COMMUNITY BASED SERVICES

South Carolina CBS Medical Necessity Criteria

Contents

Crisis Management (CM)

I. Definition of Services

The clinician must assist the member in identifying the precipitating event, in identifying personal and/or community resources that he or she can rely on to cope with this crisis, and in developing specific strategies to be used to mitigate this crisis and prevent similar incidents.

A crisis can be defined as an event that places a member in a situation that was not planned or expected. Sometimes, these unexpected events can hinder the member's capacity to function. Clinical professionals should provide an objective frame of reference within which to consider the crisis, discuss possible alternatives, and promote healthy functioning. All activities must occur within the context of a potential or actual psychiatric crisis.

Crisis Management (CM) should therefore be immediate methods of intervention that can include stabilization of the person in crisis, counseling and advocacy, and information and referral, depending on the assessed needs of the individual.

A. Intervention services provided face-to-face require immediate response by a clinical professional and include:

   1. A preliminary evaluation of the member's specific crisis
   2. Intervention and stabilization of the member
   3. Reduction of the immediate personal distress experienced by the member

B. Telephonic interventions provided either to the member or on behalf of the member to prevent a negative outcome include:

   1. Guidance to the caller on behalf of the member on how to reduce or deescalate the problem
   2. Guidance to the member on how to reduce or deescalate the problem
   3. Providing emergency information

All services will require a follow up to the intervention to include:

1. Development of an action plan that reduces the chance of future crises through the implementation of preventative strategies
2. Referrals to appropriate resources
3. Follow up with each member within 24 hours, when appropriate

An evaluation of the member should be conducted promptly to identify presenting concerns, issues since last stabilization (when applicable), current living situation, availability of supports, potential risk for harm to self or others, current medications and medication compliance, current use of alcohol or drugs, medical conditions, and history of previous crises including response and results (when applicable).

Individuals in crisis who require this service may be using substances during the crisis. Substance use should be recognized and addressed in an integrated fashion, as it may add

to risk, increasing the need for engagement in care. This coordination must be documented in the individual's Plan of Care (POC).

II. Intensity Guidelines

A. Severity of the functional impairment
B. Appropriate intensity of services
C. Least restrictive or intrusive services

III. Admission Criteria

Beneficiaries who are experiencing seriously acute psychiatric symptoms, alcohol /drug abuse or psychological/emotional changes that result in increased personal distress and who would, without intervention, be at risk for a higher level of care, such as hospitalization or other out-of-home placement.

Beneficiaries in crisis may be represented by a family member or other individuals who have extensive knowledge of the member's capabilities and functioning.

IV. Continued Stay Criteria

This service may be utilized at various points in the member's course of treatment and recovery, however, each intervention is intended to be a discrete, time-limited service that stabilizes the member and moves him or her to the appropriate level of care.

V. Discharge Criteria

Criterion A or B must be met to satisfy criteria for discharge.

A. The member no longer meets continued stay guidelines.

B. The crisis situation is resolved, and an adequate continuing care plan has been established.

S9482: Family Support

I. Description of Services

Family Support (FS) is a medical supportive service with the primary purpose of treatment of the member's condition. The intent of this service is face-to-face contact, but services may also include telephonic contact with the identified member and collateral contact with persons who assist the member in meeting their goal as specified in the Individual Plan of Care. The documentation must support the circumstances that warrant services provided by telephone. FS is the process of family participation with the service provider in the treatment process of the Medicaid member. FS should result in an intervention that changes or modifies the structure, dynamics and interactions that act on the member's emotions and behavior.

FS does not treat the family or family members other than the identified member. FS is not for the purpose of history taking or coordination of care. This service includes the following discrete services when they are relevant to the goal in the Individual Plan of Care: providing guidance to the family or caregiver on navigating systems that support individuals with behavioral health needs, such as behavioral health advocacy groups and support networks; fostering empowerment of the family or caregiver by offering supportive guidance for families with behavioral health needs and encouraging participation in peer or parent support and self-help groups; and modeling these skills for parents, guardians, or caregivers. Family Support does not include respite care or child care services.

