

CRITERIA FOR PRIOR AUTHORIZATION

Dosing of Concurrent Antipsychotics

PROVIDER GROUP	Pharmacy
MANUAL GUIDELINES	The following drugs require prior authorization: Aripiprazole (Abilify®, Abilify Maintenna®) Asenapine (Saphris®) Brexipiprazole (Rexulti®) Chlorpromazine Clozapine (Clozaril®, Fazaclo®) Fluphenazine Haloperidol (Haldol®) Iloperidone (Fanapt®) Loxapine (Adasuve®) Lurasidone (Latuda®) Olanzapine (Zyprexa®, Zyprexa Zydis®) Olanzapine Pamoate (Zyprexa Relprevv®) Olanzapine/Fluoxetine (Symbyax®) Paliperidone (Invega®) Paliperidone Palmitate (Invega Sustenna®, Invega Trinza®) Perphenazine Pimozide (Orap®) Prochlorperazine Maleate (Compazine®) Quetiapine (Seroquel®) Quetiapine Fumarate (Seroquel XR®) Risperidone (Risperdal®, Risperdal Consta®, Risperdal M-Tab®) Thioridazine HCl Thiothixene Trifluoperazine Ziprasidone (Geodon®)

CRITERIA FOR PATIENTS ≥18 YEARS OF AGE RECEIVING MULTIPLE ANTIPSYCHOTICS CONCURRENTLY FOR 60 DAYS:

- Three or more antipsychotics used concurrently for greater than 60 days (includes LAI and Oral):
 - Must be prescribed by a psychiatrist
 - Peer-to-Peer consult with health plan psychiatrist, medical director, or pharmacy director must be completed for approval
- Two or more concurrent long-acting injectable antipsychotics for greater than 60 days
 - Peer-to-Peer consult with health plan psychiatrist, medical director, or pharmacy director must be completed for approval

LENGTH OF APPROVAL: 12 Months

CRITERIA FOR PATIENTS <18 YEARS OF AGE RECEIVING MULTIPLE ANTIPSYCHOTICS CONCURRENTLY FOR 60 DAYS:

- Two or more antipsychotics used concurrently for greater than 60 days (includes LAI and Oral):
 - Must be prescribed by a psychiatrist
 - Peer-to-Peer consult with health plan psychiatrist, medical director, or clinical pharmacist must be completed for approval

LENGTH OF APPROVAL: 6 Months