

Clinical Policy: Clozapine orally disintegrating tablet (Fazacllo)

Reference Number: CP.PMN.12

Effective Date: 08.01.15

Last Review Date: 02.18

Line of Business: Medicaid

[Revision Log](#)

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

Description

Clozapine ODT (Fazacllo[®]) is an atypical antipsychotic available as an orally disintegrating tablet only.

FDA Approved Indication(s)

Fazacllo is indicated for the treatment of:

- Schizophrenia
- Reducing suicidal behavior in patients with schizophrenia or schizoaffective disorder.

Policy/Criteria

Provider must submit documentation (including such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation[®] that Fazacllo is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Schizophrenia or Schizoaffective Disorder (must meet all):

1. Diagnosis of schizophrenia or schizoaffective disorder;
2. Age \geq 18 years;
3. Failure of a \geq 4 week trial of risperidone ODT or solution at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
4. Documentation supports member's inability to use regular clozapine tablets (non-ODT);
5. Dose does not exceed 900 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Schizophrenia or Schizoaffective Disorder (must meet all):

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1. Currently receiving medication via Centene benefit or documentation supports that member is currently receiving Fazacllo for schizophrenia and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 900 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

ODT: orally disintegrating tablet

REMS: Risk Evaluation and Mitigation Strategies

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
risperidone ODT (Risperdal)	2mg – 16mg once or twice daily	Adolescents: 6mg/day Adults: 16mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Clozapine Risk Evaluation and Mitigation Strategies (REMS) Program

- Clozapine is associated with severe neutropenia (absolute neutrophil count less than 500/ μ L). The requirements to prescribe, dispense, and receive clozapine are incorporated into a single, shared program called the Clozapine REMS. This program is available at <https://www.clozapinerems.com>.
- A REMS is a strategy to manage known or potential risks associated with a drug or group of drugs, and is required by the FDA for clozapine to ensure that the benefits of the drug outweigh the risk of severe neutropenia. The Clozapine REMS Program replaces the individual clozapine patient registries and the National Non-Rechallenge Master File.

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Appendix D: Black Box Warning: Severe Neutropenia; Orthostatic Hypotension, Bradycardia, and Syncope; Seizure; Myocarditis and Cardiomyopathy; Increased Mortality in Elderly Patients with Dementia-Related Psychosis

- Severe neutropenia: Clozapine can cause severe neutropenia, which can lead to serious and fatal infections. Patients initiating and continuing treatment with Fazaclar must have a baseline blood absolute neutrophil count measured before treatment initiation and regular absolute neutrophil count monitoring during treatment.
- Orthostatic hypotension, bradycardia, and syncope: Risk is dose related. Starting dose is 12.5 mg. Titrate gradually and use divided dosages.
- Seizure: Risk is dose-related. Titrate gradually and use divided doses. Use with caution in patients with history of seizure or risk factors for seizure.
- Myocarditis and cardiomyopathy: Can be fatal. Discontinue and obtain cardiac evaluation if findings suggest these cardiac reactions.
- Increased mortality in elderly patients with dementia-related psychosis: Fazaclar is not approved for this condition.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Schizophrenia/schizoaffective disorder	12.5 mg once daily or twice daily. Titrate the total daily dosage in increments of 25 mg to 50 mg per day, to a target dose of 300 mg to 450 mg per day, in divided doses, by the end of 2 weeks	900 mg per day

VI. Product Availability

ODT: 12.5 mg, 25 mg, 100 mg, 150 mg, and 200 mg

VII. References

1. Fazaclar Prescribing Information. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; February 2017. Available at <http://pp.jazzpharma.com/pi/fazaclar.en.USPI.pdf>. Accessed July 27, 2017.
2. Clozapine. In: Clinical Pharmacology. Tampa, FL: Gold Standard; 2008. Available at www.clinicalpharmacology.com. Accessed November 2, 2017.
3. Clinical Pharmacology. Tampa, FL: Gold Standard; 2008. Available at www.clinicalpharmacology.com. Accessed July 2017.
4. Clozapine REMS Web site. <https://www.clozapinerems.com/>. Accessed November 2, 2017.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New guideline created – replaces CP.PMN.56	08.15	08.15
Removed requirement for failure of clozapine tablet and modified criteria to require failure of 2 generic PDL agents FDA approved for member’s diagnosis; Modified criteria D to request for documentation supporting member’s inability to use regular clozapine tablet	10.15	11.15

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted to new integrated template; updated references	08.16	11.16
1Q18 annual review: - No significant changes - References reviewed and updated.	11.02.17	02.18

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 organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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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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