Instruction will be provided to the family or caregiver for the purpose of enabling the family or caregiver to better understand and care for the needs of the member and participate in the treatment process by coaching and redirecting activities that support therapy interventions.

Services may only be provided to the family or caregiver and directed exclusively to the effective treatment of the member.

This service is intended to:

A. Equip families with coping skills to counteract the stress of dealing with the member's behavioral health needs
B. Alleviate the burden of stigma that families carry
C. Teach families to deal with the crisis and to coordinate effectively with the service provider
D. Reduce family's isolation by connecting them with behavioral health advocacy and support networks
E. Teach families to advocate effectively for their relatives
F. Provide families with knowledge and skills necessary to allow them to be an integral and active part of the member's treatment team

II. Intensity Guidelines

A. Severity of the functional impairment
B. Appropriate intensity of services
C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A or criteria B and C must be met to satisfy admission criteria.

A. Members must present with severe oppositional behaviors that impair their level of functioning in primary aspects of daily living, such as: personal relations, living arrangements, work, school, and recreation.

B. Members who present with risk potential to self or others.

C. The member's assessment indicates needs that may be supported by this service.

Criteria A and B must be met to satisfy continued stay criteria.

Continued Stay Criteria

A. Progress notes document progress relative to goals identified in the treatment plan.

B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

Criterion A, B, C, D, E or F must be met to satisfy discharge criteria.

Discharge Criteria

A. An adequate continuing care plan has been established.

B. Goals of the treatment plan have been substantially met.

C. Member/family requests discharge and member is not in imminent danger of harm to self or others.

D. Transfer to another service is warranted by change in member's condition.

E. Member requires more intensive services.

H0038: Peer Support Services

I. Description of Services

The purpose of this service is to allow Medicaid beneficiaries over the age of eighteen (18) with similar life experiences to share their understanding with other beneficiaries to assist in their recovery from mental illness and/or substance use disorders. The peer support specialist gives advice and guidance, provides insight, shares information on services and empowers the member to make healthy decisions. The unique relationship between the peer support specialist and the member fosters understanding and trust in beneficiaries who otherwise would be alienated from treatment. The member's Plan of Care determines the focus of Peer Support Services (PSS).

This service is person centered with a recovery focus and allows beneficiaries the opportunity to direct their own recovery and advocacy process. The service promotes skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills. The peer support specialist will utilize their own experience and training to assist the member in understanding how to manage their illness in their daily lives by helping them to identify key resources, listening, and encouraging beneficiaries to cope with barriers and work towards their goals. The peer support specialist will also provide ongoing support to keep beneficiaries engaged in proactive and continual follow up treatment.

The peer support specialist actively engages the member to lead and direct the design of the Plan of Care and empowers the member to achieve their specific individualized goals. Beneficiaries are empowered to make changes to enhance their lives and make decisions about the activities and services they receive. The peer support specialist guides the member through self-help and self-improvement activities that cultivate the member's ability to make informed independent choices and facilitates specific, realistic activities that lead to increased self-worth and improved self-concepts.

Peer Support Services are multi-faceted and emphasize the following:

1. Personal safety
2. Self-worth
3. Introspection
4. Choice
5. Confidence
6. Growth
7. Connection
8. Boundary setting
9. Planning
10. Self-advocacy
11. Personal fulfillment
12. The Helper Principle
13. Crisis management
14. Education
15. Meaningful activity and work
16. Effective communication skills

Due to the high prevalence of beneficiaries with mental health illness and/or substance use disorders and the value of peer support in promoting dual recovery, identifying individuals with co-occurring disorders who require a dual treatment is a priority.

The availability of services is a vital part of PSS to reinforce and enhance the member's ability to cope and function in the community and develop natural supports. Services must be rendered face-to-face. The member must be willing to participate in the service delivery. Services are structured or planned one-to-one or group activities that promote socialization, recovery, self-advocacy, and preservation.

PSS must be coordinated within the context of a comprehensive, individualized POC that includes specific individualized goals. Providers should use a person-centered planning process to help promote member ownership of the POC.

