

Hot Tip: Atypical Antipsychotics

Your Amerigroup District of Columbia, Inc. patients on nonpreferred products will experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, please consider prescribing preferred products whenever possible.

Therapeutic class	Nonpreferred products	Preferred products
Atypical Antipsychotics ¹	Abilify® Aripiprazole ODT & Solution	Aripiprazole tabs <i>Brand name: Abilify®</i>
	Clozaril®, FazaClo®, Clozapine ODT, Versacloz®	Clozapine tabs <i>Brand name: Clozaril®</i>
	Fanapt®	Ziprasidone
	Geodon®	<i>Brand name: Geodon®</i>
	Invega®	Paliperidone ER <i>Brand name: Invega®</i>
	Latuda®	
	Risperdal®	
	Risperdal® M <i>Generic: Risperidone ODT²</i>	Risperidone tabs, solution <i>Brand name: Risperdal®</i>
	Rexulti®	
	Saphris®	
	Seroquel®	Quetiapine tabs <i>Brand name: Seroquel®</i>
	Seroquel® XR <i>Generic: Quetiapine ER²</i>	
	Symbyax® <i>Generic: Olanzapine-Fluoxetine²</i>	
	Vraylar®	
Zyprexa® tabs Zyprexa Zydis® ODT	Olanzapine tabs <i>Brand name: Zyprexa®</i>	

Therapeutic class	Nonpreferred products	Preferred products
Atypical Antipsychotics ¹ Injectable	Generic: Olanzapine ODT ² Zyprexa [®] IM	Abilify [®] Maintena IM ³ Aristada [®] IM ³ Invega [®] Sustenna IM ³ , Invega [®] Trinza IM ³ Risperdal [®] Consta IM ³ Zyprexa [®] Relprevv IM ³ Olanzapine IM <i>Brand name: Zyprexa[®]</i>
<p>1 Prior authorization is required in children age 17 and under to assure psychosocial care and metabolic monitoring is in place for preferred products.</p> <p>2 Neither brand nor generic formulations are covered.</p> <p>3 Prior authorization is required.</p>		

If you have questions regarding this *Hot Tip*, please call Provider Services at 1-800-454-3730.

Preferred Drug List: http://fm.formularynavigator.com/FBO/4/DC_PDL_English.pdf.