Clinical Policy: Concomitant Antipsychotic Treatment
Reference Number: AZ.C**P.PHAR.10.11.10**
Effective Date: 07.16
Last Review Date: 09.12.18
Line of Business: Medicaid Arizona

Revision Log

See Important Reminder **at the end of this policy for important regulatory and legal information.**

Description
Concomitant use of more than one atypical antipsychotic

FDA approved indication
Treatment refractory schizophrenia spectrum disorders (schizophrenia, schizoaffective and schizophreniform disorders) or bipolar disorder with psychosis and/or severe symptoms.

Limitation of use:

- Cross tapers will automatically be approved for 60 days. Providers must submit a prior authorization request for continued utilization of concomitant use of any 2 atypical antipsychotics beyond the 60 days allowed for cross tapering. This policy includes oral dosage forms in combination with injectable dosage forms of the same agent. (i.e. Abilify and Abilify Maintena; risperidone and Risperdal Consta)

- Prescribers must be contracted behavioral health professionals (BHMP).

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria.

Provider must provide supporting documentation that adherence to the treatment regimen has not been a contributing factor to the lack of response in the medication trial.

It is the policy of health plans affiliated with Centene Corporation® that concomitant use of more than one atypical antipsychotic is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Refractory Schizophrenia Spectrum Disorder (must meet all)**:**

1. Diagnosis of schizophrenia, schizoaffective disorder or schizophreniform disorder
2. Evidence of adequate trials of at least three (3) individual antipsychotics listed on the AHCCCS Behavioral Health Drug Lists, for 4-6 weeks at maximum tolerated doses, and failure due to:
   a. Inadequate response to maximum tolerated dose

b. Adverse reaction(s), or
c. Break through symptoms

3. Provider must provide supporting documentation that adherence to the treatment regimen has not been a contributing factor to the lack of response in the medication trials.

Approval duration: 6 months

B. Refractory Bipolar Disorder with Psychosis and/or Severe Symptoms (must meet All)

1. Diagnosis bipolar disorder
2. Evidence of adequate trials of at least four (4) evidence based treatment options dependent upon the episode type. Trials may include, but are not limited to, combination therapy of antipsychotics and mood stabilizers and/or anticonvulsants. Trials should be 4-6 weeks of maximum tolerated doses, with failure due to:
    a. Inadequate response to maximum tolerated dose
    b. Adverse reaction(s),
    c. Break through symptoms
3. Provider must provide supporting documentation that adherence to the treatment regimen has not been a contributing factor to the lack of response in the medication trials

Approval duration: 6 months

C. Other diagnoses/indications

1. Refer to CRP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. Refractory Schizophrenia spectrum disorders and refractory bipolar disorder with psychosis and/or severe symptoms (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Centene Corporation or member has previously met initial approval criteria;
2. Documentation of positive response to therapy [labs, sign/symptom reduction, etc.];

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – CP.PMD.53 or evidence of coverage documents

B. Prescriptions written by **non**-behavioral health professionals

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

BHMP: Behavioral Health Medical Professional

Appendix B: General Information
N/A

Appendix C: Therapeutic Alternatives
N/A

V. Dosage and Administration*

**Only Preferred or formulary atypical antipsychotics listed.*

Drug Name	Indication	Dosing Regimen	Maximum Dose
Aripiprazole (Abilify, Abilify Maintena, Aristada)	Schizophrenia	Adults:10-30mg PO/day Adolescents: 2-30mg/day	30mg/ day oral
		Adults:Maintena:300-400mg IM/ month	400mg IM /month
		Adults: Aristada: 441mg-882mg IM/ 6 weeks 1064mg IM/ 2 months	882mgIM/month Or 1064mg Q2 months.
	Bipolar	Adults: 15mg-30mg/day Children-Adolescents: 2-30mg PO day	30mg/day oral
		Maintena: 300-400mg IM/month	400mgIM/month
Asenapine (Saphris)	Schizophrenia	5mg sublingually BID Adults:5-10mg sublingually BID	20mg/day sublingually
	Bipolar	Children & Adolescents: 2.5-10 mg sublingually BID	
Clozapine(Clozaril, Fazaclo)	Schizophrenia, schizoaffective	Adults:12.5mg-450mg/day in divided doses	Adults:900mg/day Children & Adolescents:

	Bipolar (off label)	Children & Adolescents: 6.25mg – 300mg/day 50-400mg/day	300mg/day
Lurasidone(Latuda)	Schizophrenia Bipolar depression	Adults: 40-160mg QD Adolescents: 40-80mg QD Adults: 20-120mg QD Children & Adolescents: 20mg-80mg QD	Adults: 160mg/day Adolescents: 80mg/day Adults:120mg/day Children & Adolescents: 80mg/day
Olanzapine(Zyprexa, Zyprexa Zydis)	Schizophrenia Bipolar	Adults: 5mg- 10mg QD Children & Adolescents: 2.5mg-10mg QD Adults: 10-20mg QD Adolescents: 2.5mg-10mg QD	20mg/day
Paliperidone(Invega Sustenna, Invega Trinza)	Schizophrenia/ Schizoaffective disorder	Adults: Sustenna: 39-234 mg IM Q monthly Trinza: 273-819mg IM Q 3 months	Sustenna: 234mg IM every month Trinza: 819mg IM every 3 months.
Quetiapine(Seroquel IR)	Schizophrenia Bipolar	Adults: 25mg-800mg/day Adolescents: 25mg-400mg Adults: 50-800mg/day Children & Adolescents: 25mg-600mg/day	Adults and Adolescents: 800mg/day Children > 10 years: 600mg/day
Risperidone(Risperdal ,Risperdal Consta)	Schizophrenia	Adults: 2mg-16mg PO/day Adolescents: 0.5mg-6mg PO/day Consta: Adults: 25mg-	16mg/day PO Adolescents: 6mg/day PO

	Bipolar	50mg IM every 2 weeks Adults: 2-6mg/day PO Children & Adolescents: 0.5mg-6mg/day PO	50mg Q 2 weeks 6mg/day PO 50mg IM Q2 weeks 6mg/day PO
Ziprasidone (Geodon)	Schizophrenia Bipolar	Adults: 20mg-80mg BID Adults: 40mg-80mg BID	160mg/day

VI. Product Availability

Drug	Availability
Aripiprazole (Abilify, Abilify Maintena, Aristada)	Tablets :2mg,5mg,10mg,15mg, 20mg Orally disintegrating tablet:10mg, 15mg Oral solution: 1mg/ml Powder for suspension for injection: Abilify Maintena: 300 and 400mg Suspension for Injection: Aristada 441mg/1.6ml;662mg/2.4ml;882mg/3.2ml; 1064mg/3.9ml
Asenapine (Saphris)	Sublingual tablets: 2.5mg, 5mg, 10mg
Clozapine(Clozaril, Fazaclo)	Orally disintegrating tablet: 12.5mg, 25mg, 100mg, 150mg, 200mg Tablets: 12.5mg, 25mg, 50mg, 100mg, 200mg
Lurasidone(Latuda)	Tablets: 20mg, 40mg, 60mg 80mg, 120mg
Olanzapine(Zyprexa, Zyprexa Zydis)	Orally disintegrating tablet: 5mg,10mg, 15mg, 20mg Tablet: 2.5mg, 5mg, 10mg, 15mg,20mg
Paliperidone(Invega Sustenna, Invega Trinza)	Suspension for injection: **Sustenna:**39mg/0.25ml; 78mg/0.5ml; 117mg/0.75ml; 156mg/1ml; 234mg/1.5ml

	Trinza: 273mg, 410mg, 546mg, 819mg
Quetiapine(Seroquel IR)	Tablets: 25mg, 50mg,100mg, 200mg, 300mg, 400 mg
Risperidone(Risperdal, Risperdal Consta)	Orally disintegrating tablets: 0.25mg, 0.5mg,1mg, 2mg, 3mg, 4mg Oral solution: 1mg/ml Tablet: 0.25mg,0.5mg,1mg, 2mg, 3mg, 4mg, Powder for solution for injection (Consta): 12.5mg 25mg, 37.5mg, 50mg
Ziprasidone (Geodon)	Capsules: 20mg, 40mg, 60mg, 80mg

VII. References

1. Cenpatico Integrated Care Provider Manual Section 3.8 (Behavioral Health Network provider Service Delivery Requirements-Psychotropic Medication: Prescribing and Monitoring 3/1/2018 edition
2. Correll CU, Rummel-Kluge C, Corves C, et al. Antipsychotic combinations vs monotherapy in schizophrenia: A meta-analysis of randomized controlled trials. Schizophrenia Bulletin, 2009; **35**: 443- 457.
3. Essock SM, Schooler NR, Stroup TS, et al. Effectiveness of switching from antipsychotic polypharmacy to monotherapy. Am. J. Psychiatry, 2011; **168**:702-708.
4. Tandon R, Belmaker RH, Gattaz WF, et al. World Psychiatric Association Pharmacopsychiatry Section statement on comparative effectiveness of antipsychotics in the treatment of schizophrenia. Schizophrenia Research, 2008; **100**: 20-38.
5. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted to new template Added Dosage and Administration; Added Product availability	03/2018	07/18
Reviewed, renumbered and rebranded.	9/12/18	

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional

organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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