Such methods actively engage and empower the member, and individuals selected by the member, in leading and directing the design of the service plan and, thereby, ensuring that the plan reflects the needs and preferences of the member in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

Service interventions include the following:

1. Self-help activities that cultivate the member's ability to make informed and independent choices. Activities help the member develop a network for information and support from others who have been through similar experiences.
2. Self-improvement includes planning and facilitating specific, realistic activities that lead to increased self-worth and improved self-concepts.
3. Assistance with substance use reduction or elimination provides support for self-help, self-improvement, skill development, and social networking to promote healthy choices, decisions, and skills regarding substance use disorders or mental illness and recovery.
4. System advocacy assists beneficiaries in making telephone calls and composing letters about issues related to substance use disorders, mental illness or recovery.
5. How to recognize the early signs of a relapse.
6. How to request help to prevent a crisis.
7. How to use a crisis plan.
8. How to use less restrictive hospital alternatives.
9. How to divert from using the emergency room.

II. Intensity Guidelines

A. Severity of the functional impairment
B. Appropriate intensity of services
C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A and either B, C, D, E or F must be met to satisfy admission criteria.

A. Member must have a primary substance use issue.

B. Member requires and will benefit from support of peer professionals for the acquisition of skills needed to manage symptoms and utilize community resources.

C. Member may need assistance to develop self-advocacy skills to achieve decreased dependency on the mental health system.

D. Member may need assistance and support to prepare for a successful work experience.

E. Member may need peer modeling to take increased responsibility for his or her own recovery.

F. Member may need peer supports to develop or maintain daily living skills.

IV. Continued Stay Criteria

Criteria A and B must be met to satisfy continued stay criteria.

A. Member continues to meet admission criteria.

B. Progress notes document progress relative to goals identified in the member's treatment plan, but treatment/recovery goals have not yet been achieved.

V. Discharge Criteria

Criterion A, B, C, or D must be met to satisfy discharge criteria.

A. An adequate continuing care plan has been established.

B. Goals of the treatment plan have been substantially met.

C. Member/family requests discharge.

D. Transfer to another service/level is more clinically appropriate.

VI. Clinical Exclusions

Criterion A or B must be met to preclude eligibility for the service.

A. Members diagnosed with a substance-related disorder and no other concurrent mental illness

B. Members with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: an intellectual disability, autism, organic mental disorder, or traumatic brain injury.

Rehabilitative Psychosocial Services (RPS)

I. Description of Services

RPS is designed to improve the quality of life for beneficiaries by assisting them to assume responsibility over their lives, strengthen skills, and develop environmental supports necessary to enable them to function as actively and independently in the community as possible. RPS should be provided in a supportive community environment. Each member should be offered RPS in a manner that maximizes the member's responsibility, control, and feelings of self-worth, and encourages ownership in the rehabilitation process.

The goals of RPS are to:

1. Effectively manage the illness; reduce problem areas that prevent successful independent living; and develop or increase basic life skills that contribute to successful independent living

RPS includes services provided individually or in small groups based on the assessed needs and level of functioning of the member and includes activities that foster growth in the following areas:

1. Basic Living Skills Development: Coaching and encouraging the member to participate in activities that enhance their basic living skills
2. Interpersonal Skills Training: Directing and promoting the member's self-management, socialization, communication skills, and cognitive functioning
3. Therapeutic Socialization: Teaching the member the necessary skills to appropriately perform activities that sustain independence
4. Consumer Empowerment: Promoting and enhancing the member's development of basic decision-making and problem-solving skills

RPS activities that are directed to promote recovery, restore skills, and develop adaptive behaviors may include the following:

