

# Quick Reference Drug List:

## Atypical Antipsychotics/ Miscellaneous



**P**each State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. **Generic products are preferred.**

Prior Authorizations should be sent to **Pharmacy Services:**

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
<b>Oral Atypical Antipsychotics</b>				
Abilify®	Aripiprazole	Tabs: 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; Oral Sol:1mg/ml	Yes	Tabs: AL: at least 6 years old; QL: 1 per day. Sol: AL: at least 6 years old; QL: 750ml per fill
Abilify Discmelt®	Aripiprazole	ODT: 10mg, 15mg	Yes	AL: at least 6 years old; QL: 1 per day
Abilify MyCite®	Aripiprazole	Tab with Sensor: 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	No	PA Required
Bysanti®	Milsaperidone	Tabs: 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg; 4-day titration pack A; 4-day titration pack B, 3-day titration pack C	No	PA Required
Caplyta®	Lumateperone	Caps: 10.5mg, 21mg, 42mg	No	PA Required
Clozaril®	Clozapine	Tabs: 25mg, 50mg, 100mg, 200mg	Yes	AL: at least 18 years old; QL:3 per day
Fanapt®	lloperidone	Tabs: 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg 4-day titration pack A; 4-day titration pack B, 3-day titration pack C	No	PA Required
Fazaclo®	Clozapine	ODT: 12.5mg, 25mg, 100mg, 150mg, 200mg	No	PA Required
Geodon®	Ziprasidone	Caps: 20mg, 40mg, 60mg, 80 mg caps; Powder for inj: 20 mg	Yes (oral only)	AL: at least 18 years old; QL: 2 per day
Invega®	Paliperdone	ER Tabs: 1.5mg, 3mg, 6mg, 9mg	No	PA Required
Latuda®	Lurasidone	Tabs: 20mg, 40mg, 60mg, 80mg, 120mg	Yes	None
Mezofy®	Aripiprazole	Oral Film: 5mg, 10mg, 15mg	No	PA Required
Nuplazid®	Pimavanserin	Tabs: 10mg Caps: 34mg	Yes	PA Required. QL: 1 per day (Caps and Tabs)
Opipza®	Aripiprazole	Oral Strip: 2mg, 5mg, 10mg	No	PA Required

# Quick Reference Drug List: Atypical Antipsychotics/Miscellaneous



Prior Authorizations should be sent to **Pharmacy Services**:

Prior Authorization Phone: 866-399-0928

Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Rexulti®	Brexipiprazole	Tabs: 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4 mg	No	PA Required
Risperdal®	Risperidone	Tabs: 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4 mg Oral Sol: 1mg/ml	Yes	AL: at least 5 years old; QL: 4 per day (Tabs), 4ml per day (Sol)
Risperdal M-Tab®	Risperidone	ODT: 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4 mg	Yes	AL: at least 5 years old; QL: 2 per day
Saphris®	Asenapine	SL Tabs: 2.5mg, 5mg, 10mg	No	PA Required
Secuado®	Asenapine	TD Patch: 3.8mg, 5.7mg, 7.6mg	No	PA Required
Seroquel®	Quetiapine	Tabs: 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	Yes	AL: at least 10 years old (all strengths) up to 17 years old (25mg, 50mg); QL: 4 per day (25mg, 50mg, 100mg, 200mg); QL: 2 per day (300mg, 400mg)
Seroquel XR®	Quetiapine	ER Tabs: 50mg, 150mg, 200mg, 300mg, 400mg	No	PA Required
Versacloz®	Clozapine	Susp: 50mg/ml	No	PA Required
Vraylar®	Cariprazine	Caps: 1.5mg, 3mg, 4.5mg, 6mg Pack: 1.5mg and 3mg	No	PA Required
Zyprexa®	Olanzapine	Tabs: 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; Inj: 10mg	Yes (tab only)	AL=at least 10 years old (all strengths); QL: 4 per day (2.5, 5mg tabs); QL: 2 per day (7.5, 10mg); QL: 1 per day (15, 20mg)
Zyprexa Zydis®	Olanzapine	ODT: 5mg, 10mg, 15mg, 20mg	No	PA Required
<b>Combination Products</b>				
Lybalvi®	Olanzapine/Samidorphan	Tabs: 5mg/10mg, 10mg/10mg, 15mg/10mg, 20mg/10mg	No	PA Required
Symbyax®	Olanzapine/Fluoxetine	Caps: 3mg/25mg, 6mg/25mg, 6mg/50mg, 12mg/25mg, 12mg/50 mg	No	PA Required
<b>Miscellaneous Antipsychotics</b>				
Cobenfy®	Xanomeline/Trospium	Caps: 50mg/20mg, 100mg/20mg, 125mg/30mg	No	PA Required
<b>Long-Acting Injectable Atypical Antipsychotics</b>				
Abilify Maintena®	Aripiprazole	Powder for inj: 300mg, 400mg; Dual Chamber: 300mg, 400mg	Yes	SP: PA Required
Abilify Asimtufii®	Aripiprazole	Inj: 720mg/2.4ml, 960mg/3.2ml	No	SP: PA Required

# Quick Reference Drug List: Atypical Antipsychotics/Miscellaneous



Prior Authorizations should be sent to **Pharmacy Services:**

Prior Authorization Phone: 866-399-0928

Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Aristada®	Aripiprazole Lauroxil	Inj: 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml Initio: 675mg/2.4ml (for loading)	Yes	SP: PA Required
Aristada Initio®	Aripiprazole Lauroxil	Inj: 675mg/2.4ml	Yes	SP: PA Required
Erzofri®	Paliperidone Palmitate	ER Inj Susp: 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml, 351mg/2.25ml	Yes	SP: PA Required
Invega Hafyera®	Paliperidone Palmitate	Inj: 1092mg/3.5ml, 1560mg/5ml	Yes	SP: PA Required
Invega Sustenna®	Paliperidone Palmitate	Inj Susp: 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Yes	SP: PA Required
Invega Trinza®	Paliperidone Palmitate	Inj Susp: 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	Yes	SP: PA Required
Perseris®	Risperidone	Inj: 90mg, 120mg	Yes	SP: PA Required
Risperdal Consta®	Risperidone	Inj: 12.5mg, 25mg, 37.5mg, 50mg	Yes	SP: PA Required
Rykindo®	Risperidone	Inj: 12.5mg, 25mg, 37.5mg, 50mg	No	SP: PA Required
Uzedy®	Risperidone	Inj: 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	No	SP: PA Required
Zyprexa Relprevv®	Olanzapine Pamoate	Powder for Inj: 210mg, 300mg, 405mg	Yes	SP: PA Required

Aero=Aerosol, AL=Age Limits, Act=Actuation, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, Elix=Elixer, GL=Gender Limit, GM=Gram, HR=Hour, IM=Intramuscular, Inh=Inhaler, Inj=Injection, IR=Immediate-release, LA= Long-Acting, MCG=Microgram, MDI=Metered Dose Inhaler, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, Neb=Nebulizer, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, RTL=Retail, SP= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TM= Transmucosal, TR=timed Release, XL= Extended Release, XR=Extended Release

**For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com)**