

Clinical Policy: Concomitant Antipsychotic Treatment

Reference Number: NV.CP.PMN.10

Effective Date: 8/1/2020

Last Review Date: 7/14/2020

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Concomitant use of more than one, 2nd generation (atypical) antipsychotic

FDA Approved Indication(s)

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 SilverSummit Healthplan that concomitant use of more than one atypical antipsychotic is **medically necessary** when the

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 dose, 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 of 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

II. Continued Therapy

A. Refractory Schizophrenia Spectrum Disorder 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.PMN.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, Abilify MyCite)	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.
		Adults: 15mg-30mg/day	
	Bipolar	Children-Adolescents: 2-30mg PO day	30mg/day Oral 400mgIM/month
		Maintena: 300-400mg IM/month	30mg/ day oral
		Abilify MyCite: 5mg-30mg daily	
Clozapine (Clozaril, Fazaclo)	Schizophrenia, schizoaffective	Adults:12.5mg-450mg/day in divided doses	Adults:900mg/day
		Children & Adolescents: 6.25mg – 300mg/day	Children & Adolescents: 300mg/day
	Bipolar (off label)	50-400mg/day	
Lurasidone (Latuda)	Schizophrenia	Adults: 40-160mg QD	Adults: 160mg/day
		Adolescents: 40-80mg QD	Adolescents: 80mg/day

	Bipolar depression	Adults: 20-120mg QD Children & Adolescents: 20mg- 80mg QD	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, Perseris)	Schizophrenia Bipolar	Adults: 2mg-16mg PO/day Adolescents: 0.5mg- 6mg PO/day Consta: Adults: 25mg-50mg IM every 2 weeks Perseris: Adults: 90mg or 120mg SC once monthly Adults: 2-6mg/day PO Children & Adolescents: 0.5mg-6mg/day PO	16mg/day PO Adolescents: 6mg/day PO 50mg Q 2 weeks 120mg Q 4 weeks 6mg/day PO 50mg IM Q2 weeks 6mg/day PO

Ziprasidone (Geodon)	Schizophrenia	Adults: 20mg-80mg BID	160mg/day
	Bipolar	Adults: 20mg-80mg BID	

VI. Product Availability

Drug	Availability
Aripiprazole (Abilify, Abilify Maintena, Aristada, Abilify MyCite)	<p>Tablets :2mg,5mg,10mg,15mg, 20mg</p> <p>Orally disintegrating tablet:10mg, 15mg</p> <p>Oral solution: 1mg/ml</p> <p>Powder for suspension for injection: Abilify Maintena: 300 and 400mg</p> <p>Suspension for Injection: Aristada 441mg/1.6ml;662mg/2.4ml;882mg/3.2ml; 1064mg/3.9ml</p> <p>Tablet with sensor: Abilify MyCite 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</p>
Clozapine (Clozaril, Fazaclo,)	<p>Orally disintegrating tablet: 12.5mg, 25mg, 100mg, 150mg, 200mg</p> <p>Tablets: 12.5mg, 25mg, 50mg, 100mg, 200mg</p>
Lurasidone (Latuda)	Tablets: 20mg, 40mg, 60mg 80mg, 120mg
Olanzapine (Zyprexa, Zyprexa Zydis)	<p>Orally disintegrating tablet: 5mg,10mg, 15mg, 20mg</p> <p>Tablet: 2.5mg, 5mg, 10mg, 15mg,20mg</p>
Paliperidone (Invega Sustenna, Invega Trinza)	<p>Suspension for injection:</p> <p>Sustenna:39mg/0.25ml; 78mg/0.5ml; 117mg/0.75ml; 156mg/1ml; 234mg/1.5ml</p> <p>Trinza: 273mg, 410mg, 546mg, 819mg</p>

Quetiapine(Seroquel IR)	Tablets: 25mg, 50mg,100mg, 200mg, 300mg, 400 mg
Risperidone(Risperdal, Risperdal Consta, Perseris)	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 Extended-release injectable suspension (Perseris): 90mg, 120mg
Ziprasidone (Geodone)	Capsules: 20mg, 40mg, 60mg, 80mg

VII. References

1. 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.
2. Essock SM, Schooler NR, Stroup TS, et al. Effectiveness of switching from antipsychotic polypharmacy to monotherapy. Am. J. Psychiatry, 2011; **168**:702-708.
3. 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.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: <http://www.clinicalpharmacology-ip.com/>.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	05/20	07/20

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

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CLINICAL POLICY
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