



Missouri Pharmacy Program – Reference Drug List



Antipsychotics – 2nd Generation (Atypicals)

Effective 06/13/19

<u>Reference Brand Products</u>	<u>Pharmaceutical Manufacturer</u>
<ul style="list-style-type: none"> • Abilify Maintena™ • Rexulti™ 	<ul style="list-style-type: none"> • Otsuka America Pharmaceutical, Inc.
<ul style="list-style-type: none"> • Aristada® • Aristada Initio™ 	<ul style="list-style-type: none"> • Alkermes
<ul style="list-style-type: none"> • Latuda® 	<ul style="list-style-type: none"> • Sunovion Pharmaceuticals
<ul style="list-style-type: none"> • Invega Sustenna® • Invega Trinza® 	<ul style="list-style-type: none"> • Janssen Pharmaceuticals, Inc.
<ul style="list-style-type: none"> • Perseris™ 	<ul style="list-style-type: none"> • Indivior
<ul style="list-style-type: none"> • Vraylar™ 	<ul style="list-style-type: none"> • Allergan, Inc.

Reference Generic Products

- Aripiprazole
- Clozapine
- Olanzapine
- Olanzapine/Fluoxetine
- Paliperidone ER
- Quetiapine
- Quetiapine ER
- Risperidone
- Ziprasidone

Approval Criteria

- Compliant with 15 Day First Fill fiscal edit
- Compliant with the Psychotropic Polypharmacy fiscal edit

Denial Criteria

- Lack of appropriate diagnoses
- Use of more than two atypical antipsychotics for more than 60 of the past 90 days
- For under 18 years: Use of more than two atypical antipsychotics for more than 30 days
- Use of atypical antipsychotic for children under 9 years of age
- Use of atypical antipsychotic at higher than recommended max dose
- Claim for Invega Trinza without prior history of at least 4 months of Invega Sustenna
- Claim for long acting injectable without established tolerability with an oral agent

- Claim for Nuplazid without appropriate diagnosis of hallucinations and delusions associated with Parkinson's disease psychosis
- Drug Prior Authorization Hotline: (800) 392-8030