

Criteria for Child Psychiatrist on the Use of Selected Psychotropic Medications in Children & Adolescents



DRUG NAME	INDICATIONS / ACCEPTABLE USES	PRIOR AUTHORIZATION (PA) STATUS	DOSAGE FORMS / DOSING RECOMMENDATIONS	SPECIAL CONSIDERATIONS / SPECIAL HANDLING
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STIMULANT/ADHD DRUGS

<p>Daytrana™ (methylphenidate)</p>	<p>ADHD monotherapy</p> <p>Stimulant use for children < 5 years old requires a child psychiatry assessment.</p> <p>Stimulants not recommended for children <3 years old.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> 347.00; 314, 314.0, 314.00, 314.01, 314.9</p>	<p>Non-Preferred</p> <p>PA Required</p> <p>Approvable when documentation received shows: 1) proven intolerance to oral medications; 2) failure to maintain a response to oral long-acting stimulants.</p>	<p><u>Dosage Forms:</u> <i>Transdermal patch:</i> 10mg, 15mg, 20mg, and 30mg</p> <hr/> <p><u>Dose Recommendations:</u> One patch daily. Maximum recommended dose is 30mg.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Total dose delivered is dependent on the patch size and wear time.</p> <p>Patch should be applied to the hip and must be removed in nine (9) hours.</p>
<p>Metadate CD/ER (methylphenidate) Ritalin LA®</p>	<p>ADHD</p> <p>Stimulant use for children < 5 years old requires a child psychiatry assessment.</p> <p>Stimulants not recommended for children <3 years old.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> 314, 314.0, 314.00, 314.01, 314.9</p>	<p>Non-Preferred</p> <p>PA Required</p> <p>Need trial of at least two (2) classes of preferred long-acting drugs (Concerta®, Focalin® XR, and Adderall XR® are preferred).</p>	<p><u>Dosage Forms:</u> <i>Tablets:</i> 10mg, 20mg</p> <p><i>Capsules:</i> 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</p> <hr/> <p><u>Dose Recommendations:</u> For school-aged children, maximum recommended dose is 60mg/day.</p> <p>Same doses likely to be equally effective in preschoolers and adolescents with this condition.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Do not crush, chew, or divide.</p> <p>Capsule content may be sprinkled on food.</p>

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<p>Strattera® (atomoxetine)</p>	<p>ADHD</p> <p>Not recommended for children < 6 years old.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> 314; 314.0 (ADD), 314.00, 314.01, 314.9; 347.00</p> <hr/> <p>NOTE: According to the American Academy of Child and Adolescent Psychiatry (AACAP), stimulants are first-line therapy for ADHD, but Strattera® may be used as first line for the following indications:</p> <ol style="list-style-type: none"> 1. Intolerable side effects from stimulants; 2. Active substance abuse disorder; 3. Tic disorder, Tourette's disorder; 4. Co-occurring anxiety disorder. 	<p>Preferred</p> <p>No PA or Step Therapy Required</p>	<p><u>Dosage Forms:</u> <i>Capsules:</i> 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</p> <hr/> <p><u>Dose Recommendations:</u> (Maximum dose 1.4-1.8mg/kg) or 100mg capsule, whichever is more appropriate.</p> <p>Dosing may be once or twice daily with total daily dose not to exceed 100mg.</p>	<p><u>Special Considerations:</u> Strattera® used in combination with stimulants is appropriate under the following circumstances:</p> <ul style="list-style-type: none"> • Cross tapering; • When delay in efficacy of Strattera® occurs; • Refractory/hard-to-treat children who have not demonstrated optimal response to monotherapy with high dose stimulants or Strattera® alone. <hr/> <p><u>Special Handling:</u> Do not chew, crush, or sprinkle on food.</p> <p>Closely monitor patients started on therapy for suicidality (suicidal thinking and behavior), clinical worsening, or unusual changes in behavior.</p> <p>Discontinue atomoxetine in patients with jaundice or laboratory evidence of liver injury, and do not restart therapy. Conduct laboratory testing to determine liver enzyme levels upon the first symptom or sign of liver function impairment.</p>
<p>Vyvanse™ (lisdexamfetamine)</p>	<p>ADHD</p> <p>Stimulant use for children < 5 years old requires a child psychiatry assessment.</p> <p>Stimulants not recommended for children <3 years old.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> 314, 314.0, 314.00, 314.01, 314.9</p>	<p>Preferred</p> <p>No PA Required</p>	<p><u>Dosage Forms:</u> <i>Capsules:</i> 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</p> <hr/> <p><u>Dose Recommendations:</u> 30 mg once daily in the morning; maximum recommended dose is 70 mg/day.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Capsules may be taken whole, or the capsule may be opened and the entire contents dissolved in a glass of water.</p> <p>The dose of a single capsule should not be divided.</p>

