

**Frequently Asked Questions (FAQs)  
Treatment Authorization Request (TAR) Restriction on Antipsychotic  
Medications for the 0-17 Population**

**Update January 22, 2015**

**Prescriber FAQs**

**1. What information is needed for a pharmacy to submit a TAR?**

Provide the pharmacist with at least the following information:

- ICD/DSM diagnosis code(s)
- Recent discharge from hospital or juvenile justice center (if applicable)

Other brief details about the justification can also be included and will reduce the number of phone calls with the pharmacy. This information can be submitted in the comment sections of the e-Rx, on the handwritten Rx, or provided orally when calling in the prescription. A copy of the JV-220 can be submitted in lieu of medical justification.

**2. The pharmacy is telling me that a TAR is needed for all antipsychotic medications prescribed outside of FDA approved indications for all age groups. Is this a new requirement? What information is needed on the TAR?**

The TAR requirement implemented on October 1, 2014 did not impact medications prescribed outside of FDA approved indications (“off label”). The requirement for a TAR, prior to dispensing any medication for off label use, has always been in effect and remains unchanged. This requirement is not specific to antipsychotic medications but rather applies to all drugs regardless of therapeutic class.

In addition to the information necessary on all TARs for purposes of establishing medical necessity, the “off-label TAR” must include information documenting that the unlabeled use of the medication requested represents reasonable and current prescribing practices.

Title 22 of the California Code of Regulations section 51313 provides that the criteria for reasonable and current prescribing practices shall be based on:

- a. Reference to current medical literature.
- b. Consultation with provider organizations, academic and professional specialists.

- 3. As an inpatient psychiatrist, I am planning to prescribe an antipsychotic for a child to continue using after leaving the hospital. How can I ensure the child will receive the antipsychotic medication after discharge?**

Send the prescription to the outpatient pharmacy BEFORE the child leaves the hospital. This will allow time for the TAR to be processed. Make sure the pharmacy indicates on the TAR the ICD/DSM code and that the child is being released from the hospital.

- 4. When I start a new antipsychotic, I start with a low dose and adjust to patient response. Can all dosages be consolidated in one single TAR so separate TARs do not have to be submitted for each dose?**

Yes, please include all anticipated doses on the TAR request plus any range in quantity for each strength tablet.

- 5. Who will be reviewing the TAR and making a decision on the approval?**

TAR requests will be reviewed by pharmacists working in Medi-Cal Field Offices. These pharmacists have been specially trained by board certified psychiatric pharmacists to review these antipsychotic TARs.

- 6. What medication monitoring information will be requested on a TAR?**

Providers will be asked on an annual basis to confirm that basic metabolic and movement disorder monitoring is being done. Specific laboratory or rating scale results will not be routinely requested.

- 7. Whom do I call if there is a delay or question on a TAR?**

The TAR field office can be called directly with questions or concerns.

Pharmacy TAR Office: (800) 572-9315 (select #7).

You can expedite the call by having the TAR number on hand. The TAR number can be obtained directly from the pharmacy.

## **Pharmacist FAQs**

- 1. Whom do I contact for technical assistance with submitting an eTAR?**

Call the eTAR help desk: (800) 541-5555 (select #1 for English, #1, #4, #2, #1).

- 2. What is the process for filling a 72 hours emergency supply for a Medi-Cal beneficiary?**

The pharmacy can manually bill a 72 hour emergency supply of antipsychotic medications while the TAR for the full amount is pending. This is particularly important to consider when the prescription comes in on weekends, the pharmacy is unable to reach a provider in order to obtain information necessary to submit a TAR, or for any other reason for which a TAR approval might be delayed.

The pharmacy receives guaranteed reimbursement for all emergency fills by completing Medi-Cal Pharmacy Claim Form (30-1). Emergency claims require documentation of the nature of the emergency situation. This can be in the form of an Emergency Certification Statement. The Emergency Certification Statement must be attached to the claim and include:

- a. The nature of the emergency, including relevant clinical information about the patient's condition.
- b. Why the emergency services rendered were considered to be immediately necessary.
- c. The signature of the physician, podiatrist, dentist or pharmacist who had direct knowledge of the emergency.

The statement must be comprehensive enough to support a finding that an emergency situation existed. Justification can consist of statements such as: medication is necessary to prevent a break in ongoing treatment, patient has been stabilized and is being discharged from an acute care facility, medication is necessary to prevent patient from being a danger to self or others, etc.

Pharmacies can submit an emergency 72 hour supply claim without a prompt by the doctor. However it is helpful if the prescriber requests a 72 hour supply of the medication **in addition to submitting the TAR** as a reminder to the pharmacy.

Instruction for completion of Pharmacy claim Form (30-1) is in the Medi-Cal [Pharmacy Manual, Part 2, section Pharmacy Claim Form \(30-1\)](#).

**3. I need information regarding diagnosis and medical necessity from the prescribing doctor but am getting no response. What should I do?**

Fill a 72 hour emergency supply. Continue to contact the prescriber's office to collect the necessary information. Also, inform the parent or guardian of the child that you are waiting for more information from the prescriber before the full supply can be dispensed.

**4. I filled a 72 hour emergency medication supply 3 days ago, and the TAR has yet to be submitted. The child is about to run out of medication, what should I do?**

Fill an additional 72 hour supply of medication, and submit a TAR as soon as possible. Notify the prescriber that you need some basic information before you can submit the TAR.

- 5. I received an antipsychotic prescription for a child recently discharged from the hospital. The prescriber included diagnosis information and indicated on the prescription “recent discharge from hospital”. If I am submitting a TAR, is “recent discharge from hospital” a reasonable explanation of medical necessity?**

Yes, medication justification can include the need for continuity of care after discharge from the hospital.

## **General Questions**

- 1. Is there a phone number to call at DHCS to address concerns about TAR processing?**

The Pharmacy TAR Section can be reached at (800) 572-9315 (Select #7). Ask to speak with a supervisor.

- 2. Is it DHCS policy to deny antipsychotics for children?**

No. Maintaining patient continuity of care is of utmost concern to DHCS. Medications are not denied if they are medically necessary.

- 3. Are there any psychiatric based diagnosis codes that are considered “un-approvable”?**

Any diagnosis code reflecting a FDA approved indication for the drug is approvable. A diagnosis code reflecting “off-label” use of the drug will require additional medical justification for the use of the drug.

- 4. For how many months does DHCS approve TARs?**

Initial TARs for continuation of care will be approved for at least 6 months. This includes:

- An antipsychotic with a claims history prior to the TAR requirement, or
- An antipsychotic which was started in an acute care hospital, or
- An antipsychotic which was started in a juvenile justice center.

This approval window only applies to psychiatric diagnoses. Antipsychotic TAR requests for non-psychiatric indications will be reviewed on a case by case basis and further information may be requested.

The duration of TAR approvals for new starts will be based on medical necessity. The maximum approval period for a pharmacy TAR is 1 year.

**5. Do we need to put the ICD/DSM code on a TAR, or just simple language of the diagnoses?**

An ICD/DSM code is required for the primary diagnosis. Any other pertinent clinical information can be typed in the miscellaneous TAR information or medical justification section.

**6. When increasing or decreasing the dose of a medication, does the TAR office discontinue the previous dose to avoid dispensing mistakes?**

It is not the TAR offices' practice to discontinue TARs when a new TAR is approved. The dispensing pharmacy is responsible for ensuring that patients are receiving the current and correct dose.