

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, immediate- and extended-release

Length of Authorization:

- Up to 12 months (criteria-specific)

Requires PA:

- Quetiapine (HSN = 14015) doses \leq 50 mg/day
- For any requests in children \leq 6 years of age, see criteria for Antipsychotics in Children
- Auto-PA approvals for people 7 and older:
 - 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
 - Extended-release formulations in patients with claims for a selective serotonin reuptake inhibitor or serotonin norepinephrine reuptake inhibitor in the last 90 days

Covered Populations: FFS and CCO enrolled patients (pharmacy claims only).

Covered Alternatives:

- Preferred alternatives listed at www.orpdl.org/drugs/

Table 1. Adults (age \geq 18 years) with FDA-approved or Compendia-supported Indications

Bipolar Disorder	
Major Depressive Disorder (MDD)	Adjunctive therapy with antidepressants for MDD
Schizophrenia	
Bipolar Mania	
Bipolar Depression	
Generalized Anxiety Disorder (GAD)	Adjunctive therapy with SSRI/SNRI

Table 2. Pediatric FDA-approved indications

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

Approval Criteria

1. Is the request for an evidence-supported diagnosis (Table 1 or Table 2)?	Yes: Go to #2	No: Pass to RPh. Deny; medical appropriateness.
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.

Approval Criteria

3. Is planned duration of therapy (at ≤50 mg) longer than 90 days?	Yes: Go to #4	No: Approve for titration up to maintenance dose (60 days).
4. Is reason for dose ≤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?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness. Note: may approve up to 6 months to allow taper.

P&T/DUR Review: 8/25; 6/23 (SS); 4/21 (SF); 8/20; 3/19; 9/18; 11/17; 9/15; 9/10; 5/10
Implementation: 7/1/23; 1/1/18; 10/15; 1/1/11