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ATYPICAL ANTIPSYCHOTICS (ICD-9 CODE MUST BE PLACED ON PRESCRIPTION – SEE APPENDIX 1)

<p>Abilify® (aripiprazole)</p>	<p>Adults schizophrenia, bipolar disorder, adjunctive treatment to antidepressants for major depressive disorder (MDD).</p> <p>Adolescents between 13 and 17 years old with a diagnosis of schizophrenia.</p> <p>Acute treatment of manic and mixed episodes associated with bipolar I disorder, with or without psychotic features, in children 10 to 17 years old.</p> <p>Intramuscular aripiprazole is indicated for the treatment of agitation associated with schizophrenia or bipolar disorder, manic or mixed in adults.</p>	<p>Preferred</p> <p>No PA Required for approved ICD-9 codes listed in Appendix 1</p>	<p><u>Dosage Forms:</u> <i>Tablets:</i> 2mg, 5mg, 10mg, 15mg, 20mg, 30mg <i>Rapid disintegrating tablets:</i> 10mg, 15mg <i>Oral solution:</i> 5mg/5mL can be given on a mg/mg basis in place of the 5mg, 10mg, or 20mg tablet strength. <i>Intramuscular:</i> 9.7mg/1.3ml</p> <p>NOTE: Not all dosage forms are available through Passport Health Plan</p> <hr/> <p><u>Dose Recommendations:</u> 30mg/day maximum recommended dose. (Safety for doses higher than this has not been evaluated in clinical trials.)</p> <p><i>Bipolar Disorder:</i> In pediatric patients, target dose is 10 mg/day with a starting dose of 2 mg/day.</p> <p><i>Schizophrenia:</i> usual dose is 10 to 30mg/day administered daily without regard to meals: 15mg/day demonstrated benefit of maintenance treatment.</p> <p>Dosage increases should not be made before two weeks, the time needed to achieve steady state.</p> <p>Dosage adjustments are not routinely indicated on the basis of age, gender, race, renal or hepatic disease.</p> <p>Dosage adjustments may be needed for persons also taking inhibitors/inducers of cytochrome P450 3A4 & 2D6.</p> <p>Tablet splitting recommended, if applicable.</p> <p>Injectable use is for crisis stabilization only with a trial/failure of Haldol® (IM).</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Do not attempt to split disintegrating tablet.</p> <p>Place entire orally disintegrating tablet on the tongue. Disintegration occurs rapidly in saliva.</p> <p>Switching from other antipsychotics: period of overlapping antipsychotic administration should be minimized.</p>
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<p>Clozapine (brand name: Clozaril®)</p>	<p>Severely ill schizophrenic patients who fail to respond adequately to standard drug treatment for schizophrenia.</p> <p>Adolescents 12 to 17 years old mixed acute mania.</p> <p>Efficacy in children under 12 years old is not established.</p>	<p>Preferred</p> <p>No PA Required for approved ICD-9 codes listed in Appendix 1</p>	<p><u>Dosage Forms:</u> <i>Tablets:</i> 25mg, 50mg, 100mg, 200mg</p> <p><i>Rapid disintegrating tablets:</i> 12.5mg, 25mg, 100mg</p> <p>NOTE: Not all dosage forms are preferred through Passport Health Plan.</p> <hr/> <p><u>Dose Recommendations:</u> <i>Initial treatment:</i> recommended that treatment begin with ½ of 25mg tablet (12.5mg) daily or b.i.d., then be continued with daily dosage increments of 25 – 50mg/day.</p> <p>While many patients may respond adequately at doses between 300 and 600mg/day, it may be necessary to raise the dose to the 600 to 900mg/day range to obtain acceptable response.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Dispensing should be contingent upon the white blood cell (WBC) count and absolute neutrophil count (ANC) test results. Need weekly CBC. Requires a seven-day supply be dispensed.</p> <p>If a patient is eligible for WBC and ANC testing every two weeks, then a two-week supply of Clozapine may be dispensed. If a patient is eligible for WBC count and ANC testing every four weeks, then a four-week supply of Clozapine may be dispensed</p> <p>Initiation: up to a one-week supply of additional Clozapine tablets may be provided to be held for emergencies.</p>
<p>Geodon® (ziprasidone)</p>	<p>Adults schizophrenia, bipolar disorder</p> <p><i>Intramuscular ziprasadone:</i> is indicated for treatment of acute agitation in schizophrenics for rapid control of agitation.</p>	<p>Preferred</p> <p>No PA required for approved ICD-9 codes listed in Appendix 1.</p>	<p><u>Dosage Forms:</u> <i>Capsules:</i> 20mg, 40mg, 60mg, 80 mg</p> <p><i>Intramuscular:</i> 20 mg vial</p> <p>NOTE: Not all dosage forms are available through Passport Health Plan.</p> <hr/> <p><u>Dose Recommendations:</u> Maximum recommended dose is 160mg/day with b.i.d. dosing preferred.</p> <p>Injectable use is for crisis stabilization only with a trial/failure of Haldol® (IM).</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Switching from other antipsychotics: period of overlapping antipsychotic administration should be minimized.</p>

