



Adult Safety with Antipsychotic Prescribing (ASAP) Program

North Carolina Medicaid will re-initiate a prior authorization policy, *Off Label Antipsychotic Safety Monitoring in Beneficiaries 18 and Older*, for the off label prescribing of antipsychotic agents for beneficiaries age 18 and older. The program will relaunch June 5, 2015 and will include Medicaid eligible adults (age ≥ 18) on atypical (second generation) antipsychotic agents prescribed for an indication that is not approved by the federal Food and Drug Administration.

Patients with any of the following diagnoses are exempt from the requirements of the policy:

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|------------------------------|---|
| a) Schizophrenia | g) Psychotic disorder NOS |
| b) Schizophreniform disorder | h) Bipolar disorder |
| c) Schizoaffective disorder | i) MDD with psychosis |
| d) Delusional disorder | j) Tourette syndrome |
| e) Brief psychotic disorder | k) Treatment resistant depression
(adjunctive treatment) |
| f) Shared psychotic disorder | l) Other psychosis |

What will I need to do if I prescribe an atypical antipsychotic for an adult patient enrolled in the Medicaid program?

To authorize the exemption for the above indications, the prescriber must write in his or her own handwriting "meets PA criteria" on the face of each new or renewal atypical antipsychotic prescription or in the comment block on e-prescriptions. The authorization period is equivalent to the length of the prescription. **NCTracks ASAP PA request documentation is not required in this scenario.** Note: The exemption applies to **all** antipsychotic medications prescribed to a given patient for the treatment of the above listed indications.

How do I obtain prior authorization for non-exempt indications?

Alternatively, prior authorization for non-exempt diagnoses/symptoms (e.g., anxiety, insomnia, monotherapy for depression) may be obtained by two other methods: 1) going to the NCTracks Provider Portal and completing the ASAP PA request information online or 2) calling CSC at 866-246-8505 to obtain authorization over the phone. Providers must be enrolled in Medicaid and NCTracks to use option one and be Medicaid enrolled and have an NPI number to use option 2. For these two options, provision of the following information will gain prior authorization for a 12 month period:

- Atypical antipsychotic and total daily dosage
 - Primary psychiatric diagnosis
 - Primary target symptom for the use of the antipsychotic medication
 - The patient has been informed regarding the potential for metabolic and neurologic adverse effects with these agents.

Two pharmacy overrides per recipient are available per rolling 365 calendar days in case prior authorization has not yet been obtained. If a third override is attempted, the pharmacist will be alerted that the overrides are exhausted. In this event, the prescriber will be notified by the pharmacy that they must provide requested documentation for the patient in order for successful claims processing to result.

Where can additional information about the ASAP program be obtained?

For additional information, providers may consult the April NC Medicaid Special Bulletin at http://www.ncdhhs.gov/dma/bulletin/pdfbulletin/0415_SPECIAL_BULLETIN_PDL_AKids-v4-21-15.pdf or call CSC at 866-246-8505.