



**GEORGIA MEDICAID FEE-FOR-SERVICE
ATYPICAL ANTIPSYCHOTICS PA SUMMARY**

Preferred	Non-Preferred
Oral Agents	
Aripiprazole tablets generic Clozapine generic Latuda (lurasidone) Olanzapine generic Rexulti – for major depressive disorder only Risperidone generic Quetiapine IR generic Ziprasidone generic	Aripiprazole orally disintegrating tablets (ODT) generic Aripiprazole oral solution generic Clozapine ODT generic Fanapt (iloperidone) FazaClo (clozapine ODT) Invega (paliperidone) Olanzapine/fluoxetine generic Paliperidone generic Rexulti (brexiprazole) – for schizophrenia/schizoaffective disorder only Saphris (asenapine) Seroquel XR (quetiapine extended-release) Symbyax (olanzapine/fluoxetine) Versacloz (clozapine oral suspension) Vraylar (cariprazine)
Injectable Agents	
Abilify Maintena (aripiprazole long-acting injection)* Aristada (aripiprazole lauroxil long-acting injection)* Geodon (ziprasidone short-acting injection) Invega Sustenna (paliperidone long-acting injection)* Invega Trinza (paliperidone long-acting injection)* Risperdal Consta (risperidone long-acting injection)* Zyprexa Relprevv (olanzapine long-acting injection)*	Olanzapine short-acting injection generic Zyprexa injection (olanzapine short-acting injection)

*Preferred injectable agents that require PA.

LENGTH OF AUTHORIZATION: 6 Months to 1 Year

NOTES:

- ❖ Prior authorization (PA) is not required for the following preferred generic products (clozapine olanzapine, quetiapine IR, risperidone and ziprasidone) or FazaClo for members that are within FDA-approved ages. For members between the ages of 5-16 using risperidone generic for pervasive developmental disorders (PDD)/autism irritability, PA is not required if the applicable ICD-10 code is provided on the prescription for the pharmacy to enter at the point-of-sale.
- ❖ Prior authorization is not required for brand short-acting injections (Geodon, Zyprexa). Generic olanzapine short-acting injection requires PA with a written letter of medical necessity stating the reasons brand Zyprexa short-acting injection is not appropriate for the member.
- ❖ For Latuda use in members ≥ 18 year old, an automated system look back is in place for the past 365 days in claims history for prior use of aripiprazole, olanzapine, risperidone, quetiapine or ziprasidone.



- ❖ For Rexulti use in members ≥ 18 year old, an automated system look back is in place for the past 365 days in claims history as follows:
 - For members with a diagnosis of major depressive disorder: prior use of 2 antidepressants (one of which must be a selective serotonin reuptake inhibitor (SSRI)) and concurrent therapy of an antidepressant are required;
 - For members with a diagnosis of schizophrenia/schizoaffective disorder: prior use of Latuda is required.
- NOTE: Rexulti prescriptions must include a diagnosis code and that code must be entered at the time of claim submission by the pharmacy for autoprocessing to occur.**
- ❖ If generic olanzapine/fluoxetine is approved, the PA will be issued for brand Symbyax. If generic clozapine ODT is approved, the PA will be issued for brand FazaClo. If paliperidone is approved, the PA will be issued for brand Invega.
- ❖ For all members younger than FDA-approved ages, PA must be requested by completing the Atypical Antipsychotic Prior Authorization Request Form and **faxing to OptumRx at 888-491-9742**. Letter of medical necessity information should include diagnosis, medical and medication history, improvement in symptoms while on medication, monitoring plan and any other information or documentation supporting the use of the medication.
- ❖ The Atypical Antipsychotic PA Request Form is located at <http://dch.georgia.gov/prior-authorization-process-and-criteria>.
- ❖ For products requiring PA, an extension of therapy may be requested for members that have been on therapy and are being tapered off of medication for discontinuation, for members that have been on therapy and whose PA is under review for age appropriateness, and for members that have been on therapy and are being referred to a psychiatrist and are awaiting an appointment.
- ❖ Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request PA as part of the patient's discharge plan.
- ❖ If an injectable medication is being administered in a physician's office or clinic then the drug must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at www.mmis.georgia.gov/portal.

PA CRITERIA:

Oral Agents

Aripiprazole ODT Generic and Aripiprazole Oral Solution Generic

- ❖ The tablet oral dosage formulation should be used. Exceptions may be made for the following reasons: member has difficulty swallowing solid oral dosage forms, needs monitoring by caregiver to ensure compliance or requires dose that cannot be obtained with aripiprazole tablets (for aripiprazole oral solution only)

AND

- ❖ For members 10-12 years of age with a diagnosis of mixed or manic episodes associated with bipolar disorder or members 6-17 years of age with a diagnosis of irritability associated with autism or pervasive developmental disorder (PDD), must have experienced ineffectiveness, allergy,



contraindication, drug-drug interaction or intolerable side effect with risperidone ODT or risperidone oral solution.

