

Prior authorization notice

Summary of change: Prior authorization (PA) criteria for the maximum daily dose limitations of the antipsychotic agents listed in the table below were reviewed and approved by the Mental Health Medication Advisory Committee and the Kansas Drug Utilization Review Board. Effective June 6, 2016, members needing doses above the maximum daily dose limit will require PA. To facilitate continuity of care, members currently established on doses above the maximum daily dose limitations of an antipsychotic prior to June 6, 2016, will not be subject to this PA requirement for 12 months. The antipsychotics dosing limit PA criteria may be found on the Kansas Department of Health and Environment (KDHE) website at www.kdheks.gov/hcf/pharmacy/pa_criteria.htm.

✦ **What this means to you:** The following drugs require no PA up to the maximum daily dose listed below:

Aripiprazole (Abilify[®], Abilify Maintenna[®], Aristada[®])
Asenapine (Saphris[®])
Brexpiprazole (Rexulti[®])
Cariprazine (Vraylar[®])
Chlorpromazine
Clozapine (Clozaril[®], Fazacllo[®])
Fluphenazine
Haloperidol (Haldol[®], Haldol[®] Decanoate)
Iloperidone (Fanapt[®])
Loxapine (Adasuve[®])
Lurasidone (Latuda[®])
Olanzapine (Zyprexa[®], Zyprexa Zydis[®], Zyprexa Relprevv[®])
Olanzapine/Fluoxetine (Symbyax[®])
Paliperidone (Invega[®], Invega Sustenna[®], Invega Trinza[®])
Perphenazine
Pimozide (Orap[®])
Prochlorperazine (Compazine[®])
Quetiapine (Seroquel[®], Seroquel XR[®])
Risperidone (Risperdal[®], Risperdal Consta[®], Risperdal M-Tab[®])
Thioridazine
Thiothixene
Trifluoperazine
Ziprasidone (Geodon[®])

Criteria for PA for antipsychotic dosing limits:

- Doses exceeding those listed in Table 1 will require PA.
 - o PA will require a peer-to-peer consult with health plan psychiatrist, medical director or pharmacy director for approval.

Length of approval: 12 months

Antipsychotic agents prescribed above the maximum daily dose will require PA:

Drug	Maximum daily dose*
Aripiprazole (Abilify®, Abilify Discmelt®)	45 mg
Aripiprazole (Abilify Maintenance®)	400 mg per 28 days
Aripiprazole lauroxil (Aristada®)	882 mg per 28 days
Asenapine (Saphris®)	20 mg
Brexpiprazole (Rexulti®)	4 mg
Cariprazine (Vraylar®)	6 mg
Chlorpromazine (oral)	1500 mg
Clozapine (Clozaril®, Fazaclo®, Versacloz®)	900 mg
Fluphenazine (oral)	60 mg
Fluphenazine HCL and Decanoate (injection)	100 mg
Haloperidol (Haldol®)	60 mg
Haloperidol Decanoate (Haldol® Decanoate)	500 mg per 21 days
Iloperidone (Fanapt®)	24 mg
Loxapine (Adasuve®, Loxitane®)	250 mg
Lurasidone (Latuda®)	160 mg
Olanzapine (Zyprexa®, Zyprexa Zydis®)	40 mg
Olanzapine pamoate (Zyprexa Relprevv®)	300 mg per 14 days
Olanzapine/Fluoxetine (Symbyax®)	18/75 mg
Paliperidone (Invega®)	12 mg
Paliperidone palmitate (Invega Sustenna®)	234 mg per 21 days
Paliperidone palmitate (Invega Trinza®)	819 mg per 84 days
Perphenazine	64 mg
Pimozide (Orap®)	20 mg
Prochlorperazine maleate (Compazine®)	100 mg
Quetiapine (Seroquel®, Seroquel XR®)	1200 mg
Risperidone (Risperdal®, Risperdal M-Tab®)	16 mg
Risperidone (Risperdal Consta®)	50 mg per 14 days
Thioridazine	800 mg
Thiothixene	60 mg
Trifluoperazine	40 mg
Ziprasidone (Geodon®)	240 mg

What action do I need to take?

Effective June 6, 2016, you will need to obtain PA for members prescribed doses above the antipsychotic maximum daily dose limit as noted above. To facilitate continuity of care, members currently established on doses above the antipsychotic maximum daily dose prior to June 6, 2016 will not be subject to this PA requirement for 12 months.

What if I need assistance?

To obtain PA, please call our Pharmacy PA department at 1-855-201-7170 and follow the voice prompts for pharmacy PA.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.