

## 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, 2<sup>nd</sup> 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.*

| <b>Drug Name</b>   | <b>Indication</b>              | <b>Dosing Regimen</b>  | <b>Maximum Dose</b>                      |
|--|--------------------------------|--|--|
| Aripiprazole (Abilify, Abilify Maintena, Aristada, Abilify MyCite) | Schizophrenia                  | Adults:10-30mg<br>PO/day<br>Adolescents: 2-30mg/day              | 30mg/ day oral                           |
|  |                                | Adults:Maintena:300-400mg IM/ month                              | 400mg IM /month                          |
|  |                                | Adults: Aristada: 441mg-882mg IM/ 6 weeks<br>1064mg IM/ 2 months | 882mgIM/month<br>Or<br>1064mg Q2 months. |
|  |                                | Adults: 15mg-30mg/day  |  |
|  | Bipolar                        | Children-Adolescents: 2-30mg PO day                              | 30mg/day<br>Oral 400mgIM/month           |
|  |                                | Maintena: 300-400mg IM/month                                     | 30mg/ day oral                           |
|  |                                | Abilify MyCite:<br>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:<br>300mg/day     |
|  | Bipolar (off label)            | 50-400mg/day   |  |
| Lurasidone (Latuda)  | Schizophrenia                  | Adults: 40-160mg QD  | Adults: 160mg/day                        |
|  |                                | Adolescents: 40-80mg QD  | Adolescents:<br>80mg/day                 |

|   |  |  |  |
|---|--|--|--|
|   | Bipolar depression                         | Adults: 20-120mg QD<br><br>Children & Adolescents: 20mg- 80mg QD   | Adults: 120mg/day<br><br>Children & Adolescents: 80mg/day  |
| Olanzapine (Zyprexa, Zyprexa Zydis)                 | Schizophrenia<br><br>Bipolar               | Adults: 5mg- 10mg QD<br>Children & Adolescents: 2.5mg-10mg QD<br><br>Adults: 10-20mg QD<br>Adolescents: 2.5mg-10mg QD  | 20mg/day   |
| Paliperidone (Invega Sustenna, Invega Trinza)       | Schizophrenia/<br>Schizoaffective disorder | Adults: Sustenna: 39 234 mg IM Q monthly<br><br>Trinza: 273-819mg IM Q 3 months  | Sustenna: 234mg IM every month<br><br>Trinza: 819mg IM every 3 months.   |
| Quetiapine (Seroquel IR)                            | Schizophrenia<br><br>Bipolar               | Adults:<br>25mg-800mg/day<br>Adolescents: 25mg-400mg<br><br>Adults: 50-800mg/day<br><br>Children & Adolescents:<br>25mg-600mg/day  | Adults and Adolescents:<br>800mg/day<br><br>Children > 10 years:<br>600mg/day  |
| Risperidone (Risperdal, Risperdal Consta, Perseris) | Schizophrenia<br><br>Bipolar               | Adults: 2mg-16mg PO/day<br><br>Adolescents: 0.5mg- 6mg PO/day<br><br>Consta: Adults:<br>25mg-50mg IM every 2 weeks<br><br>Perseris: Adults: 90mg or 120mg SC once monthly<br><br>Adults: 2-6mg/day PO<br>Children & Adolescents:<br>0.5mg-6mg/day PO | 16mg/day PO<br><br>Adolescents:<br>6mg/day PO<br><br>50mg Q 2 weeks<br><br>120mg Q 4 weeks<br><br>6mg/day PO<br>50mg IM Q2 weeks<br>6mg/day PO |

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

**VI. Product Availability**

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

|  |   |
|--|---|
| 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<br><br>Oral solution: 1mg/ml<br>Tablet: 0.25mg,0.5mg,1mg, 2mg, 3mg, 4mg,<br><br>Powder for solution for injection (Consta):<br>12.5mg 25mg, 37.5mg, 50mg<br><br>Extended-release injectable suspension (Perseris):<br>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**  
Concomitant Antipsychotic Treatment



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