

<b>Clinical Policy Title:</b>	quetiapine extended-release
<b>Policy Number:</b>	RxA.279
<b>Drug(s) Applied:</b>	Seroquel XR®
<b>Original Policy Date:</b>	02/07/2020
<b>Last Review Date:</b>	09/14/2020
<b>Line of Business Policy Applies to:</b>	All lines of business

## Background

Quetiapine extended-release (Seroquel XR® ) is an atypical antipsychotic.

It is indicated for the treatment of:

- Schizophrenia in adults and adolescents (13-17 years)
- Bipolar I disorder, manic or mixed episodes, in adults and children/adolescents (10-17 years)
- Bipolar disorder, depressive episodes, in adults
- Major depressive disorder, as adjunctive therapy with antidepressants, in adults

## Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Quetiapine Extended-Release (Seroquel XR®)	Schizophrenia	<u>Adults:</u> Initial: 300 mg PO once daily dose increases may occur at intervals of at least 1 day in increments of up to 300 mg/day Target: 400 to 800 mg/day <u>Adolescents:</u> Initial: 50 mg PO once daily increase to 100 mg once daily on day 2, then increase in 100 mg/day increments each day until a target dose of 400 mg once daily is reached on day 5 Target: 400 to 800 mg/day	800 mg/day
	Bipolar I disorder	<b>Manic or mixed episodes</b> <u>Adults:</u>	Manic or mixed episodes <u>Adults:</u> 800

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

		<p>Initial: 300 mg PO once daily Increase to 600 mg once daily on day 2 Target: 400 to 800 mg/day</p> <p><u>Children and adolescents</u> Initial: 50 mg PO once daily Increase to 100 mg once daily on day 2, then increase in 100 mg/day increments each day until a target dose of 400 mg once daily is reached on day 5 Target: 400 to 600 mg/day</p> <p><b>Depressive episodes</b> <u>Adults:</u> Initial: 50 mg PO once daily Increase to 100 mg once daily on day 2, then increase in 100 mg/day increments each day until a target dose of 300 mg once daily is reached on day 4 Target: 300mg/day</p>	<p>mg/day <u>Children and adolescents:</u> 600 mg/day</p> <p>Depressive episodes 300 mg/day</p>
	Major depressive disorder	<p><u>Adults:</u> Initial: 50 mg PO once daily in evening Increase to 150 mg once daily in the evening on day 3 Target: 150 to 300 mg/day</p>	300 mg/day

## Dosage Forms

- Extended-release tablets: 50 mg, 150 mg, 200 mg, 300 mg, 400mg

## Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

### I. Initial Approval Criteria

#### A. Schizophrenia (must meet all):

- Diagnosis of schizophrenia;
- Age  $\geq$  13 years;
- Failure of a  $\geq$  4-week trial of quetiapine immediate-release (IR) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
- Dose does not exceed 800 mg (2 tablets) per day.

#### Approval Duration:

**Commercial:** 12 months

**Medicaid:** 12 months

**HIM:** 12 months

**B. Bipolar Disorder** (must meet all):

1. Diagnosis of bipolar disorder;
2. Age  $\geq$  10 years;
3. Failure of a  $\geq$  4-week trial of quetiapine IR at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
4. Dose does not exceed 800 mg (2 tablets) per day.

**Approval Duration:**

**Commercial:** 12 months

**Medicaid:** 12 months

**HIM:** 12 months

**C. Major Depressive Disorder** (must meet all):

1. Diagnosis of major depressive disorder;
2. Age  $\geq$  18 years;
3. Failure of THREE antidepressants (e.g., selective serotonin reuptake inhibitor [SSRI], serotonin-norepinephrine reuptake inhibitor [SNRI], tricyclic antidepressant [TCA], bupropion, mirtazapine) from at least TWO different classes at up to maximally indicated doses, each used for  $\geq$  4 weeks, unless member is unable to satisfy this requirement due to clinically significant adverse effects or contraindication(s) to multiple antidepressants;
4. Failure of a  $\geq$  4-week trial of aripiprazole at up to maximally indicated doses, used concurrently with an antidepressant, unless contraindicated or clinically significant adverse effects are experienced;
5. Seroquel XR is prescribed concurrently with an antidepressant,
6. Dose does not exceed 300 mg (2 tablets) per day.