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Invega® (paliperidone)	Schizophrenia in adults	<p>Non-Preferred PA Required</p> <p>Invega® used in the following circumstances will be exempt from PA requirements:</p> <ol style="list-style-type: none"> 1) persons with hepatic impairment; 2) concomitant medications that affect CYP2D6 metabolism. 	<p><u>Dosage Forms:</u> 3mg, 6mg, 9mg tablets</p> <hr/> <p><u>Dose Recommendations:</u> 6 mg once daily, administered in the morning. The maximum recommended dose is 12 mg/day.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Invega® must be swallowed whole with the aid of liquids. Tablets should not be chewed, divided, or crushed. The tablet shell, and insoluble core components are eliminated from the body.</p>

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<p>Risperdal® (risperidone)</p>	<p>The Food and Drug Administration (FDA) approved Risperdal® (risperidone) for the treatment of schizophrenia in adolescents ages 13 to 17 and adults.</p> <p>FDA approved for short-term treatment of manic or mixed episodes of Bipolar I disorder in children and adolescents ages 10 to 17 and adults.</p> <p>Indication in children ages 5 to 16: October 2006 approved for treatment of irritability associated with autistic disorder, including symptoms of aggression towards others, deliberate self-injuriousness, temper tantrums, and quickly changing moods.</p> <p>FDA approved treatment for Bipolar disorder in combination with lithium or valproate in adults.</p> <p>ADHD with conduct disorder.</p>	<p>Preferred (pills & oral solution only)</p> <p>No PA Required for approved ICD-9 codes listed in Appendix 1</p>	<p><u>Dosage Forms:</u> <i>Tablet:</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</p> <p><i>Rapid disintegrating tablet:</i> 0.5mg, 1mg, 2mg</p> <p><i>Solution:</i> 1mg/ml</p> <p><i>Long acting IM:</i> 12.5, 37.5, &50mg/2ml</p> <p>NOTE: Not all dosage forms are available through Passport Health Plan.</p> <p>Oral solution for children <6 years old could be covered. Children >6 years old need special circumstances.</p> <hr/> <p><u>Dose Recommendations:</u> Total daily dose may be administered once daily or half the total daily dose twice daily.</p> <p><i>For schizophrenia:</i> initiate 0.5mg q.d. titrate, as needed, to recommended dose of 3mg/day. No additional benefit was seen above 3mg/day (doses of >6mg/day have not been studied).