

Pharmacy Policy

Antipsychotics

Policy Number: 9.503

Version Number: 2

Version Effective Date: 6/1/2021

Product Applicability All Plan+ Products

Well Sense Health Plan

New Hampshire Medicaid

Boston Medical Center HealthNet Plan

MassHealth - MCO

MassHealth - ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- aripiprazole ODT
- asenapine maleate
- clozapine ODT
- risperidone ODT
- olanzapine ODT
- Fanapt
- Latuda
- paliperidone
- Rexulti

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	<ul style="list-style-type: none"> • All FDA approved indications not otherwise excluded • All indications supported by established clinical literature for the medical condition and age
Required Medical Information	<p>clozapine ODT, risperidone ODT, olanzapine ODT, aripiprazole ODT</p> <p>1. A diagnosis of bipolar disorder, schizophrenia, or other psychotic disorder; OR</p>

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	<p>2. A diagnosis of major depression requiring adjunct therapy (aripiprazole ODT);; AND</p> <p>3. Clinical swallowing difficulties (including unwillingness to swallow tablets)</p> <p>Fanapt, paliperidone, Latuda</p> <p>1. A diagnosis of bipolar disorder, schizophrenia, or other psychotic disorder; AND</p> <p>2. An inadequate response, intolerance or contraindication to a trial of two covered atypical antipsychotics (See Appendix A)</p> <p>Rexulti</p> <p>1. A diagnosis of bipolar disorder, schizophrenia or other psychotic disorder; AND</p> <p>2. An inadequate response, intolerance or contraindication to a trial of at least 2 covered atypical antipsychotics (See Appendix A); OR</p> <p>3. A diagnosis of major depression requiring adjunct therapy; AND</p> <p>4. An inadequate response, intolerance or contraindication to a trial of at least 2 antidepressants from two different drug categories and one covered atypical antipsychotic agent (See Appendix A and B)</p> <p>asenapine maleate</p> <p>1. A diagnosis of bipolar disorder, schizophrenia or other psychotic disorder; AND</p> <p>2. An inadequate response, intolerance or contraindication to a trial of 2 covered atypical antipsychotics (See Appendix A); OR</p> <p>3. Clinical swallowing difficulties (including unwillingness to swallow tablets); AND</p> <p>4. An inadequate response, intolerance, or contraindication to a trial of risperidone ODT or olanzapine ODT</p>
Coverage Duration	1 year
Other criteria	None

Appendix A

Covered Atypical Antipsychotics
Abilify Maintena
Aripiprazole (tab/sol)
Clozapine (tab)

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Olanzapine (tab)
Quetiapine (IR tab)
Risperidone (tab/sol)
Ziprasidone(cap)

Appendix B

Covered Antidepressants
Bupropion
Citalopram (tab)
Duloxetine(cap- generic for Cymbalta)
Escitalopram(tab/sol)
Fluoxetine (cap/sol)
Fluvoxamine (tab)
Mirtazapine(tab)
Paroxetine (IR/ER tab)
Venlafaxine (ER cap/IR tab)

Clinical Background Information and References

1. Lehman AF, et al. Practice guideline for the treatment of patients with schizophrenia, second edition. American Psychiatric Association. Apr 2004;1-184. Available from: <http://psychiatryonline.org/guidelines.aspx>.
2. Prescribing Information. Saphris (asenapine). Merck Co., Inc. Whitehouse Station, NJ. September 2010.
3. Jibson MD. Second-generation antipsychotic medications: Pharmacology, administration, and comparative side effects. Up to Date[®], accessed August 2015; available from <http://www.uptodate.com>
4. Prescribing Information. Latuda[®] (lurasidone). Sunovion Pharmaceuticals Inc. Fort Lee, NJ. October 2010; updated July 2013
5. Bobo WV, Shelton RC. Bipolar disorder in adults: Treating major depression with second-generation antipsychotics. Up to Date[®], accessed August 2015; available from <http://www.uptodate.com>
6. Nelson C. Unipolar depression in adults: Treatment with second-generation antipsychotics. Up to Date[®], accessed August 2015; available from <http://www.uptodate.com>
7. Prescribing Information. Versacloz[™] (clozapine oral suspension). Jazz Pharmaceuticals. Palo Alt, CA. August 2013.
8. Vraylar (cariprazine) [prescribing information]. Parsippany, NJ: Actavis Pharma; September 2015
9. Nuplazid (pimavanserin) [prescribing information]. San Diego, CA: Acadia Pharmaceuticals Inc: April 2016.

^{*} Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	9.152 Antipsychotics Policy retired, new policy created; moved Secuado, Vraylar, Nuplazid and Versacloz to non preferred; moved aripiprazole sol to covered; added appendix of covered agents; updated QL table;	1/1/2021	P&T Committee
2/11/2021	Annual policy review, updated coverage duration from 2 years to 1 year. Updated policy to reflect availability of generic asenapine maleate, brand name Saphris moved to NF	6/1/2021	P&T Committee

Next Review Date

2/2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.