

Anthem Blue Cross and Blue Shield HP Hot Tip: Atypical Antipsychotics

Your Anthem 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 and step therapy may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Anthem provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
<p>Atypical antipsychotics, oral tablets and capsules¹</p>	<ul style="list-style-type: none"> • Abilify² (aripiprazole) • Caplyta (lumateperone tosylate) • Clozaril² (clozapine) • Fanapt (iloperidone) • Geodon² (ziprasidone) • Invega² (paliperidone ER) • Latuda (lurasidone) • Nuplazid (pimavanserin) • Olanzapine/fluoxetine (generic Symbyax) • Quetiapine ER (generic Seroquel XR) • Rexulti (brexipiprazole) • Risperdal² (risperidone) • Saphris (asenapine) • Seroquel² (quetiapine) • Seroquel XR (generic quetiapine ER) • Symbyax (olanzapine/fluoxetine) • Vraylar (cariprazine) 	<ul style="list-style-type: none"> • Aripiprazole (generic Abilify) • Clozapine (generic Clozaril) • Olanzapine (generic Zyprexa) • Paliperidone ER (generic Invega) • Quetiapine (generic Seroquel) • Risperidone (generic Risperdal) • Ziprasidone (generic Geodon)

<https://providers.anthem.com/ny>

Therapeutic class	Nonpreferred products	Preferred products
	<ul style="list-style-type: none"> • Zyprexa² (olanzapine) 	
<p>Atypical antipsychotics, alternative formulations¹</p>	<ul style="list-style-type: none"> • Aripiprazole solution (generic Abilify) • Aripiprazole ODT (generic Abilify) • Clozapine ODT (generic Fazoclo) • Fazoclo ODT (clozapine) • Olanzapine ODT (generic Zyprexa Zydis) • Risperdal M-tab (risperidone) • Risperdal solution² (risperidone) • Risperidone ODT (generic Risperdal M-tab) • Saphris SL³ (asenapine maleate) • Secuado TD³ (asenapine) • Versacloz solution (clozapine) • Zyprexa Zydis (olanzapine) 	<ul style="list-style-type: none"> • Risperidone solution (generic Risperdal solution)
<p>Atypical antipsychotics injectable⁴</p>	<ul style="list-style-type: none"> • Geodon IM (ziprasidone mesylate) • Perseris IM (risperidone) • Zyprexa IM (olanzapine) 	<ul style="list-style-type: none"> • Abilify Maintena IM (aripiprazole) • Aristada IM (aripiprazole lauroxil) • Invega Sustenna IM (paliperidone palmitate) • Invega Trinza IM (paliperidone palmitate) • Olanzapine IM (generic Zyprexa)

Therapeutic class	Nonpreferred products	Preferred products
		<ul style="list-style-type: none">• Risperdal Consta IM (risperidone microspheres)• Zyprexa Relprevv IM (olanzapine pamoate)
<ol style="list-style-type: none">1. Prior authorization is required in children age 17 and under for all products to assure psychosocial care and metabolic monitoring is in place.2. Generic version of the drug is available as a preferred product. Brand-name product requires intolerance or trial and failure of the generic agent.3. Saphris SL tablets and Secuado transdermal patch may be approved if patient is unable to take oral medications.4. All atypical antipsychotic injectable medications require prior authorization, except for olanzapine IM.		

If you have questions regarding this *Hot Tip*, call Provider Services at **800-450-8753**.

PDL: <https://providers.anthem.com/ny/pages/formularies.aspx>