**Approval Duration**

**Commercial:** 12 months

**Medicaid:** 12 months

**HIM:** 12 months

**II. Continued Therapy Approval**

**A. All Indications in Section I** (must meet all):

1. Member meets one of the following (a or b):
  - a. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
  - b. Documentation supports that member is currently receiving Seroquel XR for schizophrenia or bipolar disorder and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed:
  - a. Schizophrenia, bipolar disorder: 800 mg (2 tablets) per day;
  - b. Major depressive disorder: 300 mg (2 tablets) per day

**Approval Duration**

**Commercial:** 12 months

**Medicaid:** 12 months

**HIM:** 12 months

**III. Appendices**

**APPENDIX A: Abbreviation/Acronym Key**

FDA: Food and Drug Administration  
 IR: immediate-release  
 SNRI: serotonin/norepinephrine reuptake inhibitor  
 SSRI: selective serotonin reuptake inhibitor  
 TCA: tricyclic antidepressant

**APPENDIX B: Therapeutic Alternatives**

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.*

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
<b>Antipsychotics</b>		
quetiapine immediate-release (Seroquel®)	<p><b>Schizophrenia</b> Initial: 25 mg PO BID; target: 400 to 800 mg/day</p> <p><b>Bipolar Disorder</b> Initial: 50 mg PO BID; target: 400 to 800 mg/day</p>	800 mg/day
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
citalopram (Celexa®)	<p><b>Major Depressive Disorder</b> Refer to prescribing information</p>	40 mg/day
escitalopram (Lexapro®)		20 mg/day
fluoxetine (Prozac®)		Immediate-release: 80 mg/day (20 mg/day if pediatric) Delayed-release: 90 mg/week
fluvoxamine* (immediate-release) (Luvox®)		150 mg/day
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
paroxetine (Paxil®, Paxil CR®, Pexeva®)		<p>Immediate-release: 50 mg/day (40mg/day if geriatric)</p> <p>Extended-release: 62.5 mg/day (50 mg/day if geriatric)</p>

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
sertraline (Zoloft®)		200 mg/day (20 mg/day if age 6-11 years*)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
desvenlafaxine (Pristiq®)	<b>Major Depressive Disorder</b> Refer to prescribing information	400 mg/day
duloxetine (Cymbalta®)		120 mg/day
Fetzima® (levomilnacipran)		120 mg/day
venlafaxine (Effexor® , Effexor XR® )		Extended-release: 225 mg/day
<b>Tricyclic Antidepressant (TCAs)</b>		
amitriptyline (Elavil®)	<b>Major Depressive Disorder</b> Refer to prescribing information	150 mg/day
amoxapine		400 mg/day (300 mg/day if geriatric)
clomipramine* (Anafranil®)		250 mg/day (200 mg/day if pediatric)
desipramine (Norpramin®)		300 mg/day (100 mg/day if pediatric)
doxepin (Sinequan®)		300 mg/day
imipramine HCl (Tofranil® )		200 mg/day (150 mg/day if geriatric or pediatric)
imipramine pamoate (Tofranil PM® )		200 mg/day (100 mg/day if geriatric or pediatric)
nortriptyline (Pamelor®)		150 mg/day
protriptyline (Vivactil®)		60 mg/day (30 mg/day if geriatric or pediatric)
trimipramine (Surmontil)		200 mg/day (100 mg/day if geriatric or pediatric)
<b>Monoamine Oxidase Inhibitors</b>		
isocarboxazid (Marplan® )	<b>Major Depressive Disorder</b> Refer to prescribing information	60 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
<b>Monoamine Oxidase Inhibitors</b>		
selegiline (EMSAM® transdermal; Eldepryl®, Zelapar®, Carbox®)		Transdermal: 12 mg/24 hr Oral*: 30 mg/day
tranylcypromine (Parnate®)		60 mg/day
<b>Other Antidepressants</b>		
bupropion (Aplenzin®, Budeprion SR®, Budeprion XL®, Forfivo XL®, Wellbutrin®, Wellbutrin SR®, Wellbutrin XL®)	<b>Major Depressive Disorder</b> Refer to prescribing information	Immediate-release: 450 mg/day (300 mg/day if pediatric) Sustained-release: 400 mg/day Extended-release (HCl): 450 mg/day Extended-release (HBr): 522 mg/day
mirtazapine (Remeron®)		45 mg/day
perphenazine/ amitriptyline (Triavil®)		16 mg/day perphenazine and 200 mg/day amitriptyline
maprotiline (Ludiomil®)		150 mg/day
nefazodone (Serzone®)		600 mg/day
trazodone (Desyrel®, Olepro®)		Immediate-release: 400 mg/day Extended-release: 375 mg/day
vortioxetine (Trintellix®)		20 mg/day
vilazodone (Viibryd®)		40 mg/day

*Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.*

**APPENDIX C: Contraindications/Boxed Warnings**

- Contraindication(s):
  - known hypersensitivity to Seroquel XR or any components in the formulation
- Boxed Warning(s):
  - Increased mortality in elderly patients with dementia-related psychosis; and suicidal thoughts and

behaviors in children, adolescents, and young adults taking antidepressants.

**References**

1. Seroquel XR Prescribing Information. Wilmington, DE: AstraZeneca Pharmaceuticals LP; March 2020. Available at: [www.seroquelxr.com](http://www.seroquelxr.com). Accessed July 06, 2020.
2. Lehman AF, Lieberman JA, Dixon LB, et al. Practice guideline for the treatment of patients with schizophrenia, second edition. Arlington, VA: American Psychiatric Association; February 2004. Available online at [http://www.psych.org/psych\\_pract/treatg/pg/prac\\_guide.cfm](http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm). Accessed July 06, 2020.
3. Dixon L, Perkins D, Calmes C. Guideline watch: practice guideline for the treatment of patients with schizophrenia. Arlington, VA: American Psychiatric Association; September 2009. Available online at [http://www.psych.org/psych\\_pract/treatg/pg/prac\\_guide.cfm](http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm). Accessed July 06, 2020.
4. Hirschfeld RMA, Bowden CL, Gitlin MJ, et al. Practice guideline for the treatment of patients with bipolar disorder, second edition. Arlington, VA: American Psychiatric Association; April 2002. Available online at [http://www.psych.org/psych\\_pract/treatg/pg/prac\\_guide.cfm](http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm). Accessed July 06, 2020.
5. Hirschfeld RMA. Guideline watch: practice guideline for the treatment of patients with bipolar disorder. Arlington, VA: American Psychiatric Association; November 2005. Available online at [http://www.psych.org/psych\\_pract/treatg/pg/prac\\_guide.cfm](http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm). Accessed July 06, 2020.
6. Gelenberg AJ, Freeman MP, Markowitz JC, et al. Practice guideline for the treatment of patients with major depressive disorder, third edition. Arlington, VA: American Psychiatric Association; May 2010. Available online at [http://www.psych.org/psych\\_pract/treatg/pg/prac\\_guide.cfm](http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm). Accessed July 06, 2020.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed <ol style="list-style-type: none"> <li>1. Dosing Information- Dosages regimen updated on daily basis</li> <li>2. Initial Therapy &amp; Continued Therapy- Approval duration updated from Length of benefit updated to 12 months.</li> <li>3. Continued Therapy II.A.1. was rephrased to "Currently receiving medication that has been authorized by RxAdvance..."</li> <li>4. Reference reviewed and updated.</li> </ol>	07/06/2020	09/14/2020