</p> <p><i>For bipolar mania:</i> initiate 0.5mg q.d. titrate, as needed, to recommended dose of 2.5mg/day. No additional benefit was seen above 2.5mg/day (doses of >6mg/day have not been studied).</p> <p><i>For irritability associated with conduct disorder:</i> dosing should be initiated at 0.25mg/day for patients <20kg and 0.5mg/day for patients ≥20kg. Titrate to the recommended dose of 0.5mg/day for patients <20kg and 1mg/day for patients ≥ 20kg. No dosing data is available for children who weigh less than 15kg.</p> <p>Tablet splitting is recommended, if applicable.</p>	<p><u>Special Considerations:</u> ***If titration is in your treatment protocol: if for seven (7) days, write prescription for seven (7) days at appropriate dose strength (give separate prescriptions) and place "do not fill" date on subsequent prescriptions.</p> <hr/> <p><u>Special Handling:</u> Oral solution is NOT compatible with either cola or tea.</p> <p>If switching from other antipsychotics, period of overlapping antipsychotic administration should be minimized.</p>

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<p>Seroquel/ Seroquel XR® (quetiapine)</p>	<p>Adults over 18 years old – schizophrenia, bipolar disorder</p>	<p>Preferred</p> <p>No PA Required for approved ICD-9 codes listed in Appendix 1</p>	<p><u>Dosage Forms:</u> <i>Tablets:</i> 25mg, 50mg, 100mg, 200mg, 300mg, 400mg <i>Extended release tabs:</i> 200mg, 300mg, 400mg</p> <hr/> <p><u>Dose Recommendations:</u> Maximum recommended dose is 800mg/day. The safety of doses above 800mg/day has not been evaluated in clinical trials. No additional benefit was seen in the 600mg group</p> <p><i>Bipolar disorder and depression</i> – administer daily at bedtime to reach 300mg/day by day 4. Efficacy at both 300mg and 600mg.</p> <p><i>Bipolar disorder and mania</i> – as monotherapy or adjunct therapy (with lithium or divalproex) initiated in b.i.d. doses; the majority of patients responded between 400mg and 800mg/day.</p> <p><i>Schizophrenia</i> (usual dose): initial dose of 25mg given b.i.d. or t.i.d.</p> <p>Seroquel® XR should be administered daily, preferably in the evening. Initial dose is 300mg/day titrated to a dose range of 400-800mg/day.</p> <p><i>TIC disorder</i> – initial dose 25mg/day, mean dose 114.6 ± 51.6mg/day and 175.0 ± 116.8mg/day at the fourth and eight weeks of treatment.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Seroquel® XR tablets should be swallowed whole and not split, crushed, or chewed.</p> <p>It is recommended that Seroquel® XR be taken without food or with a light meal.</p>

