

## 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 <150 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/](http://www.orpdl.org/drugs/)
- Zolpidem and benzodiazepine sedatives are available for short-term use (15 doses/30 days) without PA.

**Table 1. Adult (age ≥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; F3130	For Seroquel XR® only, 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)

## Approval Criteria

2. Is the prescription for quetiapine less than 150 mg/day? (verify days' supply is accurate)	<b>Yes:</b> Go to #3	<b>No:</b> Trouble-shoot claim processing with the pharmacy.
3. Is planned duration of therapy longer than 90 days?	<b>Yes:</b> Go to #4	<b>No:</b> Approve for titration up to maintenance dose (60 days).
4. Is reason for dose <150 mg/day due to any of the following: <ul style="list-style-type: none"><li>• low dose needed due to debilitation from a medical condition or age;</li><li>• unable to tolerate higher doses;</li><li>• stable on current dose; or</li><li>• impaired drug clearance?</li><li>• any diagnosis in table 1 or 2 above?</li></ul>	<b>Yes:</b> Approve for up to 12 months	<b>No:</b> Pass to RPh. Deny for medical appropriateness.  Note: may approve up to 6 months to allow taper.

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P&T/DUR Review: 9/15 (KK); 9/10; 5/10  
Implementation: 10/15; 1/1/11