

## ALASKA MEDICAID

### **Atypical Antipsychotic Therapeutic Duplication**

Abilify, Clozaril, Fanapt, Geodon, Invega, Latuda, Risperdal, Saphris, Seroquel, Seroquel XR, Symbyax, Zyprexa  
Oral and Injectable

#### **CRITERIA FOR APPROVAL:**

The use of more than one (1) atypical antipsychotic for a recipient of any age, or the use of any atypical antipsychotic in a child less than 5 years of age, will require the prescriber to obtain prior authorization and provide at least the following:

- Documentation of the condition being treated and that the addition of a second atypical antipsychotic is medically necessary.
- Documentation that the initial atypical antipsychotic cannot be discontinued with the addition of the second atypical antipsychotic.
- A treatment plan that includes monitoring for adverse drug reactions, metabolic side effects, and efficacy.
- Medication profile history showing at least 2 weeks of single-drug therapy at an adequate dose of the medication and progress notes.

#### **LENGTH OF APPROVAL:**

Initial approval may be obtained for up to 3 months.

Renewals can be obtained for up to 1 year following the initial 3 month approval with documentation of monitoring for adverse drug reactions, metabolic side effects, and documentation of improved efficacy of the combination therapy.