

### *Hot Tip: Atypical Antipsychotics*

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the CHPlus program only.

Your Highmark BCBSWNY patients 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 Highmark BCBSWNY provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Atypical Antipsychotics <sup>1</sup>	Abilify Abilify Mycite Aripiprazole ODT & Solution Caplyta Clozaril, FazaClo, Clozapine ODT, Versacloz  Fanapt  Geodon  Invega  Latuda  Risperdal  Risperdal M <i>Generic name: Risperidone ODT<sup>2</sup></i>  Rexulti  Saphris  Seroquel	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 <sup>3</sup> <i>Brand name: Saphris</i>  Quetiapine tabs

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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NYWEST-CD-019078-23-SRS18826 March 2023

	Seroquel XR  Symbyax <i>Generic name: Olanzapine-Fluoxetine<sup>2</sup></i> Vraylar  Zyprexa tabs  Zyprexa Zydis ODT <i>Generic name: Olanzapine ODT<sup>2</sup></i>	<i>Brand name: Seroquel</i>   Quetiapine XR <sup>3</sup> <i>Brand name: Seroquel XR</i>  Olanzapine tabs <i>Brand name: Zyprexa</i>
Atypical Antipsychotics <sup>1</sup> 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>
<sup>1</sup> Prior authorization is required in children age 17 and under to assure psychosocial care and metabolic monitoring is in place for preferred products. <sup>2</sup> Neither brand nor generic formulations are covered. <sup>3</sup> Effective August 1, 2021, Quetiapine XR and Asenapine are preferred products.		

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at [mybcbswny.com/stateplans](http://mybcbswny.com/stateplans) > Provider > Eligibility & Pharmacy > Pharmacy Information.



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