

Hot Tip: Atypical Antipsychotics

Your Amerigroup District of Columbia, Inc. enrollees may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Amerigroup provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Atypical Antipsychotics ¹	Abilify Abilify Mycite Aripiprazole ODT & Solution Caplyta Clozaril, FazaClo, Clozapine ODT, Versacloz Fanapt Geodon Invega Latuda Risperdal Risperdal M <i>Generic name: Risperidone ODT²</i> Rexulti Saphris Seroquel Seroquel XR Symbyax <i>Generic name: Olanzapine-Fluoxetine²</i> Vraylar Zyprexa tabs	Aripiprazole tabs <i>Brand name: Abilify</i> Clozapine tabs <i>Brand name: Clozaril</i> Ziprasidone <i>Brand name: Geodon</i> Paliperidone ER <i>Brand name: Invega</i> Risperidone tabs, solution <i>Brand name: Risperdal</i> Asenapine ³ <i>Brand name: Saphris</i> Quetiapine tabs <i>Brand name: Seroquel</i> Quetiapine XR ³

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	Zyprexa Zydis ODT <i>Generic name: Olanzapine ODT²</i>	<i>Brand name: Seroquel XR</i> Olanzapine tabs <i>Brand name: Zyprexa</i>
Atypical Antipsychotics ¹ Injectable	Zyprexa IM	Abilify Maintena IM Aristada IM Invega Sustenna IM, Invega Trinza IM Risperdal Consta IM Zyprexa Relprevv IM Olanzapine IM <i>Brand name: Zyprexa</i>
¹ Prior authorization is required in children age 17 and under to assure psychosocial care and metabolic monitoring is in place for preferred products. ² Neither brand nor generic formulations are covered. ³ Effective August 1, 2021, Quetiapine XR and Asenapine are preferred products.		

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

The *PDL* is available at <https://providers.amerigroup.com/DC>.