Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Pharmacy Program Atypical Antipsychotic Initiative

1. **Prior Authorization (PA) is required for atypical antipsychotic medications exceeding the following quantity limits:**

   Abilify (aripiprazole) – PA > 30 units/month
   Abilify (aripiprazole) liquid – PA > 750 ml/month
   Geodon (ziprasidone) – PA > 60 units/month
   Invega (paliperidone) – PA > 30 units/month
   Risperdal (risperidone) – PA – > 60 units/month
   Risperdal (risperidone) liquid – PA > 480 units/month
   Seroquel XR (quetiapine extended-release) 200mg – PA > 30 units/month
   Seroquel XR (quetiapine extended-release) 300 mg and 400 mg – PA > 60 units/month
   Zyprexa (olanzapine) – PA > 30 units/month

2. **PA is required for most atypical antipsychotic duplicative therapy, which is defined as an overlap of 60 days or more in prescriptions (for any dosage form) of two or more of the following atypical antipsychotics.**

   Abilify (aripiprazole)
   Geodon (ziprasidone)
   Invega (paliperidone)
   Risperdal (risperidone)
   Seroquel (quetiapine)
   Seroquel XR (quetiapine extended-release)
   Zyprexa (olanzapine)

3 **Generic clozapine does not require PA when prescribed either alone or in concert with another atypical antipsychotic. Brand name Clozaril requires PA because it has an FDA "A"-rated generic equivalent.**

4. **Abilify IM (aripiprazole injection), Geodon IM (ziprasidone injection), and Risperdal Consta (risperidone injection) do not require PA when prescribed either alone or in concert with another atypical antipsychotic.**

5. **The following atypical antipsychotics require PA:**

   Abilify Discmelt (aripiprazole, orally disintegrating tablet) – PA
   Fazaclo (clozapine, orally disintegrating tablet) – PA
   Risperdal M (risperidone, orally disintegrating tablet) – PA
   Symbyax (fluoxetine/olanzapine) – PA
   Zyprexa Zydis (olanzapine, orally disintegrating tablet) – PA
   Zyprexa IM (olanzapine injection) – PA

MassHealth encourages prescribers to use the Antipsychotic Prior Authorization Request form when requesting PA for any of the above antipsychotics. See the Atypical Antipsychotics Table for more information about selected antipsychotics.

** Note: The decision on whether PA is required is based upon information available in the MassHealth pharmacy database. The MassHealth database contains member drug utilization information exclusive to MassHealth, and no other health plans.*