

NYRx Drug Class Coverage Overview

Antipsychotics – Second Generation

Drugs in the Antipsychotics – Second Generation (SGA) drug class are included on the [NYRx Preferred Drug List](#) and are subject to prior authorization (PA) requirements.

Antipsychotics – Second Generation CC, ST																														
aripiprazole tablet DO asenapine (gen Saphris®) clozapine lurasidone (gen Latuda®) olanzapine tablet DO paliperidone ER DO 1 quetiapine F/Q/D quetiapine ER F/Q/D, DO risperidone ziprasidone capsule	Abilify® tablet DO Abilify MyCite® aripiprazole solution aripiprazole ODT Caplyta™ clozapine ODT Clozaril® Fanapt® Geodon® Invega® DO Latuda® DO Lybalvi™ Nuplazid® olanzapine ODT DO Rexulti® DO Risperdal® Saphris® Secuado® Seroquel® F/Q/D Seroquel XR® DO, F/Q/D Versacloz® Vraylar® DO Zyprexa® DO Zyprexa® Zydys	DOSE OPTIMIZATION (DO) <ul style="list-style-type: none"> See Dose Optimization Chart for affected drugs and strengths CLINICAL CRITERIA (CC) <ul style="list-style-type: none"> Confirm diagnosis of FDA-approved or compendia-supported indication Clinical editing will allow patients currently stabilized on a non-preferred agent to continue to receive that agent without PA Prior authorization is required when an oral SGA is utilized above the highest MDD according to FDA labeling. Prior authorization is required for patients less than 21 years of age when there is concurrent use of 2 or more different oral antipsychotics for greater than 90 days. Prior authorization is required for patients 21 years of age or older when 3 or more different oral second-generation antipsychotics are used for more than 180 days. PA is required for initial prescription for beneficiaries younger than the drug-specific minimum age as indicated below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>aripiprazole (Abilify®)</td> <td>6 years</td> </tr> <tr> <td>aripiprazole (Abilify MyCite®)</td> <td>18 years</td> </tr> <tr> <td>asenapine (Saphris®)</td> <td>10 years</td> </tr> <tr> <td>asenapine (Secuado®)</td> <td>18 years</td> </tr> <tr> <td>brexpiprazole (Rexulti®)</td> <td>13 years</td> </tr> <tr> <td>cariprazine (Vraylar®)</td> <td>18 years</td> </tr> <tr> <td>clozapine (Clozaril®, Versacloz®)</td> <td>12 years</td> </tr> <tr> <td>iloperidone (Fanapt®)</td> <td>18 years</td> </tr> <tr> <td>lumateperone (Caplyta™)</td> <td>18 years</td> </tr> <tr> <td>lurasidone HCl (Latuda®)</td> <td>10 years</td> </tr> <tr> <td>olanzapine (Zyprexa®)</td> <td>10 years</td> </tr> <tr> <td>paliperidone ER (Invega®)</td> <td>12 years</td> </tr> <tr> <td>pimavanserin (Nuplazid®)</td> <td>18 years</td> </tr> <tr> <td>quetiapine fum. (Seroquel®, Seroquel XR®)</td> <td>10 years</td> </tr> </tbody> </table>	aripiprazole (Abilify®)	6 years	aripiprazole (Abilify MyCite®)	18 years	asenapine (Saphris®)	10 years	asenapine (Secuado®)	18 years	brexpiprazole (Rexulti®)	13 years	cariprazine (Vraylar®)	18 years	clozapine (Clozaril®, Versacloz®)	12 years	iloperidone (Fanapt®)	18 years	lumateperone (Caplyta™)	18 years	lurasidone HCl (Latuda®)	10 years	olanzapine (Zyprexa®)	10 years	paliperidone ER (Invega®)	12 years	pimavanserin (Nuplazid®)	18 years	quetiapine fum. (Seroquel®, Seroquel XR®)	10 years
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Antipsychotics – Second Generation CC, ST			
		risperidone (Risperdal®)	5 years
		ziprasidone HCl (Geodon®)	10 years
		<ul style="list-style-type: none"> Require confirmation of diagnosis that supports the concurrent use of a Second Generation Antipsychotic and a CNS Stimulant for patients < 18 years of age 	
		<p>STEP THERAPY (ST)</p> <ul style="list-style-type: none"> For all Second Generation Antipsychotics used in the treatment of Major Depressive Disorder in the absence of other psychiatric comorbidities, trial with at least two different antidepressant agents is required 	
		<p>FREQUENCY/QUANTITY/DURATION (F/Q/D)</p> <ul style="list-style-type: none"> quetiapine/quetiapine ER (Seroquel®/Seroquel XR®): Minimum 50 mg/day quetiapine (Seroquel®): Maximum 3 units per day, 90 units per 30 days quetiapine ER (Seroquel XR®): Maximum 150 mg, 1 unit/day, 30 units/30 days quetiapine ER (Seroquel XR®): Maximum 50 mg, 2 units/day, 60 units/30 days 	

