



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Atypical Antipsychotics

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Effective Date: 6/2/2025

Last Review Date: 5/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for oral and transdermal atypical antipsychotic products under the patient's prescription drug benefit.

Description:

FDA Approved Indications

Abilify

Abilify Oral Tablets and Oral Solution are indicated for the treatment of:

- Schizophrenia
- Acute Treatment of Manic and Mixed Episodes associated with Bipolar I Disorder
- Adjunctive Treatment of Major Depressive Disorder
- Irritability Associated with Autistic Disorder
- Treatment of Tourette's Disorder

Abilify Mycite

Abilify Mycite, a drug-device combination product comprised of aripiprazole tablets embedded with an Ingestible Event Marker (IEM) sensor intended to track drug ingestion, is indicated for the:

- Treatment of adults with schizophrenia
- Treatment of bipolar I disorder
 - Acute treatment of adults with manic and mixed episodes as monotherapy and as adjunct to lithium or valproate
 - Maintenance treatment of adults as monotherapy and as adjunct to lithium or valproate
- Adjunctive treatment of adults with Major Depressive Disorder

Limitations of Use

The ability of the Abilify Mycite to improve patient compliance or modify aripiprazole dosage has not been established.

The use of Abilify Mycite to track drug ingestion in "real-time" or during an emergency is not recommended because detection may be delayed or not occur.

Caplyta

Caplyta is indicated for the treatment of:

- Schizophrenia in adults.
- Depressive episodes associated with bipolar I or II disorder (bipolar depression) in adults, as monotherapy and as adjunctive therapy with lithium or valproate.

Fanapt



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Fanapt tablets are indicated for the treatment of adults with schizophrenia.

When deciding among the alternative treatments available for this condition, the prescriber should consider the finding that Fanapt is associated with prolongation of the QTc interval. Prolongation of the QTc interval is associated in some other drugs with the ability to cause torsade de pointes-type arrhythmia, a potentially fatal polymorphic ventricular tachycardia which can result in sudden death. In many cases this would lead to the conclusion that other drugs should be tried first. Whether Fanapt will cause torsade de pointes or increase the rate of sudden death is not yet known.

Patients must be titrated to an effective dose of Fanapt. Thus, control of symptoms may be delayed during the first 1 to 2 weeks of treatment compared to some other antipsychotic drugs that do not require a similar titration. Prescribers should be mindful of this delay when selecting an antipsychotic drug for the treatment of schizophrenia.

Invega

Schizophrenia

Invega (paliperidone) Extended-Release Tablets are indicated for the treatment of schizophrenia.

The efficacy of Invega in schizophrenia was established in three 6-week trials in adults and one 6-week trial in adolescents, as well as one maintenance trial in adults.

Schizoaffective Disorder

Invega (paliperidone) Extended-Release Tablets are indicated for the treatment of schizoaffective disorder as monotherapy and as an adjunct to mood stabilizers and/or antidepressant therapy.

The efficacy of Invega in schizoaffective disorder was established in two 6-week trials in adults.

Latuda

Latuda is indicated for:

- Treatment of adult and adolescent patients age 13 to 17 years with schizophrenia
- Monotherapy treatment of adult and pediatric patients (10 to 17 years) with major depressive episodes associated with Bipolar I disorder (bipolar depression)
- Adjunctive treatment with lithium or valproate in adult patients with major depressive episodes associated with Bipolar I disorder (bipolar depression)

Lybalvi

Lybalvi is indicated for the treatment of:

- Schizophrenia in adults
- Bipolar I disorder in adults



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- Acute treatment of manic or mixed episodes as monotherapy and as adjunctive treatment to lithium or valproate
- Maintenance monotherapy treatment

Mezofy

Mezofy is indicated for the treatment of schizophrenia in adult and pediatric patients 13 years and older.

Opipza

Opipza is indicated for:

- Treatment of schizophrenia in patients ages 13 years and older
- Adjunctive treatment of major depressive disorder (MDD) in adults
- Treatment of irritability associated with autistic disorder in pediatric patients 6 years and older
- Treatment of Tourette's disorder in pediatric patients 6 years and older

Rexulti

Rexulti is indicated for:

- Adjunctive treatment of major depressive disorder (MDD)
- Treatment of schizophrenia in adults and pediatric patients ages 13 years and older.
- Treatment of agitation associated with dementia due to Alzheimer's disease

Limitations of Use:

Rexulti is not indicated as an as needed ("prn") treatment for agitation associated with dementia due to Alzheimer's disease

Saphris

Saphris is indicated for:

- Schizophrenia in adults
- Bipolar I disorder
 - Acute monotherapy of manic or mixed episodes, in adults and pediatric patients 10 to 17 years of age
 - Adjunctive treatment to lithium or valproate in adults
 - Maintenance monotherapy treatment in adults

Secuado

Secuado is indicated for the treatment of adults with schizophrenia

Vraylar

Vraylar is indicated for:

- Treatment of schizophrenia in adults
- Acute treatment of manic or mixed episodes associated with bipolar I disorder in adults



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- Treatment of depressive episodes associated with bipolar I disorder (bipolar depression) in adults

Applicable Drug List:

aripiprazole
aripiprazole orally disintegrating tablet
clozapine
lurasidone
olanzapine
paliperidone extended release
risperidone
quetiapine
quetiapine extended release
ziprasidone
Abilify
Abilify Mycite
Caplyta
Fanapt
Invega
Latuda
Lybalvi
Mezofy
Opipza
Rexulti
Saphris
Asenapine
Secuado
Vraylar

Policy/Guideline:

Coverage Criteria

Note: Requests from Behavioral Health Specialists in the state of New Jersey are not required to meet the authorization criteria.

Authorization may be granted for the requested drug when ONE of the following criteria are met:

- The requested drug is being prescribed for ONE of the following: treatment of irritability associated with autistic disorder in a patient 6 to 17 years of age,



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treatment of Tourette's disorder in a patient 6 to 18 years of age AND the following criteria is met:

- The request is for Abilify (aripiprazole) or Opipza (aripiprazole).
- The requested drug is being prescribed for the treatment of agitation associated with dementia due to Alzheimer's disease AND the following criteria is met:
 - The request is for Rexulti (brexpiprazole).
- The requested drug is being prescribed for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines) and ONE of the following criteria is met:
 - The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least TWO generic atypical antipsychotics. [ACTION REQUIRED: Documentation is required for approval.]
 - The patient has a clinical condition or requires a specific dosage form for which there is no generic alternative, or the generic alternatives are not recommended based on published guidelines or clinical literature.

Continuation of Therapy

Authorization may be granted for the requested drug when the following criteria is met:

- The request is for continuation of therapy with clinical documentation indicating disease stability or improvement from baseline.

Approval Duration and Quantity Restrictions:

Approval: 12 months; requests from behavioral health specialists will be authorized indefinitely

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

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