

# ANTIPSYCHOTICS BHP MEDICAID COVERAGE



MEDICATION	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
<b>First Generation Antipsychotic</b>			
*Chlorpromazine (Thorazine®)	Tablet	10mg, 25mg, 50mg, 100mg, 200mg	Covered, MDD: 3 per day
*Fluphenazine (Prolixin®)	Tablet	1mg, 2.5mg, 5mg, 10mg	Covered
	Oral elixir	2.5mg/5mL	Covered
	Oral concentrate	5mg/mL	Covered
*Haloperidol (Haldol®)	Tablet	0.5mg, 1mg, 10mg 2mg, 5mg, 20mg	Covered, MDD: 3 per day Covered
	Oral Concentrate	2mg/mL	Covered
*Loxapine (Loxitane®)	Capsule	5mg	Covered
		10mg, 25mg, 50mg	Covered, MDD: 4 per day
*Perphenazine (Trilafon®)	Tablet	2mg, 4mg, 8mg, 16mg	Covered, MDD: 4 per day
*Thioridazine (Mellaril®)	Tablet	10mg, 25mg, 50mg, 100mg	Covered, MDD: 3 per day
*Thiothixene (Navane®)	Capsule	1mg, 2mg, 5mg, 10mg	Covered, MDD: 3 per day
*Trifluoperazine (Stelazine®)	Tablet	1mg, 2mg, 5mg, 10mg	Covered, MDD: 3 per day
<b>Second Generation Antipsychotic</b>			
*Aripiprazole (Abilify®)	Tablet	2mg, 5mg, 10mg, 15mg, 20mg, 30mg	PA, MDD: 1 per day, At least 6 YO
	ODT tablet	10mg, 15mg	PA
	Oral solution	1mg/mL	PA, MDD: 5mL per day, At least 6 YO
Asenapine (Saphris®)	SL Tablet	2.5mg, 5mg, 10mg	PA
Brexpiprazole (Rexulti®)	Tablet	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	PA
Cariprazine (Vraylar®)	Capsule	1.5mg, 3mg, 4.5mg, 6mg	PA
*Clozapine (Clozaril®)	Tablet	25mg, 50mg, 200mg 100mg	MDD: 3 per day, At least 18 YO MDD: 9 per day, At least 18 YO
	ODT tablet	12.5mg, 25mg, 100mg	PA
Clozapine (Versacloz®)	Suspension	50mg/mL	PA
Iloperidone (Fanapt®)	Tablet	1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	PA
	Titration pack tablet	1 & 2 & 4 & 6mg	PA
Lurasidone (Latuda®)	Tablet	20mg, 40mg, 60mg	PA, MDD: 1 per day
		80mg	PA, MDD: 2 per day
*Olanzapine (Zyprexa®)	Tablet	2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	Covered, MDD: 1 per day, At least 10 YO
	ODT tablet	5mg, 10mg, 15mg, 20mg	PA
Paliperidone (Invega®)	Tablet ER	1.5mg, 3mg, 6mg, 9mg	PA
*Quetiapine (Seroquel®)	Tablet	25mg, 50mg, 100mg, 200mg, 300mg, 400mg	Covered, MDD: 2 per day, At least 10 YO
	Tablet ER	50mg, 150mg, 200mg, 300mg, 400mg	PA, MDD: 1 per day

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Updated 7/17/2017; coverage subject to change.

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continued



*Risperidone (Risperdal®)	Tablet	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	Covered, MDD: 2 per day, At least 5 YO
	ODT tablet	0.25mg 0.5mg, 1mg, 2mg, 3mg, 4mg	Covered Covered, MDD: 2 per day, At least 5 YO
	Oral solution	1mg/mL	Covered, MDD: 4ml per day, At least 5 YO
*Ziprasidone (Geodon®)	Capsule	20mg, 40mg, 60mg, 80mg	Covered, MDD: 2 per day, At least 18 YO
<b>Long Acting Injectable Antipsychotic</b>			
Aripiprazole (Abilify Maintena®)	LAI solution	300mg, 400mg	PA
Aripiprazole Lauroxil (Aristada®)	LAI solution	441mg/1.6mL, 662mg/2.4mL, 882mg/3.2mL	PA
*Fluphenazine Decanoate (Prolixin®)	LAI solution	25mg/mL	Covered
*Haloperidol Decanoate (Haldol®)	LAI solution	50mg/mL, 100mg/mL	Covered
Olanzapine (Zyprexa Relprevv®)	LAI solution	210mg, 300mg, 405mg	PA
Paliperidone Palmitate (Invega Sustenna®)	LAI solution	39mg/0.25mL, 78mg/0.5mL, 117mg/0.75ml, 156mg/mL, 234mg/1.5mL	PA
Paliperidone Palmitate (Invega Trinza®)	LAI solution	410mg/1.315mL, 273mg/0.875mL, 546mg/1.75ml, 819mg/2.625mL	PA
Risperidone (Risperdal Consta®)	LAI solution	12.5mg, 25mg, 37.5mg, 50mg	PA

Covered = Medication on preferred drug list (PDL) without requirement of prior authorization. Restrictions may apply such as quantity limits.

\*Generic equivalent available

**ABBREVIATIONS:** ER = extended-release, LAI: Long acting injectable, MDD: = max daily dose, ODT = oral disintegrating tablet, PA = prior authorization required, REMS = risk evaluation and mitigation strategies, YO = years old