1. Promoting the understanding and the practice of healthy living habits
2. Promoting the enhancement of self-care, personal hygiene, selection of nutritional food, and appropriate eating habits
3. Assisting with maintaining adequate relationships with others
4. Promoting the expression of his or her needs, feelings, and thoughts in a supportive and safe environment
5. Promoting the safe use of community resources
6. Assisting with issues of personal safety
7. Promoting hope through understanding of his or her illness, its effect on his or her life, social adaptation, and alternatives to improve quality of life
8. Assisting to restore basic functional abilities he or she may have lost because of the illness
9. Assisting to develop abilities to maintain his or her personal belongings and living space
10. Identifying and managing symptoms, attitudes, and behaviors that interfere with seeking a job or obtaining an education

11. Improving concentration and attention, problem-solving skills, ethics development, and time management
12. Directing interventions to identify and reduce stressors, develop coping skills and prevent de-compensation
13. Enabling to verbalize thoughts, feelings, and ideas in a supportive environment
14. Helping to reduce distraction or preoccupation with disturbing thoughts and withdrawal

III. Intensity Guidelines

A. Severity of the functional impairment
B. Appropriate intensity of services
C. Least restrictive or intrusive services necessary

III. Admission Criteria

A. The member must have:
   1. A primary substance use disorder; or
   2. A mental health diagnosis with documented risk of developing problems with alcohol or illicit drug use, excluding nicotine; or
   3. A mental health diagnosis with documentation that indicates that current symptoms, behaviors, and functioning issues are caused or exacerbated by substance use in the member's immediate living environment.

IV. Continued Stay Criteria

Criteria A through C must be met to satisfy criteria for continued stay.

A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

B. The member's treatment goals have not been met and this continued service is resulting in demonstrated improvement in the member's functioning.

C. The member is making adequate progress toward treatment goals as evidenced by a lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement.

V. Discharge Criteria

Criterion A or B must be met to satisfy criteria for discharge.

A. The member no longer meets continued stay criteria and has reached baseline level of functioning.

B. The severity of illness requires a higher level of care.

Individual Plan of Care (IPOC)

I. Description of Services

Prior to the development of the IPOC, the assessment, evaluations, and screening must be completed to identify problems and needs, develop goals and objectives, determine appropriate Rehabilitative Behavioral Health Services, and determine methods of intervention that should be completed.

1. **Meetings:** The planning process may include one or more meetings initiated by the support staff/case manager, individual, family and/or the legally responsible party. All others identified by the individual/family/legally responsible party are invited to attend or to participate as they are able.
2. **Discussions:** Discussions in the meetings include information about life goals and aspirations and the services, treatment and supports/interventions needed to accomplish them.
3. **Decisions:** The individual/family/legally responsible party and professionals determine together which services and supports, including natural supports and community resources and treatments, can best meet the person's identified needs. This includes the amount and duration necessary to achieve the outcomes.
4. **Plan:** Since the IPOC is the umbrella under which all planning for support and treatment occurs, all facets of treatment and supports provided must be documented within it. All resources, including natural and community, must be included in the plan.

    A. When agreed upon by the planning participants, supports/interventions are developed to meet each separate goal and included in the IPOC.

    B. When goals are not part of the initial plan, they may be added when medically necessary and appropriate as an update or addendum to the plan.

    C. When the IPOC is developed, it is recommended that all providers coordinate care.

The IPOC should reflect the degree of information available/known at any given time. The IPOC utilizes and incorporates information gathered during the screening and assessment process. An assessment of the member to identify problems and needs, develop goals and objectives and determine appropriate Rehabilitative Behavioral Health Services and methods of interventions should be completed to develop the IPOC.

I. Intensity Guidelines

A. Severity of the functional impairment
B. Appropriate intensity of services
C. Least restrictive or intrusive services necessary

II. Admission Criteria

A. All Medicaid-eligible beneficiaries with a substance abuse or dependence diagnosis are eligible for this service.

III. Continued Stay Criteria

Criteria A and B must be met to satisfy continued stay criteria.

A. Admission guidelines continue to be met.

B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

IV. Discharge Criteria

A. An adequate continuing care plan has been established.

H0034: Medication Training (MT)

I. Description of Services

Education is focused on topics such as possible side effects of medications, possible drug interactions, and the importance of compliance with medication. Medication training encompasses those processes through which medicines are selected, procured, delivered, prescribed, administered, and reviewed to optimize the contribution that medicines make to producing informed and desired outcomes of the member's care.

