

Pharmacy Hot Tip: Antipsychotics

Your Summit Community Care patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Summit Community Care provider website at <https://arkansas.magellanrx.com/provider/docs/rxinfo/PDL.pdf>. The *PDL* is subject to change quarterly.

Therapeutic class	Preferred products ¹	Nonpreferred products
Oral antipsychotics	<p>Aripiprazole (Abilify) tablets</p> <p>Chlorpromazine (Thorazine) tablets²</p> <p>Clozapine (Clozaril) tablets</p> <p>Fluphenazine (Prolixin) tablets</p> <p>Haloperidol (Haldol):</p> <ul style="list-style-type: none"> lactate concentrate solution tablets <p>Loxapine capsules</p> <p>Olanzapine (Zyprexa):</p> <ul style="list-style-type: none"> tablets ODT <p>Paliperidone (Invega) ER tablets</p> <p>Perphenazine (Trilafon) tablets</p> <p>Quetiapine (Seroquel) tablets</p> <p>Risperidone (Risperdal):</p> <ul style="list-style-type: none"> tablets ODT solution <p>Thioridazine (Mellaril) tablets</p> <p>Ziprasidone (Geodon) capsules</p>	<p>Abilify:</p> <ul style="list-style-type: none"> discmelt solution tablets <p>Abilify Mycite tablets</p> <p>Aripiprazole (Abilify):</p> <ul style="list-style-type: none"> ODT solution <p>Asenapine SL (Saphris)</p> <p>Caplyta (Lumateperone) capsules</p> <p>Clozapine (Fazaclo) ODT tablets</p> <p>Clozaril (clozapine) tablets</p> <p>Chlorpromazine (Thorazine) oral concentrate</p> <p>Fanapt:</p> <ul style="list-style-type: none"> tablets titration pack <p>Fluoxetine/Olanzapine (Symbyax) capsules</p> <p>Fluphenazine (Prolixin):</p> <ul style="list-style-type: none"> elixir solution <p>Geodon (ziprasidone) capsules</p> <p>Invega (paliperidone) tablets</p>

		<p>Latuda tablets</p> <p>Lybalvi tablets (olanzapine/samidorphan)³</p> <p>Molindone (Moban) tablets</p> <p>Nuplazid tablets/capsules (pimavanserin)³</p> <p>Olanzapine/fluoxetine (Symbyax) capsules</p> <p>Perphenazine/amitriptyline tablets (Etrafon)³</p> <p>Pimozide (Orap) tablets³</p> <p>Quetiapine ER (Seroquel XR)</p> <p>Rexulti tablets</p> <p>Risperdal (risperidone):</p> <ul style="list-style-type: none"> • ODT • Solution • tablets <p>Saphris SL tablets</p> <p>Secuado transdermal (asenapine)³</p> <p>Seroquel (quetiapine) XR/IR tablets</p> <p>Symbyax (olanzapine/fluoxetine) capsules</p> <p>Thiothixene capsules³</p> <p>Trifluoperazine tablets³</p> <p>Versacloz (clozapine) suspension</p> <p>Vraylar:</p> <ul style="list-style-type: none"> • capsules • titration pack <p>Zyprexa (olanzapine):</p> <ul style="list-style-type: none"> • ODT (Zydis) • tablets
--	--	--

<p>Long Acting Injectable Antipsychotics</p>	<p>Abilify Maintena Aristada Fluphenazine Decanoate Haloperidol Decanoate (Haldol) Invega Sustenna Invega Trinza Risperdal Consta</p>	<p>Perseris Zyprexa Relprevv</p>
<p>¹ Preferred products may require additional review for age < 18. For age < 18, criteria requirements include copy of baseline metabolic lab test data (glucose and lipid screening) and signed informed consent. ODT and solutions are preferred only for ages < 7 or patients with a diagnosis of NPO in history. Please refer to the criteria document found on our website for more information.</p> <p>² Effective July 1, 2022, chlorpromazine tablets are now preferred.</p> <p>³ Effective July 1, 2022, these products are now nonpreferred.</p> <p>Brand names are listed in parentheses for reference only. If generics are available, brand products are nonpreferred.</p>		

If you have questions regarding this *Hot Tip*, call Provider Services at **844-462-0022**.