



Prior Authorization- Exceeding Maximum Daily Recommended Dose

Maricopa County/Magellan

Medication Class: Second Generation Antipsychotics

Aripiprazole	30 mg
Ziprasidone	160 mg
Risperidone	10 mg
Quetiapine	800 mg
Olanzapine	20 mg

Medication Class: Antidepressants

Citalopram	60 mg
Duloxetine	120 mg
Escitalopram	20 mg
Fluoxetine	80 mg
Fluvoxamine	300 mg
Venlafaxine	375 mg
Paroxetine	60 mg
Bupropion IR	450 mg
Bupropion SR	400 mg
Sertraline	200 mg
Mirtazapine	45 mg

High Dose Safe and Appropriate Use Review – Doses exceeding maximum

Resource-AzDBHS provider Manula Section 3.15: Psychotropic Medication: Prescribing and Monitoring www.azdhs.gov/bhs/provider/sec3_15.pdf

Guidelines for approval:

1. Medications at the specified levels have been documented to be ineffective for a clinically significant trial.
2. Evidence-based augmentation strategies have been documented to be ineffective or clinically inappropriate.



3. The clinician has assurance that adherence to medications has not been a contributing factor to inadequate response to medications.
4. Clinician has ruled out non-response is due to an unrecognized or under-treated co-morbid disorder.
5. Initial approvals for high dose trial will be for 90 days. Documentation should be used to document symptom improvement over previous therapy.

References (SGAs):

1. Manufacture Product Information.
2. Lehman AF, et al. Practive guideline for the treatment of patients with schizophrenia. American Psychiatric Association. Feb 2004.
3. Marder SR, Essock SM, Miller AL, et al. The Mount Sinai conference on the pharmacotherapy of schizophrenia. *Schizophrenia Bulletin*. 2002;28;5 – 16.
4. Miller AL, Hall CS, Crimson ML, Chiles JA. TIMA (Texam Implementation of Medication Algorithms) Procedure Manuel: Schizophrenia Module. Version: January 8, 2003.
5. Casey DE, Daniel DG, Wassef AA et al. Effect of divalproex combined with olanzapine or risperidone in patients with an acute exacerbation of schizophrenia. *Neuropsychopharmacology* 2003; 28:182 – 192.
6. The expert consensus guidelines: optimizing pharmacologic treatment of psychotic disorders. *J Clin Psychiatry* 2003; 64; supplement 12.

References (Antidepressants):

1. Manufacture Product Information
2. Stahl, SM. Essential Psychopharmacology. Second Edition, pg 283-285,
3. Niernberg AA. Et al. A comparison of lithium and T₃ augmentation following two failed medication treatments for depression: a STAR*D Report. *AM J Psychiatry* 2006; 163: 1519-1530.
4. Trivedi MH, et al. Medication augmentation after the failure of SSRIs for Depression. *N Engl J Med*. 2006; 354:1243-1253.