

Antipsychotic Agents – Antipsychotic Oral / Transdermal Agents

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DS – Maximum Days’ Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits

AL – Pimavanserin (Nuplazid®) is limited to use in recipients who are at least 18 years old.

BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for all agents **EXCEPT** pimavanserin (Nuplazid®) and molindone when requested for recipients who are younger than 7 years of age.

CL – Additional clinical information is required for pimavanserin (Nuplazid®).

DX – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at [THIS LINK](#).

MD – Some agents have a maximum daily dose as listed in the chart below. Requests to override the maximum dose limit should follow [THIS CRITERIA](#).

Generic – Brand Example*	Age (Years)						
	Younger than 5	5	6-9	10-12	13-15	16-17	18 and older
Aripiprazole – Abilify®, Opipza™	5mg	20mg	20mg	20mg	30mg	30mg	30mg
Aripiprazole – Abilify® MyCite®	0mg	0mg	0mg	0mg	0mg	0mg	30mg
Asenapine – Saphris®	0mg	0mg	0mg	20mg	20mg	20mg	20mg
Asenapine Transdermal - Secuado®	0mg	0mg	0mg	0mg	0mg	0mg	7.6mg
Brexipiprazole – Rexulti®	0mg	0mg	0mg	0mg	4mg	4mg	4mg
Cariprazine – Vraylar®	0mg	0mg	0mg	4.50mg	0mg 4.5mg	4.5mg	6mg
Clozapine – Clozaril®, FazaClo®, Versacloz®	0mg	0mg	0mg	0mg	0mg	0mg	900mg
Iloperidone – Fanapt®	0mg	0mg	0mg	0mg	0mg	16mg	24mg
Lurasidone – Latuda®	0mg	0mg	0mg	80mg	80mg	80mg	160mg
Lumateperone – Caplyta®	0mg	0mg	0mg	0mg	0mg	0mg	42mg
Olanzapine – Zyprexa®	10mg	20mg	20mg	20mg	30mg	30mg	40mg
Olanzapine/Fluoxetine – Symbyax®	0mg	0mg	0mg	12mg/50mg	12mg/50mg	12mg/50mg	18mg/75mg
Paliperidone – Invega®	3mg	6mg	6mg	6mg	9mg	9mg	12mg
Quetiapine – Seroquel®	100mg	600mg	600mg	600mg	1000mg	1000mg	1200mg
Risperidone – Risperdal®	3mg	6mg	6mg	6mg	8mg	8mg	16mg
Ziprasidone – Geodon®	30mg	60mg	60mg	60mg	120mg	120mg	200mg

*Maximum daily dose applies to all oral/transdermal formulations of these agents.

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POS Edits

TD – Oral and transdermal antipsychotic agents are monitored at the pharmacy POS for duplication of therapy with other oral or transdermal antipsychotic agents.

Quantity Limits for Selected Antipsychotic Oral Agents

	Medication	Quantity Limit
<p>QL – Selected agents have quantity limits as listed in the chart to the right.</p>	Caplyta®	30 capsules per 30 days
	Cobenfy™	60 capsules per 30 days
	Latuda® 20mg, 40mg, 60mg & 120mg	30 tablets per 30 days
	Latuda® 80mg	60 tablets per 30 days
	Lybalvi™	30 tablets per 30 days
	Nuplazid® 10mg	30 tablets per 30 days
	Nuplazid® 34mg	30 capsules per 30 days
	Rexulti®	30 tablets per 30 days
	Secuado®	30 patches per 30 days
	Vraylar®	30 capsules per 30 days

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Revision / Date	Implementation Date
Created POS Document	February 2020
Added Secuado®, formatting changes / February 2020	May 2020
Modified to apply new age requirement for behavioral health clinical authorization / September 2020	January 2021
Added previous use information for cariprazine (Vraylar®) and lurasidone (Latuda®) / November 2020	January 2021
Changed previous use requirement for cariprazine (Vraylar®) and lurasidone (Latuda®) from 90 days to 365 days / April 2021	April 2021
Added Lybalvi™, added MD for lumateperone (Caplyta®), and added QL for Nuplazid® 10mg tablet / October 2021	April 2022
Modified Rexulti® MD for 13-15 years old, added QL for Latuda®, formatting changes / February 2022	July 2022
Removed previous use requirement for cariprazine (Vraylar®) and lurasidone (Latuda®), policy clarification / November 2022	January 2023
Policy clarification / November 2022	April 2023
Formatting changes / August 2023	October 2023
Removed Vraylar® therapy pack / November 2024	January 2025
Added quantity limits for Rexulti® and Vraylar® / January 2025	June 2025
Added Cobenfy™ / May 2025	July 2025
Added quantity limits for Caplyta® / March 2025	August 2025
Added Opipza™ / October 2025	January 2026
<u>Modified MD for Vraylar® / February 2026</u>	<u>July 2026</u>