MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy	**DOCUMENT NAME:** Psychotropic Medication Continuity of Care (COC)
PAGE: 1 of 5	**REFERENCE NUMBER:** GA.PMN.10
EFFECTIVE DATE: 12/16	**REPLACES DOCUMENT:**
RETIRED:	**REVIEWED:** 10/16, 9/17, 3/18
PRODUCT TYPE: Medicaid	**REVISED:**

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

Description: The intent of the criteria is to ensure that patients follow selection elements established by Centene® Peach State Health Plan medical policy for the continued use of certain psychotropic medication started prior to coming on to the Plan.

Generic: Generic medications preferred

Policy Indication: Indicated for Food and Drug Administration (FDA) approved used of Antipsychotics, Antidepressants, and Central Nervous System (CNS) medications for Attention Deficit Hyperactivity

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Disorder (ADHD).

Criteria for Approval:

Initiation of therapy for up to 6 months (must meet A-B)

A. Prescribed by a Psychiatrist or psychiatric NP/PA for any FDA approved indication.

OR

Prescribed by a Physician, NP, or PA-C for a behavioral health diagnosis such as an autism spectrum disorder, ADHD, bipolar disorder, major depressive disorder (MDD), Schizophrenic Disorder, or an Anxiety Disorder FDA approved indications.

B. Diagnosis of a current recognized DSM-V psychiatric disorder, **AND all of the following:**

   a. Member is new to the Plan (enrolled within last two months);

   b. Requested medication is for a current FDA approved indication for member age;

   c. Requested medication does not exceed FDA recommended maximum dosage or dosing frequency for member's age;

   d. Prescription records and/or chart notes clearly document members use of requested medication usage (Dose and Frequency);

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e. Chart notes or Prior Authorization Form document/demonstrate a positive response to use of requested medication therapy and duration of use;

f. Member has been on therapy at least 3 months prior to request;

g. Prescription records/chart notes documenting adherence to therapy;

h. Generic version of drug will be dispensed if one is available.

i. Member is not currently on a medication of the same pharmacologic class

Continuation of therapy for up to 12 months

A. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria; AND

B. Chart notes or Prior Authorization Form document a positive response and adherence to therapy since last approval.

Appendix:

ADHD: Attention Deficit Hyperactivity Disorder
CNS: Central Nervous System
DSM-V: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
FDA: Food and Drug Administration

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MDD: Major Depressive Disorder

Background Medication management with psychotropics are mainstay along with psychotherapy for many psychiatric disease states. In some instances, medication management may be the only option. When it comes to schizophrenia, approximately 20-30 % of all patients do not respond adequately to an initial antipsychotic trial, where some studies show up to 60% of patients being treatment-resistant. In MDD, studies suggest that between 29 % and 46 % of depressed patients fail to respond fully to antidepressant treatment of adequate dose and duration. For many psychiatric health conditions there will be an increased risk of relapse with each subsequent episode. Therefore it is prudent to find a medication trial that improves the patient's symptoms and functionality for the well-being of the patient and/or their caregivers. Many psychotropics have various receptor binding profiles within their respective pharmacological class, making treatment response potentially very individualized. Also these medications may cause debilitating adverse effects additionally making treatment selection challenging. For the major psychiatric disease states there usually is an acute, maintenance/and or continuation phase of treatment response. Therefore it would be recommended to continue medication management with drugs that have shown improvement/stability for patients.

References:

1. Barbee J. Treatment-Resistant Depression. Psychiatric Times. 2009. http://www.psychiatrictimes.com/major-depressive-disorder/treatment-resistant-depression. Accessed 9/12/16
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3. Sinclair D. and Adams C. Treatment resistant schizophrenia: a comprehensive survey of randomised controlled trials. BMC Psychiatry 2014 14:253.

4. Dold M. Leucht S. Pharmacotherapy of treatment-resistant schizophrenia: a clinical perspective. Evid Based Mental Health May 2014 Vol 17 No 2 33

Revision Log	
Revision	**Date**
Annual Review. No changes made.	09/2017
Annual Review. No changes made.	03/2018

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

Director, Pharmacy Operations: Approval on file

Medical Director: Approval on file