

Pharmacy Medical Necessity Guidelines: Buspirone

Effective: July 20, 2020

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
<p>These pharmacy medical necessity guidelines apply to the following:</p> <p>Commercial Products</p> <input type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input type="checkbox"/> Tufts Health Freedom Plan products – small group plans <ul style="list-style-type: none"> • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>Tufts Health Public Plans Products</p> <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan		<p>Fax Numbers: RXUM: 617.673.0988</p>	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FDA-APPROVED INDICATIONS

Buspirone is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety.

COVERAGE GUIDELINES

The plan may authorize coverage of a non-preferred anti-anxiety medication when the following criteria are met:

Buspirone 30 mg tablets:

1. The Member had an inadequate response to or the provider indicates clinical inappropriateness of therapy with two 15 mg buspirone tablets

Upon Renewal

1. The Member had an office visit in the past year, was reassessed for the condition, and continued therapy with the medication is considered medically necessary.

LIMITATIONS

1. The length of approval for buspirone 30 mg tablet will be for 2 years.
2. Samples, free goods, or similar offerings of the requested medication do not qualify for an established clinical response or exception, but will be considered on an individual basis for prior authorization.

CODES

None

REFERENCES

1. Buspar (buspirone) [prescribing Information] Princeton, NJ; Bristol-Myers Squibb; November 2010.
2. Lexi-Drugs Online: Buspirone [cited May 26, 2015]. Available from: <http://online.lexi.com/crlsql/servlet/crlonline>
3. Lexi-Drugs Online: Meprobamate [cited May 26, 2015]. Available from: <http://online.lexi.com/crlsql/servlet/crlonline>
4. National Collaborating Centre for Mental Health, National Collaborating Centre for Primary Care. Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults. Management in primary, secondary and community care. London, UK: National Institute for Health and Clinical Excellence (NICE); 2011.
5. Bandelow B, Sher L, Bunevicius R, Hollander E., Siegfried K. Guidelines for the pharmacological treatment of anxiety disorders, obsessive – compulsive disorder and posttraumatic stress disorder in primary care. International Journal of Psychiatry in Clinical Practice 2013; 16: 77-84.
6. Meprobamate [prescribing information]. Bridgewater, NJ: Alembic Pharmaceuticals; March 2019.

APPROVAL HISTORY

June 9, 2015: Reviewed by Pharmacy & Therapeutics Committee; incorporated criteria for buspirone and established drug-specific criteria for meprobamate; added criteria for Members less than 6 years of age.

Subsequent endorsement date(s) and changes made:

1. September 15, 2015: Approval duration modified to life of plan for Members less than 6 years of age and for buspirone. Approval duration modified to 2 years for meprobamate.
2. January 1, 2016: Administrative change to rebranded template.
3. September 13, 2016: Modified approval criteria for members less than 6 years of age. Added benzodiazepines falling under the PBHMI to the policy.
4. May 9, 2017: Administrative update. Effective 6/1/2017, Medical Necessity Guideline applies to Tufts Health RITogether. Removed Pediatric Behavioral Health Medication Initiative (PBHMI) criteria.
5. December 12, 2017: No changes.
6. December 11, 2018: Administrative changes made to template.
7. October 15, 2019: No changes.
1. April 14, 2020: Effective July 1, 2020, removed medication-specific criteria for meprobamate from the MNG, as it is Not Covered. Clarified renewal criteria so that it applies to all agents in the MNG. Renamed the MNG "Buspirone."
2. July 14, 2020: Administrative update, added language concerning samples to the limitations section of the MNG.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.