



Concomitant Antipsychotic Treatment for Children Under 18 Years of Age Guideline

Approved Indications: Treatment refractory Schizophrenia spectrum disorders or Bipolar disorder, with psychosis and/or severe symptoms

Special Considerations: Cross tapers should be approved for 30 days when the member is 17 or younger. Providers must submit a prior authorization request for continued concomitant use of any two antipsychotics beyond the 30 days allowed for cross tapering.

Guidelines for Approval for refractory schizophrenia spectrum disorder:

- Evidence of adequate trials of at least three (3) individual antipsychotics listed on the formulary for 4-6 weeks of maximum tolerated doses, and failure is due to:
 - Inadequate response to maximum tolerated dose
 - Adverse reaction(s)
 - Breakthrough symptoms

Guidelines for Approval for refractory bipolar disorder with psychosis and/or severe symptoms:

- Evidence of adequate trials of at least four (4) evidence-based treatment options dependent upon the episode type. Trials may include, but are not limited to, combination therapy of antipsychotics and mood stabilizers and/or anticonvulsants. Trials should be 4-6 weeks of maximum tolerated doses, with failure due to:
 - Inadequate response to maximum tolerated dose
 - Adverse reaction(s),
 - Breakthrough symptoms

Additional Requirements: Provider must provide supporting documentation that adherence to the treatment regimen has not been a contributing factor to the lack of response in the medication trials. Provider should provide attestation that care coordination has occurred if more than 1 prescriber.

Coverage is Not Authorized for:

- Members with known hypersensitivity to requested medication(s)
- Prior Authorization Requests not meeting the above stated criteria

Duration of Approval if Requirements Are Met:

Hospital Discharge:

14 days

Initial Approval:

- Non-Cross Taper:
 - 60 days

Previous Version Effective: 2/4/2019, 3/1/2019, 4/1/2019, 6/3/2019, 6/17/2019, 8/1/2019, 9/9/2019, 10/1/2019, 12/2/2019, 1/1/2020, 1/15/2020, 4/28/2020, 6/8/2020, 8/3/2020, 8/18/2020, 9/1/2020, 10/1/2020, 10/16/2020, 12/1/2020, 3/1/2021, 6/28/2021, 8/1/2021, 8/13/2021, 9/13/2021, 10/1/2021, 10/19/2021, 11/10/2021, 11/25/2021, 1/9/2022, 1/28/2022, 3/25/2022, 4.1.2022, 5/2/2022, 6.7.2022, 6.9.2022, 6.29.2022, 8.1.2022
Current Version Effective: 10.1.2022



- Cross Taper:
 - 30 days

Renewal Approval:

- 60 days

Concomitant Antipsychotic References:

1. ADHS/DBHS: Provider Manual Section 3.15: Psychotropic Medication: Prescribing and Monitoring
2. Correll CU, Rummel-Kluge C, Corves C, et al. Antipsychotic combinations vs monotherapy in schizophrenia: A meta-analysis of randomized controlled trials. *Schizophrenia Bulletin*, 2009;**35**:443-457.
3. Essock SM, Schooler NR, Stroup TS, et al. Effectiveness of switching from antipsychotic polypharmacy to monotherapy. *Am. J. Psychiatry*, 2011;**168**:702-708.
4. Tandon R, Belmaker RH, Gattaz WF, et al. World Psychiatric Association Pharmacopsychiatry Section statement on comparative effectiveness of antipsychotics in the treatment of schizophrenia. *Schizophrenia Research*, 2008;**100**:20-38.

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