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<p>Zyprexa® (olanzapine)</p>	<p>Adult schizophrenia; bipolar disorder.</p> <p>In combination with lithium or valproate for the short-term treatment of acute mixed or manic episodes associated with bipolar I disorder.</p> <p>Olanzapine intramuscular is indicated for the treatment of agitation associated with schizophrenia and bipolar I mania.</p>	<p>Non-Preferred PA Required</p> <p>Adequate trial of two preferred atypicals required for approval.</p>	<p><u>Dosage Forms:</u> <i>Tablets:</i> 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</p> <p><i>Rapid disintegrating tablets:</i> 5mg, 10mg, 15mg, 20mg</p> <p><i>Intramuscular:</i> 10 mg vial</p> <p>NOTE: Not all dosage forms are preferred through Passport Health Plan.</p> <hr/> <p><u>Dose Recommendations:</u> <i>Oral olanzapine:</i> administered daily without regard to meals. The safety of doses above 20mg/day has not been evaluated in clinical trials.</p> <p><i>Intramuscular olanzapine:</i> doses range from 2.5mg to 10mg. Maximal dosing (3 doses of 10mg administered 2-4 hours apart) may be associated with a substantial occurrence of significant orthostatic hypotension.</p> <p>NOTE: Injectable use is for crisis stabilization only with a trial/failure of Haldol® (IM).</p> <p>Tablet splitting recommended, if applicable.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> For Zyprexa® Zydis®, after opening sachet, peel back foil on blister. Do not push tablet through foil. Immediately upon opening the blister, using dry hands, remove tablet and place entire tablet in the mouth. Tablet disintegration occurs rapidly in saliva so it can be easily swallowed with or without liquid.</p>

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MOOD STABILIZERS

<p>Carbamazepine (brand name: Tegretol, Eptol, Tegretol XR, Carbatrol®, Equetro™)</p>	<p>Post traumatic stress disorder (PTSD) in children as adjunctive treatment in children with prominent depressive or panic symptoms.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> 309.81 PTSD as reported in J AACAP 37 (10 suppl) AND Affective Psychoses (includes 296.0, 296.1, 296.2, 296.3, 296.4, 296.5, 296.6, 296.7, and 296.8)</p>	<p>Preferred</p> <p>No PA Required</p> <p>NOTE: Carbatrol® and Equetro™ are non-preferred</p>	<p><u>Dosage Forms:</u> <i>Tablets:</i> 100mg (chewable), 200mg</p> <p><i>Extended release tablets:</i> 100mg, 200mg, 400mg</p> <p><i>Extended release capsules:</i> 100mg, 200mg, 300mg</p> <p><i>Oral suspension:</i> 100mg/5mL</p> <p>NOTE: Not all dosage forms are available through Passport Health Plan.</p> <hr/> <p><u>Dose recommendations:</u> <i>Children <6 years old:</i> 10 to 20 mg/kg/day divided.</p> <p><i>Children 6 to 12 years:</i> 100 mg twice daily initially.</p>	<p><u>Special Considerations:</u> At serum levels of 10.0 – 11.5ug/mL resulted in complete remission of symptoms in 22 out of 25 children with PTSD (Looff et al. 1995).</p> <hr/> <p><u>Special Handling:</u> Drug interactions with Lithium, SSRIs, VPA, sedatives, TCA, lamotrigine, and antipsychotics</p> <p>Consider a pregnancy test for all females of childbearing age.</p>
<p>Depakote® (divalproex sodium)</p> <p>Valproic Acid (brand name: Depakene®)</p>	<p>Bipolar disorder; ODD or CD plus the following criteria: 1) explosive temper; 2) mood lability; 3) symptoms >1 year; 4) impairment in two or more areas of life; 5) not secondary to substance use and not limited to a particular person or place.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> Affective psychoses (includes 296.0, 296.1, 296.2, 296.3, 296.4, 296.5, 296.6, 296.7, and 296.8)</p>	<p>Preferred</p> <p>No PA Required for 500mg tablet</p>	<p><u>Dosage Forms:</u> <i>Tablet:</i> 125mg, 250mg, 500 mg</p> <p><i>Extended release tablet:</i> 250mg, 500mg</p> <p><i>Capsule:</i> 250 mg</p> <p><i>Syrup:</i> 250mg/5ml</p> <p>NOTE: Not all dosage forms are available through Passport Health Plan.</p> <hr/> <p><u>Dose Recommendations:</u> <i>Pediatric dosing:</i> 15mg/kg/day divided by two to three doses.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Therapeutic blood level = 50-120 ug/mL.</p> <p>Check LFT & CBC on a regular basis (6 to 12 months).</p> <p>Consider a pregnancy test for all females of childbearing age.</p>

