



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3126-2
Program	Step Therapy – Essential PDL Only
Medication	Saphris (asenapine)
P&T Approval Date	10/2019, 10/2020
Effective Date	2/1/2021; Oxford: N/A

1. Background:

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try the lower cost alternatives before coverage will be provided for Saphris. Members with Saphris in their claims history will be allowed to continue on therapy.

2. Coverage Criteria ^a:

<p>A. Initial Authorization</p> <p>1. Saphris will be approved based on the following criteria:</p> <p>a. <u>ONE</u> of the following:</p> <p>(1) History of failure, contraindication, or intolerance to <u>TWO</u> of the following (list reason for therapeutic failure, contraindication, or intolerance):</p> <p>(a) olanzapine (generic Zyprexa), (b) quetiapine (generic Seroquel), (c) risperidone, generic Risperdal), (d) ziprasidone (generic Geodon)</p> <p style="text-align: center;">-OR-</p> <p>(2) Treatment was initiated at a recent behavioral inpatient admission (discharge within the past 3 months) and the member is currently stable on therapy. (document date of discharge from inpatient admission).</p> <p style="text-align: center;">-OR-</p> <p>(3) The member is new to the plan (as evidenced by coverage effective date of less than or equal to 120 days) and currently stabilized on therapy.</p>

Authorization will be issued for 12 months

B. Reauthorization

1. Documentation of positive clinical response

Authorization will be issued for 12 months

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

4. References:

1. Saphris [package insert]. Irvine, CA: Allergan Pharmaceuticals, Inc; February 2017.

Program	Step Therapy – Saphris
Change Control	
Date	Change
10/2019	New program
10/2020	Annual review. No changes.