



## Medical Necessity Criteria for Atypical antipsychotic agents

**Drug Class** - Atypical antipsychotic agents. This drug class includes multiple agents designated as antipsychotic agents, but used in the treatment of a variety of illnesses.

**Background** - After evaluating the relative clinical and cost effectiveness of the atypical antipsychotic agents, the DoD P&T Committee recommended that the following medications be designated as non-formulary. This recommendation has been approved by the Director, TMA.

- iloperidone (Fanapt)
- lurasidone (Latuda)
- asenapine (Saphris)

**Effective date:** 5 October 2011

Patients currently using one of the non-formulary atypical antipsychotic agents may wish to ask their doctor to consider a formulary alternative.

### Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Atypical antipsychotic Agents\*, \*\*

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail Network (up to a 30-day supply)
Non-Formulary (Tier 3)	Fanapt® (iloperidone) Latuda® (lurasidone) Saphris® (asenapine)	Not available**	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Abilify®, (aripiprazole) Abilify Discmelt® (aripiprazole) Geodon® (ziprasidone) Invega® (paliperidone) Risperdal M-Tab® (risperidone) Seroquel® (quetiapine) Seroquel XR® (quetiapine) Symbyax® (olanzapine/fluoxetine) Zyprexa® (olanzapine) Zyprexa Zydis® (olanzapine)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	clozapine (generics) risperidone, risperidone ODT (generics)	\$0	Generic cost share applies	Generic cost share applies

\* Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary.

\*\* MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom

the patient was referred, as long as medical necessity has been established.

### **Medical Necessity Criteria for Atypical antipsychotic agents**

The non-formulary cost share for Fanapt® (iloperidone), Latuda® (lurasidone), or Saphris® (asenapine) may be reduced to the formulary cost share if the patient meets any of the following criteria.

1. Use of the formulary alternatives is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects from the formulary alternatives.
3. Use of the formulary alternatives has resulted in therapeutic failure.
4. The patient previously responded to the non-formulary agent and changing to a uniform formulary agent would incur unacceptable risk.

Medical necessity criteria for atypical antipsychotic agents are recommended by the DoD Pharmacy & Therapeutics Committee at the May 2011 meeting & approved by the Director, TMA on 5 Aug 2011. For more information, please see the DoD P&T Committee minutes for these meetings.

www.tricare.mil is the official Web site of the  
TRICARE Management Activity,  
a component of the [Military Health System](#)  
Skyline 5, Suite 810, 5111 Leesburg Pike,  
Falls Church, VA 22041-3206