- ❖ For members 13 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT, risperidone oral solution or olanzapine ODT.
- ❖ For members 18 years of age or older with a diagnosis of adjunctive therapy for major depressive disorder (MDD), must have had an inadequate response to at least 3 antidepressants (one of which must be a selective serotonin reuptake inhibitor [SSRI]) and must use concurrently with an antidepressant.
- ❖ Approvable for members 6 to 18 years of age with a diagnosis of moderate to severe Tourette's syndrome resulting in impaired quality of life.

Aripiprazole Tablets Generic

- ❖ For members 10 years of age or older with a diagnoses of mixed or manic episodes associated with bipolar disorder, must have experienced ineffectiveness with at least one other preferred generic atypical antipsychotic (olanzapine, quetiapine, risperidone, ziprasidone).
- ❖ For members 13 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness with at least one other preferred generic atypical antipsychotic (olanzapine, quetiapine, risperidone, ziprasidone).
- ❖ For members 6-17 years of age with a diagnosis of irritability associated with autism or PDD, must have experienced ineffectiveness with at least one other preferred generic atypical antipsychotic (olanzapine, quetiapine, risperidone, ziprasidone).
- ❖ For members 18 years of age or older with a diagnosis of adjunctive therapy for MDD, must have had an inadequate response to at least 3 antidepressants (one of which must be a SSRI) and must use concurrently with an antidepressant.
- ❖ Approvable for members 6 to 18 years of age with a diagnosis of moderate to severe Tourette's syndrome resulting in impaired quality of life.

Clozapine Generic, FazaClo, Olanzapine Generic, Risperidone Generic, Quetiapine IR Generic and Ziprasidone Generic

- ❖ Prior authorization for members within FDA-approved ages is not required.
- ❖ Prior authorization for members outside of FDA-approved ages requires the Atypical Antipsychotic Prior Authorization Form to be completed.

Clozapine ODT Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand FazaClo is not appropriate for the member.

Fanapt

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 3 of the following preferred generic atypical antipsychotics (olanzapine, quetiapine, risperidone, ziprasidone) as well as aripiprazole and Latuda.



Invega and Paliperidone Generic

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 3 of the following preferred generic atypical antipsychotics (olanzapine, quetiapine, risperidone, ziprasidone) as well as aripiprazole and Latuda.
- ❖ For members 12-17 years of age with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 2 of the following preferred generic atypical antipsychotics (olanzapine, quetiapine, risperidone) as well as aripiprazole.

Latuda

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness with at least one of the following preferred generic atypical antipsychotics (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone).
- ❖ For members 18 years of age or older with a diagnosis of depressive episodes associated with bipolar disorder, the member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with olanzapine (taken concurrently or in combination with fluoxetine) or quetiapine.

Olanzapine/Fluoxetine Generic and Symbyax

- ❖ For members 18 years of age or older with a diagnosis of depressive episodes associated with bipolar disorder, an atypical antipsychotic and an antidepressant should be used as two separate products.
- ❖ For members 18 years of age or older with a diagnosis of treatment-resistant MDD, must have had an inadequate response to at least 3 antidepressants (one of which must be an SSRI).

Rexulti

- ❖ For members 18 years of age or older with a diagnosis of schizophrenia or schizoaffective disorder, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with Latuda.
- ❖ For members 18 years of age or older with a diagnosis of adjunctive therapy for MDD, must have had an inadequate response to at least 2 antidepressants (one of which must be an SSRI) and must use concurrently with an antidepressant.

Saphris

- ❖ For members 18 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder who have difficulty swallowing regular oral dosage forms or need monitoring by caregiver to ensure compliance, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT or olanzapine ODT.
- ❖ For members 18 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder who are able to swallow regular oral dosage forms, must have



experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 3 of the following preferred generic atypical antipsychotics (olanzapine, quetiapine, risperidone, ziprasidone) as well as aripiprazole and Latuda (for schizophrenia/schizoaffective disorder only).

- ❖ For members 10-17 years of age with a diagnosis of mixed or manic episodes associated with bipolar disorder who have difficulty swallowing regular oral dosage forms or need monitoring by caregiver to ensure compliance, must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with risperidone ODT or olanzapine ODT.
- ❖ For members 10-17 years of age with a diagnosis of mixed or manic episodes associated with bipolar disorder who are able to swallow regular oral dosage forms, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 2 of the following preferred generic atypical antipsychotics (risperidone, quetiapine, olanzapine).

