorization request must contain documentation regarding patient outcome evaluation of adverse events.

References

1. Manufacturer Product Information
2. Correll CU, Manu P, et al. Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents. *JAMA*. 2009; 302(16):1765-73.
3. McClellan J, Kowatch R, Findling RL. Practice parameter for the assessment and treatment of children and adolescents with bipolar disorder. *J Am Acad Child Adolesc Psychiatry*. 2007;46:107-126.
4. Schur S, Sikich L, Findling, et al. Treatment recommendations for the use of antipsychotics for aggressive youth (TRAAAY) Part I: Review. *J Am Acad Child Adolesc Psychiatry*. 2003;2:132-143.
5. Pappadopulos E, MacIntyre J, Crismon L, et al. Treatment recommendations for the use of antipsychotics for aggressive youth (TRAAAY) Part II. *J Am Acad Child Adolesc Psychiatry*. 2003; 42(2): 145-161.
6. Kowatch R, DelBello M. The Use of mood stabilizers and atypical antipsychotics in children and adolescents with bipolar disorder. *CNS Spectrums*. 2003; 8(4): 273-280.
7. McClellan J, Werry J. Practice parameter for the assessment and treatment of children and adolescents with schizophrenia. *J Am Acad Child Adolesc Psychiatry*. 2001;40(7): 4S-23S.
8. Stigler K, Posey D, MacDougle C. Drug therapy algorithms target autism's problem behaviors. *Current Psychiatry*. 2003;2(4): 33-48.
9. Pliszka SR, Greenhill LL, Crismon ML et al. The Texas children's medication algorithm project: report of the Texas consensus conference panel on medication treatment of childhood attention deficit/hyperactivity disorder. Part I. *J Am Acad Child Adolesc Psychiatry*. 2003;39:908-919.