

CRITERIA FOR PRIOR AUTHORIZATION

Antipsychotic Dosing Limits

PROVIDER GROUP	Pharmacy
MANUAL GUIDELINES	The following drugs require no prior authorization up to the maximum daily dose listed below: Aripiprazole (Abilify®) Asenapine (Saphris®) Brexpiprazole (Rexulti®) Clozapine (Clozaril®, Fazaclo®) Iloperidone (Fanapt®) Lurasidone (Latuda®) Olanzapine (Zyprexa®, Zyprexa Zydis®) Olanzapine/Fluoxetine (Symbyax®) Paliperidone (Invega®) Quetiapine (Seroquel®) Quetiapine Fumarate (Seroquel XR®) Risperidone (Risperdal®, Risperdal M-Tab®) Ziprasidone (Geodon®)

CRITERIA FOR ANTIPSYCHOTIC DOSING LIMITS:

- Dose must not exceed limit in table 1

Table 1

Drug	Maximum Daily Dose
Aripiprazole (Abilify®)	30mg
Asenapine (Saphris®)	20mg
Brexpiprazole (Rexulti®)	4mg
Clozapine (Clozaril®, Fazaclo®)	900mg
Iloperidone (Fanapt®)	24mg
Lurasidone (Latuda®)	160mg
Olanzapine (Zyprexa®, Zyprexa Zydis®)	30mg
Olanzapine/Fluoxetine (Symbyax®)	18/75mg
Paliperidone (Invega®)	12mg
Quetiapine (Seroquel®)	1200mg
Quetiapine Fumarate (Seroquel XR®)	1200mg
Risperidone (Risperdal®, Risperdal M-Tab®)	16mg
Ziprasidone (Geodon®)	240mg