



Clinical Pharmacy Program Guidelines for Antipsychotics

Program	Prior Authorization
Medication	Antipsychotics

1. Background:

Drugs Requiring Prior Authorization:

Antipsychotics – First Generation	
AMITRIPTYLINE/PERPHENAZINE 2-10	LOXAPINE 50 MG CAPSULE
AMITRIPTYLINE/PERPHENAZINE 2-25	MOLINDONE HCL 5 MG TABLET
AMITRIPTYLINE/PERPHENAZINE 4-10	MOLINDONE HCL 10 MG TABLET
AMITRIPTYLINE/PERPHENAZINE 4-25	MOLINDONE HCL 25 MG TABLET
AMITRIPTYLINE/PERPHENAZINE 4-50	ORAP 1 MG TABLET
CHLORPROMAZINE 10 MG TABLET	ORAP 2 MG TABLET
CHLORPROMAZINE 25 MG TABLET	PERPHENAZINE 2 MG TABLET
CHLORPROMAZINE 50 MG TABLET	PERPHENAZINE 4 MG TABLET
CHLORPROMAZINE 100 MG TABLET	PERPHENAZINE 8 MG TABLET
CHLORPROMAZINE 200 MG TABLET	PERPHENAZINE 16 MG TABLET
CHLORPROMAZINE 30MG/ML CONC	PIMOZIDE 1 MG TABLET
CHLORPROMAZINE 100MG/ML CONC	PIMOZIDE 2 MG TABLET
FLUPHENAZINE 1 MG TABLET	THIORIDAZINE 10 MG TABLET
FLUPHENAZINE 2.5 MG TABLET	THIORIDAZINE 25 MG TABLET
FLUPHENAZINE 5 MG TABLET	THIORIDAZINE 50 MG TABLET
FLUPHENAZINE 10 MG TABLET	THIORIDAZINE 100 MG TABLET
FLUPHENAZINE 5 MG/ML CONC	THIOTHIXENE 1 MG CAPSULE
FLUPHENAZINE 2.5 MG/5 ML ELIX	THIOTHIXENE 2 MG CAPSULE
HALOPERIDOL 0.5 MG TABLET	THIOTHIXENE 5 MG CAPSULE
HALOPERIDOL 1 MG TABLET	THIOTHIXENE 10 MG CAPSULE
HALOPERIDOL 2 MG TABLET	TRIFLUOPERAZINE 1 MG TABLET
HALOPERIDOL 5 MG TABLET	TRIFLUOPERAZINE 2 MG TABLET
HALOPERIDOL 10 MG TABLET	TRIFLUOPERAZINE 5 MG TABLET
HALOPERIDOL 20 MG TABLET	TRIFLUOPERAZINE 10 MG TABLET
HALOPERIDOL 1MG/ML SOLUTION	
HALOPERIDOL LAC 2 MG/ML CONC	
LOXAPINE 5 MG CAPSULE	
LOXAPINE 10 MG CAPSULE	
LOXAPINE 25 MG CAPSULE	

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)	
ABILIFY 1 MG/ML SOLUTION	FANAPT 4 MG TABLET
ABILIFY 2 MG TABLET	FANAPT 6 MG TABLET
ABILIFY 5 MG TABLET	FANAPT 8 MG TABLET
ABILIFY 10 MG TABLET	FANAPT 10 MG TABLET
ABILIFY 15 MG TABLET	FANAPT 12 MG TABLET
ABILIFY 20 MG TABLET	FANAPT TITRATION PACK
ABILIFY 30 MG TABLET	FAZACLO 12.5 MG ODT
ABILIFY DISCMELT 10 MG TABLET	FAZACLO 25 MG ODT
ABILIFY DISCMELT 15 MG TABLET	FAZACLO 100 MG ODT
ABILIFY MYCITE 2MG KIT	FAZACLO 150 MG ODT
ABILIFY MYCITE 5MG KIT	FAZACLO 200 MG ODT
ABILIFY MYCITE 10MG KIT	GEODON 20 MG CAPSULE
ABILIFY MYCITE 15MG KIT	GEODON 40 MG CAPSULE
ABILIFY MYCITE 20MG KIT	GEODON 60 MG CAPSULE
ABILIFY MYCITE 30MG KIT	GEODON 80 MG CAPSULE
ARIPIPRAZOLE 1MG/ML SOLUTION	GEODON 20 MG VIAL
ARIPIPRAZOLE 2MG TABLET	INVEGA ER 1.5 MG TABLET
ARIPIPRAZOLE 5MG TABLET	INVEGA ER 3 MG TABLET
ARIPIPRAZOLE 10MG TABLET	INVEGA ER 6 MG TABLET
ARIPIPRAZOLE 15MG TABLET	INVEGA ER 9 MG TABLET
ARIPIPRAZOLE 20MG TABLET	LATUDA 20 MG TABLET
ARIPIPRAZOLE 30MG TABLET	LATUDA 40 MG TABLET
ARIPIPRAZOLE ODT 10MG TABLET	LATUDA 60 MG TABLET
ARIPIPRAZOLE ODT 15MG TABLET	LATUDA 80 MG TABLET
CLOZAPINE 12.5MG TABLET	LATUDA 120 MG TABLET
CLOZAPINE 25 MG TABLET	OLANZAPINE 2.5 MG TABLET
CLOZAPINE 50 MG TABLET	OLANZAPINE 5 MG TABLET
CLOZAPINE 100 MG TABLET	OLANZAPINE 7.5 MG TABLET
CLOZAPINE 200 MG TABLET	OLANZAPINE 10 MG TABLET
CLOZAPINE ODT 12.5MG TABLET	OLANZAPINE 10 MG VIAL
CLOZAPINE ODT 25MG TABLET	OLANZAPINE 15 MG TABLET
CLOZAPINE ODT 100MG TABLET	OLANZAPINE 20MG TABLET
CLOZARIL 25 MG TABLET	OLANZAPINE ODT 5MG TABLET
CLOZARIL 100 MG TABLET	OLANZAPINE ODT 10 MG TABLET
FANAPT 1 MG TABLET	OLANZAPINE ODT 15 MG TABLET
FANAPT 2 MG TABLET	OLANZAPINE ODT 20MG TABLET