Seroquel XR

- ❖ For members 10 years of age or older with a diagnosis of manic or mixed episodes associated with bipolar disorder or for members 13 years of age or older with schizophrenia/schizoaffective disorder, prescriber must submit documentation of allergies, contraindications, drug-drug interactions or a history of intolerable side effects to the *inactive* ingredients of quetiapine IR generic and must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 2 of the following preferred generic atypical antipsychotics (olanzapine, risperidone, ziprasidone) as well as aripiprazole and Latuda (for schizophrenia/schizoaffective disorder only).
- ❖ For members 18 years of age or older with a diagnosis of depressive episodes associated with bipolar disorder, prescriber must submit documentation of allergies, contraindications, drug-drug interactions or a history of intolerable side effects to the *inactive* ingredients of quetiapine IR generic and must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with olanzapine (given concurrently or in combination with fluoxetine) or Latuda.
- ❖ For members 18 years of age or older with a diagnosis of Adjunctive Therapy for Major Depressive Disorder, must have had an inadequate response to at least 3 antidepressants (one of which must be an SSRI) and must use concurrently with an antidepressant.

Versacloz

- ❖ For members 18 years of age or older with a diagnosis of suicidal behavior associated with schizophrenia/schizoaffective disorder or treatment-resistant (refractory) schizophrenia/schizoaffective disorder, approvable if administered in a nasogastric (NG) or gastric tube.



Vraylar

- ❖ For members 18 years of age or older with a diagnosis of mixed or manic episodes associated with bipolar disorder or schizophrenia/schizoaffective disorder, must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 3 of the following preferred generic atypical antipsychotics (olanzapine, quetiapine, risperidone, ziprasidone) as well as aripiprazole (Abilify) and Latuda (for schizophrenia/schizoaffective disorder only).

Injectable Agents

Abilify Maintena and Aristada

- ❖ Member must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist. In addition, documentation must be submitted to demonstrate one of the following: the member has already been started and stabilized on the medication, member has a history of noncompliance with oral aripiprazole, or member is unable to swallow oral dosage forms.

Invega Sustenna

- ❖ Members must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist. In addition, documentation must be submitted to demonstrate one of the following: the member has already been started and stabilized on this medication, member has a history of noncompliance with oral paliperidone or oral risperidone, or member is unable to swallow oral dosage forms.

Invega Trinza

- ❖ Members must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist. In addition, member must have been established on Invega Sustenna for at least 4 months.

Risperdal Consta

- ❖ Members must be 18 years of age or older, have a diagnosis of bipolar disorder or schizophrenia/schizoaffective disorder and be under treatment by or in consultation with a psychiatrist. In addition, documentation must be submitted to demonstrate one of the following: the member has already been started and stabilized on this medication, member has a history of noncompliance with oral paliperidone or oral risperidone, or member is unable to swallow oral dosage forms.

Zyprexa Relprevv

- ❖ Member must be 18 years of age or older, have a diagnosis of schizophrenia or schizoaffective disorder and be under treatment by or in consultation with a psychiatrist. In addition, documentation must be submitted to demonstrate one of the following: the member has already been started and stabilized on this medication, member has a history of noncompliance with oral olanzapine, or member is unable to swallow oral dosage forms.
- ❖ Must be administered in a Risk Evaluation and Mitigation Strategies (REMS)-certified outpatient facility.



QLL CRITERIA:

- ❖ For *Clozapine, Clozapine ODT, FazaClo, Olanzapine, Quetiapine IR, Rexulti, Risperidone, and Ziprasidone*: An authorization to exceed the QLL may be granted if the member's dose is being titrated due to initiation of therapy. The physician should submit faxed documentation of the proposed titration schedule.
- ❖ Additionally, for *olanzapine 20mg*, an authorization to exceed the QLL may be granted if physician submits faxed documentation of evidence of refractory schizophrenia/schizoaffective disorder and evidence that the member is being monitored for increases in weight, blood glucose, and lipid panel.
- ❖ For *low-dose quetiapine IR* (25mg at doses of 1 or 2 tablets per day or 50mg at dose of 1 tablet per day), the physician must submit a written letter of medical necessity. The member must also not be using another strength of quetiapine IR, an antidepressant, or an antipsychotic.

EXCEPTIONS:

- ❖ Physicians can request approval for members which have been started and stabilized on a non-preferred product for a reasonable period of time prior to becoming Medicaid eligible or during hospitalization. It should be noted that use of samples does not constitute stabilization.
- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process for members within FDA-approved ages may be initiated by **calling OptumRx at 1-866-525-5827**.
- ❖ The Prior Authorization process for members younger than FDA-approved ages must be initiated by completing the Atypical Antipsychotic Prior Authorization Request Form and **faxing to OptumRx at 1-888-491-9742**. The Atypical Antipsychotic Prior Authorization Request Form can be found at <http://dch.georgia.gov/pharmacy> > Prior Authorization Process and Criteria or directly at <http://dch.georgia.gov/prior-authorization-process-and-criteria>.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.