MT includes one or more of the following services:

A. Management, which involves prescribing and then reviewing medications for their side effects

B. Monitoring, which involves observing and encouraging people to take their medications as prescribed (frequently used with people with a poor compliance history)

C. Administration, which is the actual giving of an oral or injectable medication by a licensed professional

D. Training, which educates beneficiaries and their families on how to follow the medication regime and the importance of doing so

MT is provided to do any or all of the following:

A. Assess the need for beneficiaries to see the physician.

B. Determine the overt physiological effects related to any medication(s).

C. Determine psychological effects of medications.

D. Monitor beneficiaries' compliance to prescription directions.

E. Educate beneficiaries as to the dosage, type, benefits, actions, and potential adverse effects of the prescribed medications.

F. Educate beneficiaries about psychiatric medications and substance abuse in accordance with nationally accepted practice guidelines.

G. Attempt to obtain necessary information regarding the member's health status and use of medications during assessment.

MT interventions may include the following:

1. Monitoring and evaluating the member's response to medication(s).

2. Performing a medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.

3. Documenting the care delivered and communicating essential information to the member and/or other service providers, if appropriate. When the service is provided to children, the service should include communication and coordination with the family and/or legal guardian.

4. Providing verbal education and training designed to enhance the member understanding and appropriate use of the medications.

5. Providing information, support services and resources designed to enhance member's adherence to medication regiment.

6. Coordinating and integrating MT services within the broader healthcare management services being provided to the member.

II. Intensity Guidelines

A. Severity of the functional impairment

B. Appropriate intensity of services

C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A, B and C must be met to satisfy admission criteria.

A. The member has received an assessment or evaluation that includes a current DSM diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for Medication Training.

B. The member presents with symptoms that are likely to respond to pharmacological interventions.

C. The member has been prescribed medications as a part of the treatment array.

IV. Continued Stay Criteria

Criteria A and B must be met to satisfy continued stay criteria.

A. Admission guidelines continue to be met.

B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

V. Discharge Criteria

Criterion A, B, or C must be met to satisfy criteria for discharge.

A. The medication is no longer needed.

B. The member is able to self-administer, administer or supervise self-administration of medication.

C. An adequate continuing care plan has been established.

Non-Self-Administered Long-Acting Antipsychotic Injectable Medication

Medical Necessity Criteria (MNC)

Medical Necessity Criteria for Risperdal Consta

The request will be authorized if the enrollee meets **Criterion A.** If not, then the following criteria must be met: **Criteria set B-E, and H** (for stable enrollees continuing on this injectable) or **Criteria set B-G, and I** (for enrollees receiving this injectable for the first time).

- **A.** Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): _____
- **B.** Enrollee is at least 18 years of age.
- **C.** The medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS).
- **D.** Enrollee has been diagnosed with one of the disorders listed in the current DSM under "Schizophrenia and other Psychotic Disorders," or is being treated for Bipolar Disorder with a history of medication noncompliance.
- **E.** If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.
- **F.** Enrollee had a documented response to Risperdal, but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).
- **G.** Dosage planned is 50 mg **or less** Q2 weeks.
- **H.** For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Risperdal Consta by another provider, and was stable on the medication when he or she began receiving services from the most recent provider. The current request includes the information about the previous provider if available.
- **I.** For new requests, where the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.

Medical Necessity Criteria for Invega Sustenna

The request will be authorized if the enrollee meets **Criterion A alone.** If not, then the following criteria must be met: **Criteria set B-E, and H** (for stable enrollees continuing on this injectable) or **Criteria set B-G, and I** (for enrollees receiving this injectable for the first time).

