

POLICY NAME	Behavioral Health Medications	POLICY #	1484P
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Criteria

Non-Preferred Antidepressants (Fetzima)

- ☐ **1.1** For new starts to therapy the following criteria are required:
 - Note: Established patients include patients started on a medication in an inpatient treatment center.
- ☐ **1.2** Documented intolerance, contraindication, or failure of at least 3 months taking one preferred SSRI (citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, paroxetine controlled release, sertraline)
- ☐ **1.3** Documented intolerance, contraindication, or failure of at least 3 months taking one preferred SNRI (duloxetine, venlafaxine, venlafaxine extended release)
- ☐ **1.4** Documented intolerance or failure of at least 3 months taking one additional antidepressant in any of the following drug classes:
 - Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
 - Tricyclic Antidepressants
 - SSRIs
 - Monoamine Oxidase Inhibitors (MAOIs)
 - Dopamine/Norepinephrine Reuptake Inhibitor (bupropion)
 - Serotonin Reuptake Inhibitor/Antagonist (trazodone, nefazodone)
 - Alpha-2 Antagonist (mirtazapine)

Brand Name Atypical Antipsychotics Indicated for Schizophrenia (asenapine, Caplyta, Fanapt, Latuda, Rexulti, Saphris, Secuado, Vraylar, Lybalvi, Cobenfy)

- ☐ **2.1** New starts to therapy with non-preferred atypical antipsychotics require a trial of any TWO of the following generic atypical antipsychotics: aripiprazole, olanzapine, paliperidone ER, quetiapine, quetiapine ER, risperidone, ziprasidone

Brand Name Atypical Antipsychotics Indicated for Bipolar Disorder (Caplyta, Saphris, Vraylar, asenapine, Lybalvi, Fanapt)

- ☐ **3.1** New starts to therapy with non-preferred atypical antipsychotics require a documented trial of any TWO of the following: aripiprazole, olanzapine, quetiapine (IR or ER), ziprasidone

Brand Name Atypical Antipsychotics Indicated as Adjunct Therapy for MDD (Rexulti, Vraylar)

- ☐ 4.1 The requested drug must be FDA indicated as adjunct therapy for major depressive disorder
- ☐ 4.2 Documented failure of aripiprazole or quetiapine ER used in combination with an antidepressant for a period of at least 3 months or documented intolerance or contraindication to both aripiprazole AND Statement of the Policy Criteria References quetiapine ER

Brand Name Atypical Antipsychotics Indicated for Agitation in Alzheimer Disease (Rexulti)

- ☐ 5.1 The requested drug must be FDA indicated for agitation associated with dementia related to Alzheimer disease
- ☐ 5.2 Documentation to support MRI or CT confirmed diagnosis of Alzheimer Disease
- ☐ 5.3 Baseline Neuropsychiatric Inventory (NPI) Agitation/Aggression domain score 2:4
- ☐ 5.4 Documented failure of behavioral interventions (such as eliminating environmental triggers, redirection, therapy, implementing activities, consistent sleep schedules, etc) and side effect management

Alprazolam ODT Step-Edit

- ☐ 6.1 An electronic step-edit is in place that requires a trial of generic alprazolam prior to coverage of alprazolam ODT

Olanzapine/Fluoxetine Step-Edit

- ☐ 7.1 An electronic step-edit is in place that requires a trial of BOTH olanzapine and fluoxetine prior to coverage of the olanzapine/fluoxetine combination capsule

Aplenzin and Auvelity Step-Edit

- ☐ 8.1 An electronic step-edit is in place that requires a trial of bupropion prior to coverage of Aplenzin or Auvelity