Update Regarding Psychotropic Medications for Children and Adolescents

Update to Web Announcement 1037: The Nevada Drug Use Review (DUR) Board met on September 3, 2015, and approved the following changes to Medicaid Services Manual (MSM) Chapter 1200 Prescribed Drugs. Due to the complexity of the coding for this change, the implementation date will again be postponed to May 16, 2016, instead of the previous implementation date of May 2, 2016. Two separate prior authorization forms will be available for use: one form will be for 0 to 5 year olds and one form for 6 to 18 year olds.

1. Psychotropic drug classes modified to consist of the following drug classes:
   a. Anti-anxiety Agents
   b. Sedative Hypnotics
   c. Mood Stabilizers (lithium preparations and anticonvulsants for behavioral health indications only)
   d. Antidepressants
   e. Antipsychotics

2. Single therapy for all drug classes:
   a. Removed prior authorization requirement for single therapy for 6 to 18 year olds
   b. Continuation of prior authorization requirement for all classes for 0 to 5 year olds utilizing Food and Drug Administration (FDA) approved indications and/or peer-reviewed literature

3. Poly-Pharmacy for Children ages 0 to 18
   a. New policy for intra-class poly-pharmacy
      i. Prior authorization required for two or more medications within the same class of medications
      ii. 30-day time period allowed for cross tapering
   b. New policy for inter-class poly-pharmacy
      i. Prior authorization required for four or more medications across psychotropic classes
      ii. 30-day time period allowed for cross tapering

4. Continuity of Care
   a. Modified continuity of care language for children 0 to 18 who are discharged from an institutional facility. A 6-month prior authorization will be granted for continuity of discharge medication regimen. The initial prior authorization after discharge must document that the recipient has been discharged from an institution.
   b. For all other recipients, under the age of 18, a 6-month prior authorization will be granted to cover current medication regimens when it is documented that the recipient has been stabilized.