

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The drug, Seroquel/Seroquel XR (quetiapine) is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

1. For quetiapine (Seroquel) 25mg, 50mg, and 100mg (Does not apply to members >18 years of age):

- Must have one of the following diagnoses:
 - Schizophrenia
 - Bipolar Disorder
 - Major Depressive Disorder and meet the following:
 - Must have an adequate trial and failure or an inadequate response (duration of at least 4 weeks) or intolerance to monotherapy with two different antidepressant therapies

2. For quetiapine ER (Seroquel XR):

- Must meet above criteria for quetiapine (Seroquel)
- Must have a trial and failure (duration of at least 4 weeks) of or intolerance to quetiapine (Seroquel)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Limits	
Seroquel (quetiapine)	3 tablets per day
Seroquel XR (quetiapine) 150mg, 200mg	1 tablet per day

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Seroquel (quetiapine fumerate) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals; February 2012.
2. Seroquel XR (quetiapine fumerate extended-release) [package insert] Wilmington, DE: AstraZeneca Pharmaceuticals; December 2011.
3. American Psychiatric Association. Practice Guideline for the Treatment of Patients with Major Depressive Disorder. 3rd edition. Arlington, VA; 2010.



Seroquel/Seroquel XR (quetiapine)

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4. McIntyre A, Gendron A, and McIntyre A. Quetiapine adjunct to selective serotonin reuptake inhibitors or venlafaxine in patients with major depression, comorbid anxiety, and residual depressive symptoms: a randomized, placebo-controlled pilot study. *Depression and Anxiety*. 2007;24:487-494.
5. Doree JP, Des Rosiers J, Lew V, et al. Quetiapine augmentation of treatment-resistant depression: a comparison with lithium. *Curr Med Res Opin* 2007; 23:333–341.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>