OLANZAPINE/FLUOXETINE 3-25 MG	RISPERIDONE 4 MG ODT
OLANZAPINE/FLUOXETINE 6-25 MG	RISPERIDONE 1 MG/ML SOLUTION
OLANZAPINE/FLUOXETINE 6-50 MG	RISPERIDONE 0.25 MG TABLET
OLANZAPINE/FLUOXETINE 12-25 MG	RISPERIDONE 0.5 MG TABLET
OLANZAPINE/FLUOXETINE 12-50 MG	RISPERIDONE 1 MG TABLET
PALIPERIDONE ER 1.5 MG TABLET	RISPERIDONE 2 MG TABLET
PALIPERIDONE ER 3 MG TABLET	RISPERIDONE 3 MG TABLET
PALIPERIDONE ER 6 MG TABLET	RISPERIDONE 4 MG TABLET
PALIPERIDONE ER 9 MG TABLET	SAPHRIS 2.5 MG TABLET SUBLINGUAL
QUETIAPINE 25 MG TABLET	SAPHRIS 5 MG TABLET SUBLINGUAL
QUETIAPINE 50 MG TABLET	SAPHRIS 10 MG TAB SUBLINGUAL
QUETIAPINE 100 MG TABLET	SEROQUEL 25 MG TABLET
QUETIAPINE 200 MG TABLET	SEROQUEL 50 MG TABLET
QUETIAPINE 300 MG TABLET	SEROQUEL 100 MG TABLET
QUETIAPINE 400 MG TABLET	SEROQUEL 200 MG TABLET
REXULTI 0.25MG TABLET	SEROQUEL 300 MG TABLET
REXULTI 0.5MG TABLET	SEROQUEL 400 MG TABLET
REXULTI 1MG TABLET	SEROQUEL XR 50 MG TABLET
REXULTI 2MG TABLET	SEROQUEL XR 150 MG TABLET
REXULTI 3MG TABLET	SEROQUEL XR 200 MG TABLET
REXULTI 4MG TABLET	SEROQUEL XR 300 MG TABLET
RISPERDAL 1 MG/ML SOLUTION	SEROQUEL XR 400 MG TABLET
RISPERDAL 0.25 MG TABLET	SYMBYAX 3-25 MG CAPSULE
RISPERDAL 0.5 MG TABLET	SYMBYAX 6-25 MG CAPSULE
RISPERDAL 1 MG TABLET	SYMBYAX 12-25 MG CAPSULE
RISPERDAL 2 MG TABLET	SYMBYAX 6-50 MG CAPSULE
RISPERDAL 3 MG TABLET	SYMBYAX 12-50 MG CAPSULE
RISPERDAL 4 MG TABLET	VRAYLAR 1.5 MG CAPSULE
RISPERDAL M-TAB 0.5 MG ODT	VRAYLAR 1.5 MG-3 MG PACK
RISPERDAL M-TAB 1 MG ODT	VRAYLAR 3 MG CAPSULE
RISPERDAL M-TAB 2 MG ODT	VRAYLAR 4.5 MG CAPSULE
RISPERDAL M-TAB 3 MG ODT	VRAYLAR 6 MG CAPSULE
RISPERDAL M-TAB 4 MG ODT	VERSACLOZ 50MG/ML SUSPENSION
RISPERIDONE 0.25 MG ODT	ZIPRASIDONE 20 MG CAPSULE
RISPERIDONE 0.5 MG ODT	ZIPRASIDONE 40 MG CAPSULE
RISPERIDONE 1 MG ODT	ZIPRASIDONE 60 MG CAPSULE
RISPERIDONE 2 MG ODT	ZIPRASIDONE 80 MG CAPSULE
RISPERIDONE 3 MG ODT	ZYPREXA 2.5 MG TABLET



