

## ***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.

<b>Therapeutic class</b>	<b>Preferred products<sup>1</sup></b>	<b>Nonpreferred products</b>
Oral antipsychotics	Amitriptyline/Perphenazine tablets  Aripiprazole (Abilify) tablets  Clozapine (Clozaril) tablets  Fluphenazine tablets  Haloperidol (Haldol) <ul style="list-style-type: none"> <li>• Lactate Concentrate Solution</li> <li>• Tablets</li> </ul> Loxapine capsules  Olanzapine (Zyprexa) <ul style="list-style-type: none"> <li>• Tablets</li> <li>• ODT</li> </ul> Paliperidone (Invega) tablets  Perphenazine (Trilafon) tablets  Pimozide (Orap) tablets  Quetiapine (Seroquel) tablets  Risperidone (Risperdal) <ul style="list-style-type: none"> <li>• Tablets</li> <li>• ODT</li> <li>• Solution</li> </ul> Thioridazine tablets  Thiothixene capsules  Trifluoperazine tablets	Abilify Mycite tablets  Aripiprazole (Abilify) <ul style="list-style-type: none"> <li>• ODT</li> <li>• Solution</li> </ul> Caplyta (Lumateperone)  Chlorpromazine (Thorazine)  Clozapine (Fazacloz ODT, Versacloz Suspension)  Fanapt tablets  Fluoxetine/Olanzapine (Symbyax) capsules  Fluphenazine Oral Concentrate  Latuda tablets  Molindone (Moban) tablets  Quetiapine ER (Seroquel XR)  Rexulti tablets  Saphris SL tablets  Vraylar capsules

	Ziprasidone (Geodon) capsules	
Long Acting Injectable Antipsychotics	Abilify Maintena  Aristada  Fluphenazine Decanoate  Haloperidol Decanoate (Haldol)  Invega Sustenna <sup>2</sup>  Invega Trinza <sup>2</sup>  Risperdal Consta	Perseris  Zyprexa Relprevv <sup>3</sup>
<p>1 Preferred products may require additional review for age &lt; 18. For age &lt; 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 &lt; 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 Invega Sustenna and Invega Trinza are now preferred effective October 1, 2020.</p> <p>3 Zyprexa Relprevv is now nonpreferred effective October 1, 2020.</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 **1-844-462-0022**.