Initial Approval: January 13, 2016

CRITERIA FOR PRIOR AUTHORIZATION

Antipsychotic Dosing Limits

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require no prior authorization up to the maximum daily dose listed below:
Aripiprazole (Abilify®, Abilify Maintenna®, Aristada®)
Asenapine (Saphris®)
Brexpiprazole (Rexulti®)
Cariprazine (Vraylar®)
Chlorpromazine
Clozapine (Clozaril®, Fazaclo®)
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 PRIOR AUTHORIZATION FOR ANTIPSYCHOTIC DOSING LIMITS:

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

LENGTH OF APPROVAL: 12 months

DRUG	MAXIMUM DAILY DOSE*
Aripiprazole (Abilify®, Abilify Discmelt®)	45 mg
Aripiprazole (Abilify Maintenna®)	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

*DAILY DOSE UNLESS SPECIFIED