



## Update on the Use of Psychotropic Medications in Children

The October 2014 issue of the *DUR Matters* newsletter addressed the implementation of several changes to the coverage of psychotropic medications. The Nebraska DUR Board has made additional recommendations to assure the proper use of psychotropic medications for Nebraska Medicaid patients. These recommendations were reviewed by a group of Nebraska prescribers with interests in child and adolescent psychiatry and adopted from the *Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care*, September 2013, developed by the Texas Department of Family and Protective Services and the University of Texas at Austin College of Pharmacy. This newsletter offers details about the implementation of the next series of recommendations.

### RECOMMENDATION 4

#### Use of Antidepressants in Young Children

The Nebraska DUR Board recommended that further clinical information would be required for coverage of the use of most antidepressants in patients under 4 years old. Minimum ages for use of other antidepressants are as listed: escitalopram (Lexapro) - 6 years, fluvoxamine (Luvox) - 8 years, paroxetine (Paxil), venlafaxine (Effexor), duloxetine (Cymbalta), desvenlafaxine (Pristiq) and milnacipran (Savella) - 13 years, and levomilnacipran (Fetzima), vortioxetine (Brintellix) - 18 years.

Prescribers requesting use of antidepressants in patients who are under the minimum age are required to complete an *Additional Information for Psychotropic Requests in Children* form. Requests will be forwarded to a Nebraska-Licensed, Board Certified Child and Adolescent Psychiatrist for review and determination of medical necessity. This recommendation was implemented on November 18, 2014.

### RECOMMENDATION 5

#### Use of Mood Stabilizers in Young Children

The DUR Board recommended that further clinical information would be required for coverage of the use of mood stabilizers in patients under 4 years of age who do not have a seizure disorder. The mood stabilizers include: carbamazepine (Tegretol), divalproex sodium (Depakote), lithium (Lithobid), lamotrigine (Lamicatal) or oxcarbazepine (Trileptal). Prescribers requesting use of mood stabilizers in patients who are under 4 years old are required to complete an *Additional Information for Psychotropic Requests in Children* form. Requests will be forwarded to a Nebraska-Licensed, Board Certified Child and Adolescent Psychiatrist for review and determination of medical necessity. This recommendation was implemented on December 10, 2014. These medications will be covered in patients with a *seizure* diagnosis on file without Prior Authorization.

### RECOMMENDATION 6

#### Use of Antipsychotics Above the Literature-Based Limits in Children

The DUR Board recommended that further clinical review would be required for coverage of doses above the literature-based limits for the listed oral antipsychotics in patients under 19 years of age. Prescribers requesting doses above the limits are required to complete an *Additional Information for Psychotropic Requests in Children* form. Requests will be forwarded to a Nebraska-Licensed, Board Certified Child and Adolescent Psychiatrist for review and determination of medical necessity. Claims for doses below the listed maximums are allowed without Prior Authorization.

Table 1 highlights commonly used antipsychotics in children, and their maximum doses. Prescribers who

currently have patients exceeding the dose limits for the antipsychotics have been contacted by mail. For a patient to remain on their current dose, the prescriber must submit an *Additional Information for Psychotropic Requests in Children* form for review by a Nebraska licensed, Board Certified Child and Adolescent Psychiatrist. This recommendation will be implemented on January 27, 2015. Claims will reject for the current dose on January 27, 2015, if the documentation has not been received and approved.

Brand Name	Generic Name	Maximum Daily Dose
Abilify	aripiprazole	<13 years - 15 mg 13 to 18 years - 30 mg
Clozaril	clozapine	<13 years - 300 mg 13 to 18 years - 600 mg
Geodon	ziprasidone	160 mg
Haldol	haloperidol	<13 years - 6 mg 13 to 18 years - 15 mg
Risperdal	risperdone	< 13 years - 3 mg 13 to 18 years - 6 mg
Seroquel	quetiapine	< 10 years - 400 mg 10 to 18 years - 800 mg
Thorazine	chlorpromazine	< 5 years - 40 mg 5 to 12 years - 75 mg > 12 years - 800 mg
Zyprexa	olanzapine	< 13 years - 12.5 mg 13 to 18 years - 20 mg

**RECOMMENDATION 7  
Use of Stimulants Above the Literature-Based Limits in Children**

The DUR Board recommended that further clinical review would be required for coverage of doses above the literature-based limits for stimulants in patients under 19 years of age. Prescribers requesting doses above the limits are required to complete an *Additional Information for Psychotropic Requests in Children* form. Requests will be forwarded to a Nebraska-Licensed, Board Certified Child and Adolescent Psychiatrist for review and determination of medical necessity. Claims for doses below the listed maximums are allowed without Prior Authorization. Table 2 highlights commonly used stimulants in children and their maximum doses. This recommendation is scheduled to be implemented on February 17, 2015.

Brand Name	Generic Name	Maximum Daily Dose
Adderall	amphetamine mixed salts	60 mg
Daytrana	methylphenidate transdermal	30 mg
Dexadrine	dextroamphetamine	60 mg
Focalin	dexmethylphenidate	50 mg
Ritalin or Concerta	methylphenidate	108 mg
Vyvanse	lisdexamfetamine	70 mg

**RECOMMENDATION 8  
Use of Antipsychotics in Young Children**

The DUR Board recommended that further clinical information would be required for coverage of the use of antipsychotics in young patients. Prescribers requesting use of antipsychotics which are not indicated for children, use of risperidone in patients less than 5 years, and use of most other antipsychotics in patients who are less than 6 years old are required to complete an *Additional Information for Psychotropic Requests in Children* form. Requests will be forwarded to a Nebraska-Licensed, Board Certified Child and Adolescent Psychiatrist for review and determination of medical necessity. This recommendation is scheduled to be implemented on March 10, 2015.

The *Additional Information for Psychotropic Requests in Children* form can be found on the Magellan Medicaid Administration website at: <https://nebraska.fhsc.com/> under the Prior Authorization Tab, named "Psychotropics-Children".

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