

Request for Prior Authorization- Antidepressants for the pediatric patient

Website Form – www.highmarkhealthoptions.com

Submit request via: Fax - 1-855-476-4158

Client name _____ DOB: _____
Medicaid ID Number: _____ Date of Request: _____
Practitioner Name: _____ NPI: _____
Office Phone Number: _____ Office Fax Number: _____

Many issues and concerns have come to light recently with regard to the use of anti- depressants with individuals under the age of 18. In order to adhere to changes in FDA recommendations, Health Options requires prior authorization for the following products for the pediatric patient under six (6) years of age.

Bupropion (Wellbutrin), Citalopram (Celexa), Fluoxetine (Prozac), Fluvoxamine (Luvox), Mirtazapine (Remeron), Nefazodone (Serzone), Paroxetine (Paxil), Zoloft (Sertraline), Escitalopram (Lexapro), and Venlafaxine (Effexor), Duloxetine (Cymbalta), Desyrel (Trazodone), Tricyclic antidepressants

General Requirements:

- Psychiatric evaluation / therapy with recommendations from psychiatrist or medical provider certified in pediatric mental health
- For all new starts:
 - Major Depressive Disorder – Fluoxetine only
 - Obsessive Compulsive Disorder – Fluoxetine, Fluvoxamine, Sertraline only
- Requests for other medications will require documentation as to failure of FDA recommended product
- Clients currently receiving therapy will continue with documentation from the practitioner of evaluation of behavior with all dosage changes

Authorization

Diagnosis: _____

Current Therapy: _____

Proposed Regimen: _____

Additional Comments: _____

The purpose of this record is for payment purposes. The patient's medical record must substantiate the information provided on this form and compare for consistency. Medicaid reserves the right to request chart records to confirm the information provided above.

Practitioner Signature: _____

Date: _____

ANTIDEPRESSANT USE IN CHILDREN AND ADOLESCENTS

<p>Prescription of these medications should be covered at patient, doctor, and pharmacy level by black box warning, patient brochure, FDA guidelines, and informed consent. Should not require preauthorization for use in children and adolescents (unless DUR chooses to preauthorize all antidepressants for children under five years old). Should <u>not</u> need to “fail” on Prozac to utilize a second consideration medication. Clinically and cost effective. Blocking or restricting access sets stage for under treatment of numerous psychiatric difficulties, drop-off in level of home and school function, and risk of prescribing alternative medication classes and other side effects.</p>	<p>First Consideration: Based on most positive research and FDS approval for childhood depression. Drawbacks may include long half-life, weight gain, 2D6 inhibition, overstimulation, restlessness.</p>	
	Prozac	+/- cognitive/behavioral therapy. Safe, but not necessarily the best medication.
	<p>Second consideration: may be chosen as alternative to first line medication in light of: safety, lower incidence of certain side-effects, shorter half-life, less 2D6 isoenzyme inhibition, and either long history of use in children or proven safety profile in adults. These medications may also have specific benefits or indications as shown below.</p>	
	Lexapro	A “pure” SSRI antidepressant with low incidence of side effects & interactions.
	Celexa	A “pure” SSRI
	Luvox	Already approved for Obsessive/Compulsive Disorder in kids
	Remeron	Long history of use for sleep and to increase appetite in those on stimulants.
	Zoloft	Long history of use for depression, anxiety in kids. Already approved for child & adolescent OCD.
	Wellbutrin	Long history of use (and studies support benefit) as stimulant alternative in AD/HD, an antidepressant for those where excess sedation is a problem, and for nicotine withdrawal. Often used in combination with SSRI for added effect and benefit.
Trazodone	Long history of use as aid to treat depression with marked sleep problems or to aid sleep where other sleep medications are <u>not</u> indicated.	
<p>Use of these medications in children and adolescents <u>should</u> require preauthorization. However, they are not without merit and may have special benefit in otherwise resistant depression, anxiety disorder and Obsessive/Compulsive Disorder in children and adolescents. They may be lifesaving for some children and adolescents.</p>	<p>Third consideration: based on manufacturer recommendation to not prescribe in children. (Important to note, however, that Paxil has documented benefit in childhood anxiety disorders)</p>	
	Paxil	Shown in studies and clinical practice to help broad range of disabling childhood anxiety disorders.
	Effexor	Dual reuptake inhibitor – may help in earlier onset of benefit and help in resistant depression, anxiety disorder.
	Based on higher risk of cardiac side effects of antihistamine or anticholinergic side effects.	
	Tricyclic antidepressant	
	Based on newness on market and <u>no</u> data yet on children.	
	Cymbalta	Dual reuptake inhibitor – may show special benefits where there is somatic pain or marked anxiety features
	Based on rare but higher risk of liver problems	
Serzone		

Note: Antidepressant medications have been shown to be helpful in a wide variety of disorders, also including premenstrual dysphoric disorders, post-traumatic stress disorders, sexual disorders, mood disorders accompanying substance use disorders, selective mutism, body dysmorphic disorders, parasomnias, personality disorders, resistant bipolar depression, attachment disorders, head injury disorders, eating disorders, and other disabling disorders which present in children and adolescents, as well as adults.