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<p>Lamictal® (lamotrigine)</p>	<p><i>Bipolar disorder</i> – maintenance treatment of bipolar I disorder to delay the time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in patients treated for acute mood episodes with standard therapy.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> Affective psychoses (includes 296.0, 296.1, 296.2, 296.3, 296.4, 296.5, 296.6, 296.7, and 296.8)</p>	<p>Preferred</p> <p>No PA Required</p>	<p><u>Dosage Forms:</u> <i>Tablet:</i> 25mg, 100mg, 150mg, 200mg scored</p> <p><i>Chewable dispersible:</i> 5mg, 25mg</p> <p>NOTE: Not all dosage forms are available through Passport Health Plan.</p> <hr/> <p><u>Dose Recommendations:</u> 200mg – 400mg/day monotherapy; 100mg/day with valproate.</p> <p>Tablet splitting recommended, if applicable.</p>	<p><u>Special Considerations:</u> None</p> <hr/> <p><u>Special Handling:</u> Consider a pregnancy test for all females of childbearing age.</p>
<p>Lithium (brand name: Eskalith®, Eskalith CR®, Lithane™, Lithobid®, Lithonate, Lithotabs)</p>	<p>Bipolar disorder; juvenile mania and mixed episodes as acute monotherapy and combination therapy in children 12 to 17 year olds.</p> <hr/> <p><u>Applicable ICD-9 Codes:</u> Affective psychoses (includes 296.0, 296.1, 296.2, 296.3, 296.4, 296.5, 296.6, 296.7, and 296.8)</p>	<p>Preferred</p> <p>No PA Required for 300mg capsules or 450mg tablets</p>	<p><u>Dosage Forms:</u> <i>Capsules:</i> 150mg, 300mg, 600mg</p> <p><i>Tablets:</i> 300mg</p> <p><i>Extended release tabs:</i> 300mg, 450mg</p> <p><i>Syrup:</i> 8meq/5ml</p> <p>NOTE: Not all dosage forms are available through Passport Health Plan.</p> <hr/> <p><u>Dose Recommendations:</u> Many patients may respond adequately at doses between 300 – 600mg/day. It may be necessary to raise the dose to 600 – 900mg/day to obtain an acceptable response.</p> <p>Usual pediatric dose is 30mg/kg/day b.i.d.</p>	<p><u>Special Considerations:</u> As adjunct with Clozapine in treatment resistant patients, doses were both approximately 600mg/day.</p> <hr/> <p><u>Special Handling:</u> Therapeutic blood level = 0.6-1.2mEq/L.</p> <p>Follow: BUN/Cr, TSH, calcium, and sodium regularly.</p> <p>Consider a pregnancy test for all females of childbearing age.</p>

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*Generics will be substituted upon availability and must be used first line. Upon entry of generic atypicals, trial of generics must be documented.

****Appendix I.** includes ICD-9 codes for FDA approved indications and other acceptable uses in children & adolescents. The Plan can only process one ICD-9 code per prescription. Prescriptions cannot be processed with multiple ICD-9 codes

Disclaimer: Passport Health Plan recommends following peer-reviewed evidence-based findings and regulatory decisions on appropriate uses in therapy. This pharmacy clinical guideline bulletin is developed by the Plan to assist in administering Plan benefits and constitutes neither offers of coverage nor medical advice. This bulletin contains only a partial, general description of Plan or program benefits and does not include all formulary options for all Plans. The Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Prescribing providers are neither employees nor agents of the Plan or its affiliates. Treating providers are solely responsible for medical advice and treatment of members. This Clinical Policy Bulletin may be updated and therefore is subject to change.