

Low Dose Quetiapine

Goal(s):

- To promote and ensure use of quetiapine that is supported by the medical literature.
- To discourage off-label use for insomnia.
- Promote the use of non-pharmacologic alternatives for chronic insomnia.

Initiative:

- Low dose quetiapine (Seroquel® and Seroquel XR®)

Length of Authorization:

- Up to 12 months (criteria-specific)

Requires PA:

- Quetiapine (HSN = 14015) doses \leq 50 mg/day
- Auto PA approvals for :
 - Patients with a claim for a second generation antipsychotic in the last 6 months
 - Patients with prior claims evidence of schizophrenia or bipolar disorder
 - Prescriptions identified as being written by a mental health provider

Covered Alternatives:

- Preferred alternatives listed at www.orpdl.org/drugs/
- Zolpidem is available for short-term use (15 doses/30 days) without PA.

Table 1. Adult (age \geq 18 years) FDA-approved Indications for Quetiapine

Bipolar Disorder	F3010; F302; F3160-F3164; F3177-3178; F319	
Major Depressive Disorder	F314-315; F322-323; F329; F332-333; F339	Adjunctive therapy with antidepressants for Major Depressive Disorder
Schizophrenia	F205; F209; F2081; F2089	
Bipolar Mania	F3010; F339; F3110-F3113; F312	
Bipolar Depression	F3130	

Table 2. Pediatric FDA-approved indications

Schizophrenia	Adolescents (13-17 years)	
Bipolar Mania	Children and Adolescents (10 to 17 years)	Monotherapy

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code. Do not proceed and deny if diagnosis is not listed in Table 1 or Table 2 above (medical appropriateness)
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Approval Criteria

2. Is the prescription for quetiapine less than or equal to 50 mg/day? (verify days' supply is accurate)	Yes: Go to #3	No: Trouble-shoot claim processing with the pharmacy.
3. Is planned duration of therapy longer than 90 days?	Yes: Go to #4	No: Approve for titration up to maintenance dose (60 days).
4. Is reason for dose \leq 50 mg/day due to any of the following: <ul style="list-style-type: none"> • low dose needed due to debilitation from a medical condition or age; • unable to tolerate higher doses; • stable on current dose; or • impaired drug clearance? • any diagnosis in table 1 or 2 above? 	Yes: Approve for up to 12 months	No: Pass to RPh. Deny for medical appropriateness. Note: may approve up to 6 months to allow taper.

P&T/DUR Review: 3/19 (DM); 9/18; 11/17; 9/15; 9/10; 5/10
Implementation: 1/1/18; 10/15; 1/1/11