

INTERIM INSTRUCTION NOTICE #14-004

November 19, 2014

SUBJECT: Treatment Authorization Request (TAR) Restriction on Antipsychotic Medication for the 0-17 Population

DISTRIBUTION: All Department of Behavioral Health (DBH) Physicians and Contract Agency Psychiatrists

OBSOLETE: Upon completion of related policy and/or procedure

Effective Date October 1, 2014

From DBH Medical Services, Children Services and Quality Management programs

Introduction The California Department of Health Care Services (DHCS) has implemented a new restriction on antipsychotic medications prescribed for beneficiaries under 18 years of age.

Background DHCS issued a Medi-Cal NewsFlash advising that effective October 1, 2014, a Treatment Authorization Request (TAR) is required by pharmacies for antipsychotic medication use in beneficiaries under 18 years of age. In order for pharmacies to complete the TAR, DHCS is requiring prescribers provide limited information, including, but not limited to the following:

- Psychiatric diagnosis;
- Indication that patient was recently released from the hospital, if applicable; and
- Other brief information to justify use of antipsychotic medication(s).

The goal is to provide required information so the TAR can be completed and ultimately approved in order to maintain client continuity of care.

Affected Providers This Interim Instruction Notice (IIN) applies to the following providers within the Mental Health Plan (MHP):

- DBH Psychiatrists and Physicians;
- Contract Agency Psychiatrists and Physicians;
- Fee For Service Psychiatrists;
- Fee For Service Hospital Psychiatrists; and
- Arrowhead Regional Medical Center Psychiatrists.

Continued on next page

INTERIM INSTRUCTION NOTICE #14-004, Continued

Interim Procedure In order to meet DHCS requirements that prescribers provide pharmacies with necessary information to complete a TAR, Psychiatrists and Physicians within the MHP prescribing antipsychotic medications to beneficiaries under 18 years of age shall complete the following actions:

- Complete the [Prior Authorization Request for Antipsychotics Prescriptions](#) form;
 - In the header section of the form, physicians and psychiatrists shall enter the following information in the Provider for section:
 - DBH providers please insert clinic name
 - DBH contract agency psychiatrists please insert name of agency to which you are employed or contracted
- Fax form to the applicable pharmacy; and
- Fax form to DBH Medical Services at 909-890-0435.

Important Note: If pharmacies request prescribing providers provide notes of the service(s) rendered to the client, the prescriber shall not provide as that level of detail is not necessary to complete a TAR.

Follow Up Should difficulty arise in the procedure outlined in this IIN that results in, but is not limited to, the following issues:

- Pharmacy needing more information to complete TAR; and/or
- Parent/guardian advising the prescription could not be filled,

The staff addressing the issue shall complete the [TAR Follow Up Form](#) and fax to DBH Medical Services at 909-890-0435.

Questions Questions regarding this Information Notice should be directed to DBH Medical Services at 909-388-0822.

References [Antipsychotics Letter](#), dated 10/10/14
CA Code of Regulations, Title 22, Sections 51003 and 51476
[Code 1 Drugs Restriction – Medi-Cal Provider Manual](#), dated
September 2010
[FAQs TAR Restriction on Antipsychotic Medications for the 0-17 Population](#), dated 11/12/14