ZYPREXA 5 MG TABLET	ZYPREXA 20 MG TABLET
ZYPREXA 7.5 MG TABLET	ZYPREXA ZYDIS 5 MG TABLET
ZYPREXA 10 MG TABLET	ZYPREXA ZYDIS 10 MG TABLET
ZYPREXA 10 MG VIAL	ZYPREXA ZYDIS 15 MG TABLET
ZYPREXA 15 MG TABLET	ZYPREXA ZYDIS 20 MG TABLET

Antipsychotics – Second Generation (Long-Acting Injectables)	
ABILIFY MAINTENA ER 300MG SYR	INVEGA TRINZA 273MG/0.875ML
ABILIFY MAINTENA ER 300MG VL	INVEGA TRINZA 410MG/1.315ML
ABILIFY MAINTENA ER 400MG SYR	INVEGA TRINZA 546MG/1.75ML
ABILIFY MAINTENA ER 400MG VL	INVEGA TRINZA 819MG/2.625ML
ARISTADA ER 441MG/1.6ML SYRINGE	PERSERIS ER 120MG SYRINGE KIT
ARISTADA ER 662MG/2.4ML SYRINGE	PERSERIS ER 90MG SYRINGE KIT
ARISTADA ER 882MG/3.2ML SYRINGE	RISPERDAL CONSTA 12.5 MG SYR
ARISTADA ER 1064MG/3.9ML SYRINGE	RISPERDAL CONSTA 25 MG SYR
ARISTADA INITIO ER 675MG/2.4ML	RISPERDAL CONSTA 37.5 MG SYR
INVEGA SUSTENNA 39 MG PREF SYR	RISPERDAL CONSTA 50 MG SYR
INVEGA SUSTENNA 78 MG PREF SYR	ZYPREXA RELPREVV 210 MG VIAL
INVEGA SUSTENNA 117 MG PREF SYR	ZYPREXA RELPREVV 300 MG VIAL
INVEGA SUSTENNA 156 MG PREF SYR	ZYPREXA RELPREVV 405 MG VIAL
INVEGA SUSTENNA 234 MG PREF SYR	

Coverage Criteria:

One of the following:

- 1) The member has a diagnosis of major depressive disorder (MDD), or a diagnosis included in Table A or B (see below):

Diagnosis of Major Depressive Disorder [MDD]	
ICD-10 Code	Description
F341	DYSTHYMIC DISORDER
F320	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES
F323	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES

F324	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN PARTIAL REMISSION
F325	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL
F328	OTHER DEPRESSIVE EPISODES
F329	OTHER DEPRESSIVE EPISODES
F330	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES
F333	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS
F3340	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSPECIFIED
F3341	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL
F3342	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION
F338	OTHER RECURRENT DEPRESSIVE DISORDERS
F339	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED

Table A

ICD-10 Code	Description
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA, UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED
F28	OTHER PSYCHOTIC DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION

F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F3010	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS UNSPECIFIED
F3011	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MILD
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MODERATE
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F303	MANIC EPISODE IN PARTIAL REMISSION
F304	MANIC EPISODE IN FULL REMISSION
F308	OTHER MANIC EPISODES
F309	MANIC EPISODE, UNSPECIFIED
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD

F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES
F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES

F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED
F340	CYCLOTHYMIC DISORDER
F341	DYSTHYMIC DISORDER
F3481	DISRUPTIVE MOOD DYSREGULATION DISORDER
F3489	OTHER SPECIFIED PERSISTENT MOOD DISORDERS
F349	PERSISTENT MOOD [AFFECTIVE] DISORDER, UNSPECIFIED
F39	UNSPECIFIED MOOD [AFFECTIVE] DISORDER
F840	AUTISTIC DISORDER
F842	RETT'S SYNDROME
F843	OTHER CHILDHOOD DISINTEGRATIVE DISORDER
F845	ASPERGER'S SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED
F952	TOURETTE'S DISORDER

Table B

ICD-10 Code	Description
F22	DELUSIONAL DISORDERS



F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F6381	INTERMITTENT EXPLOSIVE DISORDER
F911	CONDUCT DISORDER, CHILDHOOD-ONSET TYPE
F912	CONDUCT DISORDER, ADOLESCENT-ONSET TYPE
F913	OPPOSITIONAL DEFIANT DISORDER
F919	CONDUCT DISORDER, UNSPECIFIED

Authorization will be issued for 365 days.

-OR-

- 2) The member does not have 1 claim for an antipsychotic in the last 90 days
Authorization will be issued for 90 days.

Program	Program Type - Prior Authorization
Change Control	
Date	Change
2/1/19	Less restrictive update to review for diagnosis and New policy format
10/15/2019	<ol style="list-style-type: none"> 1. Revised Drugs Requiring Prior Authorization drug tables formatting. 2. Added Abilify MyCite to drug tables. 3. Removed PDL-PA criteria for non-preferred review, which is achieved via Non-Preferred Drugs Policy. 4. Added criteria for approval exception for 90 days for patients who do not have a history of 1 claim for an antipsychotic in the last 90 days. 5. Revised diagnosis charts formatting.