

## Clinical Policy: Psychotropic Medication Continuity of Care (COC)

Reference Number: GA.PMN.10

Effective Date: 12/16

Last Review Date: 09/2024

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

Psychotropic medication may need continued therapy in certain situations to maintain previously controlled behavior health

### FDA Approved Indication(s)

Indicated for Food and Drug Administration (FDA) approved used of Antipsychotics, Antidepressants, and Central Nervous System (CNS) medications for Attention Deficit Hyperactivity Disorder (ADHD)

### Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that any FDA approved psychotropic medication class as listed is **medically necessary** for new members to the plan for continuity of care when the following criteria are met:

#### I. Initial Approval Criteria

*\*\* Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria \*\**

##### A. Psychotropic Medication COC (must meet all):

1. Prescribed by a Psychiatrist or psychiatric NP/PA for any FDA approved indication.  
or
2. Prescribed by a Physician, NP, or PA for a behavioral health diagnosis other than Severe Mental Illness such as: Schizophrenia, Schizoaffective, Bipolar Disorder, or any other related psychotic disorders.
3. Diagnosis of a current recognized DSM-V psychiatric disorder, **AND all of the following:**
  - a) Member is new to the Plan (enrolled within last two months);
  - b) Requested medication is for a current FDA approved indication for member age;
  - c) Requested medication does not exceed FDA recommended maximum dosage or dosing frequency for member's age;
  - d) Prescription records and/or chart notes clearly document members use of requested medication usage (Dose and Frequency);
  - e) Chart notes or Prior Authorization Form document/demonstrate a positive response to use of requested medication therapy and duration of use;
  - f) Member has been on therapy at least 3 months prior to request;

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- g) Prescription records/chart notes documenting adherence to therapy;
- h) Generic version of drug will be dispensed if one is available.
- i) Member is not currently on a medication of the same pharmacologic class

**Approval duration: 6 months**

#### II. Continued Therapy

##### A. Psychotropic Medication COC (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Member has shown a positive response to therapy

**Approval duration: 12 months**

#### III. Appendices/General Information

*Appendix A: Abbreviation/Acronym Key*

ADHD: Attention Deficit Hyperactivity Disorder

CNS: Central Nervous System

DSM-V: Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition

FDA: Food and Drug Administration

MDD: Major Depressive Disorder

#### IV.: General Information

Medication management with psychotropics are mainstay along with psychotherapy for many psychiatric disease states. In some instances, medication management may be the only option. When it comes to schizophrenia, approximately 20-30 % of all patients do not respond adequately to an initial antipsychotic trial, where some studies show up to 60% of patients being treatment-resistant. In MDD, studies suggest that between 29 % and 46 % of depressed patients fail to respond fully to antidepressant treatment of adequate dose and duration. For many psychiatric health conditions there will be an increased risk of relapse with each subsequent episode. Therefore it is prudent to find a medication trial that improves the patient's symptoms and functionality for the well-being of the patient and/or their caregivers. Many psychotropics have various receptor binding profiles within their respective pharmacological class, making treatment response potentially very individualized. Also these medications may cause debilitating adverse effects additionally making treatment selection challenging. For the major psychiatric disease states there usually is an acute, maintenance/and or continuation phase of treatment response. Therefore it would be recommended to continue medication management with drugs that have shown improvement/stability for patients.

#### V. Dosage and Administration

Based on FDA approved use

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**VI. Product Availability**

Varies on drugs

**VII. References**

1. Barbee J. Treatment-Resistant Depression. Psychiatric Times. 2009.  
<http://www.psychiatrictimes.com/major-depressive-disorder/treatment-resistant-depression>. Accessed 9/12/16
2. Shim S. Treatment-Resistant Schizophrenia. Psychiatric Times. 2009.  
<http://www.psychiatrictimes.com/printpdf/treatment-resistant-schizophrenia/page/0/2>. Accessed 9/12/16
3. Sinclair D. and Adams C. Treatment resistant schizophrenia: a comprehensive survey of randomised controlled trials. BMC Psychiatry 2014 14:253.
4. Dold M. Leucht S. Pharmacotherapy of treatment-resistant schizophrenia: a clinical perspective. Evid Based Mental Health May 2014 Vol 17 No 2 33

Reviews, Revisions, and Approvals	Date	Approval Date
Policy created.	12/2016	12/2016
Annual review. No changes made	9/2017	9/2017
Annual review. No changes made	3/2018	3/2018
Annual review. No changes made.	12/18	12/18
Changed current Georgia policy templates to corporate standard templates for drug coverage criteria to meet corporate compliance. Changes/revisions included; new formatting, font size, use of standard policy language for each section of policy, and rearranged order of certain steps in criteria and sections.	2/21/19	2/2019
Annual review. Updated initial criteria for clarity on prescribing psychotropics based on diagnosis for non-psychiatric specialist by not allowing prescribing for diagnosis related to severe mental illness and other psychotic. Updated fonts for consistency.	1/2020	1/2020
Annual review. No changes made.	1/2021	1/2021
4Q 2021 annual review. No changes made.	10/2021	10/2021
4Q 2022 annual review. No changes made.	10/2022	10/2022
4Q 2023 annual review. No changes made.	10/2023	10/2023
4Q 2024 annual review. No changes made.	09/2024	09/2024

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional

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**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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