Prior Authorization Guidelines
Concomitant Antipsychotic Treatment

Approved Indications:
Treatment Refractory
1. Schizophrenia spectrum disorders or
2. Bipolar disorder, with psychosis and/or severe symptoms

Special Considerations:
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 antipsychotics beyond the 60 days allowed for cross tapering.

Guidelines for Approval for refractory schizophrenia spectrum disorder:
1. Evidence of adequate trials of at least three (3) individual formulary antipsychotics, one of which is clozapine, 4-6 weeks of maximum tolerated doses, and failure due to:
   a. Inadequate response to maximum tolerated dose
   b. Adverse reaction(s),
   c. Break through symptoms

Guidelines for Approval for refractory bipolar disorder with psychosis and/or severe symptoms:
1. Evidence of adequate trials of at least four (4) evidence based treatment options dependent upon the episode type. Trials may include lithium, divalproex, atypical antipsychotic monotherapy, carbamazepine, haloperidol, lamotrigine, lithium + an anticonvulsant, lithium + an antipsychotic, or an anticonvulsant + an antipsychotic. 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

Additional Requirements:
• 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.

Coverage is Not Authorized for:
1. Members with known hypersensitivity to requested medication(s).
2. Prior Authorization Requests not meeting the above stated criteria.

References:
1. ADHS/DBHS: Provider Manual Section 3.15: Psychotropic Medication: Prescribing and Monitoring


