Blue Cross and Blue Shield of Vermont and the Vermont Health Plan  
Prior Approval Guidelines  
Seroquel® (quetiapine)-immediate release tablets

DESCRIPTION:  Quetiapine is a dibenzothiazepine atypical antipsychotic. It has been proposed that the drugs activity is mediated through a combination of dopamine type 2 (D₂) - and Serotonin type 2 (5HT₂) antagonism. It is an antagonist at multiple neurotransmitter receptors in the brain: serotonin 5-HT1A and 5-HT2, dopamine D1 and D2, Histamine H1, and adrenergic Alpha1 and Alpha2-receptors; but appears to have no appreciable affinity at cholinergic muscarinic and benzodiazepine receptors.

INDICATION(S):  Quetiapine is indicated for the treatment of schizophrenia, depressive episodes associated with bipolar disorder, acute manic episodes associated with bipolar I disorder (as either monotherapy or adjunct therapy to lithium or valproate), and maintenance treatment of bipolar I disorder (as adjunct therapy to lithium or divalproex)

REASONS FOR PA:  ☐ Cost  ☒ Potential for misuse  ☐ Toxicity

CRITERIA for APPROVAL:  Patient has a diagnosis of schizophrenia,  
Patient has a diagnosis of depressive episodes associated with bipolar disorder, acute manic episodes associated with bipolar I disorder (as either monotherapy or adjunct therapy to lithium or valproate), and maintenance treatment of bipolar I disorder (as adjunct therapy to lithium or divalproex)

REASONS for DENIAL of BENEFIT:  1. Patient is taking less than or equal to 100 mg of quetiapine (Seroquel) AND  
2. Patient is taking for Obsessive-Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), or anxiety or 
3. Patient is taking for treatment of Tourette’s disorder or 
4. Patient is taking for the treatment of delirium or 
5. Patient is taking for the treatment or prevention of headaches or 
6. Patient is taking for pain management or 
7. Patient is taking for insomnia and 
8. Patient has a hypersensitivity to quetiapine (Seroquel®) or any of its components or 
9. Patient does not meet above criteria

RENEWAL CRITERIA:  Review of past demonstrates a reduced frequency of clinical exacerbations and improved health-related quality of life

BENEFIT APPROVAL:  Initial approval for a period of 24 months. Renewal approval period: 24 months

POLICY HISTORY:  Policy created 2010. Policy review, clarification of mg threshold (<=100mg) and extension of benefit approvals from 12 to 24 months

References:  