Pharmacy Drug Policy & Procedure

Policy Name:	Behavioral Health Medications	Policy#:	1484P

Purpose of the Policy

The purpose of this policy is to clarify the prior authorization and step-edit procedures that require the use of the most cost-effective drugs on formulary prior to coverage of other alternative agents. Health Alliance Drug Policies are developed and reviewed annually in compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. MHPAEA requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (prior authorization, step-therapy) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. The policy applies to the following medications: alprazolam orally dissolving tablet, Aplenzin, Auvelity, Caplyta, Desvenlafaxine ER, Fanapt, Fetzima, Latuda, lurasidone, Lybalvi, olanzapine-fluoxetine, Pristiq, Rexulti, Saphris, asenapine, Secuado, Trintellix, Viibryd, and Vraylar

Statement of the Policy

For all new starts to the below behavioral health drug classes, coverage of listed drug therapies requires a trial and failure of the cost-effective drug before any other drug in that category is covered.

Criteria

1. Non-Preferred Antidepressants (Desvenlafaxine ER, Pristiq, Viibryd, vilazodone, Fetzima, and Trintellix)

1.1 For new starts to therapy the following criteria are required:
- Note: Established patients include patients started on a medication in an inpatient treatment center.

1.2 Documented intolerance, contraindication, or failure of at least 3 months taking one preferred SSRI
(citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, paroxetine controlled release, sertraline)

1.3 Documented intolerance, contraindication, or failure of at least 3 months taking one preferred SNRI (duloxetine, venlafaxine, venlafaxine extended release)

1.4 Documented intolerance or failure of at least 3 months taking one additional antidepressant in any of the following drug classes:
- Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
- Tricyclic Antidepressants
- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Monoamine Oxidase Inhibitors (MAOIs)
- Dopamine/Norepinephrine Reuptake Inhibitor (bupropion)

- Serotonin Reuptake Inhibitor/Antagonist (trazodone, nefazodone)
- Alpha-2 Antagonist (mirtazapine)

2**. Non-Preferred Atypical Antipsychotics Indicated for Schizophrenia (asenapine, Caplyta, Fanapt, Latuda, lurasidone, Rexulti, Saphris, Secuado, Vraylar, Lybalvi)**

2.1 New starts to therapy with brand name atypical antipsychotics require a trial of any TWO of the following generic atypical antipsychotics: aripiprazole, olanzapine, paliperidone ER, quetiapine, quetiapine ER, risperidone, ziprasidone

3. **Non-Preferred Atypical Antipsychotics Indicated for Bipolar Disorder (Caplyta, Latuda, lurasidone, Saphris, Vraylar, asenapine, Lybalvi)**

3.1 New starts to therapy with brand name atypical antipsychotics require a documented trial and failure, intolerance, contraindication to TWO of the following: aripiprazole, olanzapine, quetiapine (IR or ER), or ziprasidone

4. **Atypical Antipsychotics Indicated as Adjunct Therapy for MDD (Rexulti, Vraylar)**

4.1 The requested drug must be FDA indicated as adjunct therapy for major depressive disorder

4.2 Documented failure of aripiprazole or quetiapine ER used in combination with an antidepressant for a period of at least 3 months or documented intolerance or contraindication to both aripiprazole AND quetiapine ER

5. **Brand Name Atypical Antipsychotics Indicated for Agitation in Alzheimer Disease (Rexulti)**

5.1 The requested drug must be FDA indicated for agitation associated with dementia related to Alzheimer disease

5.2 Documentation to support imaging confirmed diagnosis of Alzheimer Disease

5.3 Baseline Neuropsychiatric Inventory (NPI) Agitation/Aggression domain score ≥4

5.4 Documented failure of behavioral interventions (such as eliminating environmental triggers, redirection, therapy, implementing activities, consistent sleep schedules, etc) and side effect management5.

6. **Alprazolam ODT Step-Edit**

6.1 An electronic step-edit is in place that requires a trial of generic alprazolam prior to coverage of alprazolam ODT

7. **Olanzapine/Fluoxetine Step-Edit**

7.1 An electronic step-edit is in place that requires a trial of BOTH olanzapine and fluoxetine prior to coverage of the olanzapine/fluoxetine combination capsule

8. **Aplenzin and Auvelity Step-Edit**

8.1 An electronic step-edit is in place that requires a trial of bupropion prior to coverage of Aplenzin or Auvelity

9. **Approval Period**

9.1 Initial Approval: 12 months

9.2 Subsequent Approvals: 2 years

CPT Codes	

HCPCS Codes	

References

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.