Prior Authorization Requirements

- Preferred drugs will not require PA if the required coverage parameters are found in the member’s Medicaid claim history at the time of pharmacy claim submission and if clinical criteria are met as outlined on the PDL. Patients who are stabilized on a non-preferred drug may continue to receive that drug without PA.
- Clinical Criteria requirements outlined in the PDL are in response to recommendations from the Drug Utilization Review Board (DURB), FDA labeling, and/or clinical practice guidelines and include:
 - Confirm diagnosis of FDA-approved or compendia-supported indication.
 - PA is required when an oral SGA is utilized above the highest maximum daily dose according to FDA labeling.
 - PA is required for patients less than 21 years of age when there is concurrent use of two or more different oral antipsychotics for greater than 90 days, or for patients 21 years of age or older when three or more different oral second-generation antipsychotics are used for more than 180 days.
 - Require confirmation of diagnosis that supports the concurrent use of a Second Generation Antipsychotic and a CNS Stimulant for patients less than 18 years of age.
 - PA is required for the initial prescription for beneficiaries younger than the drug specific minimum age indicated in the above chart.
- Step Therapy (ST) requirements outlined in the PDL:

- For all Second-Generation Antipsychotics used in the treatment of Major Depressive Disorder in the absence of other psychiatric comorbidities, a trial with at least two different antidepressant agents is required.
- Frequency/Quantity/Duration (F/Q/D) requirements outlined in the PDL:
 - quetiapine/quetiapine ER (Seroquel®/ Seroquel XR®): Minimum 50 mg/day
 - quetiapine (Seroquel®): Maximum 3 units per day, 90 units per 30 days
 - quetiapine ER (Seroquel XR®): Maximum 150 mg, 1 unit per day, 30 units per 30 days
 - Quetiapine ER (Seroquel XR®): Maximum 50 mg, 2 units per day, 60 units per 30 days
- Dose Optimization requirements outlined in the PDL for the following drugs are:

Brand Name	Dose Optimization Limitations		
CENTRAL NERVOUS SYSTEM			
Antipsychotics – Second Generation			
Abilify® 2 mg	4 daily	Tablet	In case of dose titration for these medications, the Department will allow for multiday dosing (up to 2 doses/daily) for titration purposes for three months
Abilify® 5 mg, 10 mg, 15 mg	1 daily	Tablet	
aripiprazole 5 mg, 10 mg, 15 mg	1 daily	Tablet	
Invega® 1.5 mg, 3 mg	1 daily	Tablet	
Latuda® 20 mg, 40 mg, 60 mg	1 daily	Tablet	
olanzapine 5 mg, 10 mg	1 daily	Tablet	
olanzapine ODT 5 mg, 10 mg	1 daily	Tablet	
paliperidone er 1.5 mg, 3 mg	1 daily	Tablet	
quetiapine fumarate er 200 mg	1 daily	Tablet	
Rexulti® 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 daily	Tablet	
Seroquel® XR 150 mg, 200 mg	1 daily	Tablet	
Symbyax® 3–25 mg, 6–25 mg, 12–25 mg	1 daily	Capsule	
Vraylar® 1.5 mg, 3 mg	1 daily	Capsule	
Zyprexa® Zydys 5 mg, 10 mg	1 daily	Tablet	

Note: In case of dose titration for these medications, the Department will allow for multiday dosing (up to 2 doses/daily) for titration purposes for three months.

Olanzapine/Fluoxetine (Symbyax®)

- When prescribing for the treatment of major depressive disorder (MDD) in the absence of other psychiatric comorbidities, a trial with at least one different antidepressant agent is required.
- PA is required for the initial prescription for beneficiaries younger than ten years.

What Providers Need to Know

Pharmacy providers should become familiar with the Antipsychotics – Second Generation coverage criteria and the [NYPx Preferred Drug List](#) and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the Antipsychotics – Second Generation coverage criteria and the NYRx Preferred Drug List and incorporate this information when prescribing for Medicaid members.

Resources

- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)
- [NYRx Prior Authorization Call and Fax Guide](#)
- [NYS DOH Opioid Management Resources](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 833-967-7310 from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays, or by email at NYRxEO@magellanhealth.com.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Office hours are also available by appointment. For more information, email NYRxEO@magellanhealth.com or visit the [NYRx Education & Outreach website](#).