- **A.** Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): _____
- **B.** Enrollee is at least 18 years of age.
- **C.** This medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS).
- **D.** Enrollee has been diagnosed with one of the disorders listed in the current DSM under "Schizophrenia and other Psychotic Disorders," or is being treated for Bipolar Disorder with a history of medication noncompliance.
- **E.** If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.
- **F.** The enrollee has had a prior unsuccessful trial of Risperdal Consta. Or, the enrollee has had a prior unsuccessful trial of oral Risperdal, making it inappropriate to attempt Risperdal Consta. The provider indicates whether it is clinically contraindicated for this enrollee due to hypersensitivity, adverse effects, clinical contraindications, or ineffective/sub-optimal response to maximized dosing.
- **G.** Enrollee had a documented response to Invega, but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).
- **H.** For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Invega Sustenna by another provider, and was stable on the medication when he or she began receiving services from the most recent provider. The current request includes the information about the previous provider if available.
- **I.** For new requests, where the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.

Medical Necessity Criteria for Zyprexa Relprevv

The request will be authorized if it meets **Criterion A.** If not, then the following criteria must be met: **Criteria set B-E, H, J, and K** (for stable enrollees continuing on this injectable) or **Criteria set B-G and I-K** (for enrollees receiving this injectable for the first time).

- **A.** Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): _____
- **B.** Enrollee is at least 18 years of age.
- **C.** This medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS).
- **D.** Enrollee has been diagnosed with one of the disorders listed in the current DSM under "Schizophrenia and other Psychotic Disorders," or is being treated for Bipolar Disorder with a history of medication noncompliance.
- **E.** If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.
- **F.** The enrollee has had a prior unsuccessful trial of Risperdal Consta. Or, the enrollee has had a prior unsuccessful trial of oral Risperdal, making it inappropriate to attempt Risperdal Consta. The provider indicates whether it is clinically contraindicated for this enrollee due to hypersensitivity, adverse effects, clinical contraindications, or ineffective/sub-optimal response to maximized dosing.
- **G.** Enrollee had a documented response to Zyprexa, but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).
- **H.** For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Zyprexa Relprevv by another provider, and was stable on the medication when he or she began receiving services from the most recent provider. The current request includes the information about the previous provider if available.
- **I.** For new requests in which the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.
- **J.** Enrollees who receive Zyprexa Relprevv are at risk for severe sedation (including coma) and/or delirium after each injection (Post-Injection Delirium/Sedation Syndrome), and must be observed for at least three hours in a registered facility with ready access to emergency response services. The prescriber has described how these requirements will be met.
- **K.** Provider has identified which one of three possible medication regimens will be used for this enrollee:
    1. Oral dose 10 mg/day: 210 IM every two weeks, OR 405 mg IM every four weeks, for the first eight weeks, then 150 mg every two weeks or 300 mg every four weeks
    2. Oral dose 15 mg/day: 300 mg IM every two weeks for the first eight weeks, then 210 mg every two weeks or 405 mg every four weeks
    3. Oral dose 20 mg/day: 300 mg IM every two weeks for the first eight weeks; continue with 300 mg every two weeks thereafter

Medical Necessity Criteria for Abilify Maintena (J3490)

The request will be authorized if the enrollee meets **Criterion A alone.** If not, then the following criteria must be met: **Criteria set B-E, and H** (for stable enrollees continuing on this injectable) or **Criteria set B-G, and I** (for enrollees receiving this injectable for the first time).

A. Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): _____

B. Enrollee is at least 18 years of age.

C. This medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS).

D. Enrollee has been diagnosed with one of the disorders listed in the current DSM under "Schizophrenia and other Psychotic Disorders," or is being treated for Bipolar Disorder with a history of medication noncompliance.

E. If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.

F. The enrollee has had a prior unsuccessful trial of Risperdal Consta. Or, the enrollee has had a prior unsuccessful trial of oral Risperdal, making it inappropriate to attempt Risperdal Consta. The provider indicates whether it is clinically contraindicated for this enrollee due to hypersensitivity, adverse effects, clinical contraindications, or ineffective/sub-optimal response to maximized dosing.

G. Enrollee had a documented response to Abilify but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).

H. For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Abilify Maintena by another provider, and was stable on the medication when he or she began receiving services from the most recent provider. The current request includes the information about the previous provider if available.

I. For new requests where the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.