

# GENERIC STEP THERAPY PLANS (GSTP)

## DRUG CLASS

## ANTIPSYCHOTICS

HPGST SSB – REF# 478-D: ADASUVE, FANAPT, REXULTI, SAPHRIS, VRAYLAR

**Status:** CVS Caremark Criteria

**Type:** Initial Step Therapy; Post Step Therapy Prior Authorization

### INITIAL STEP THERAPY

If the patient has filled a prescription for at least a 30 day supply of at least one generic antipsychotic drug within the past 365 days OR has filled a prescription for Adasuve, Fanapt, Rexulti, Saphris, or Vraylar in the previous 120 days under a prescription benefit administered by CVS/caremark, then the requested branded drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the system will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

### COVERAGE CRITERIA

Branded antipsychotics will be covered with post step therapy prior authorization when the following criteria are met:

- Patient has experienced an inadequate treatment response, intolerance, contraindication or potential drug interaction to at least one generic antipsychotic drug.

### RATIONALE

If the patient has filled a prescription for at least a 30 day supply of at least one generic antipsychotic drug within the past 365 days OR has filled a prescription for Adasuve, Fanapt, Rexulti, Saphris, or Vraylar in the previous 120 days under a prescription benefit administered by CVS/caremark, then the requested branded drug will be paid under that prescription benefit.

If the patient does not meet the initial step therapy criteria, then prior authorization is required.

If the patient has a documented contraindication to or a potential drug interaction with a generic drug, then the requested brand drug will be covered. If the patient is intolerant to at least one of the generic drugs, then the requested brand drug will be covered. If the patient has tried one of the generic drugs for at least 30 days and had an inadequate treatment response, then the requested brand drug will be covered. If these requirements are met, then the approval duration is 24 months.

### REFERENCES

N/A

Written by: UM Development (NB)

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GSTP Antipsychotics

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