

Empire BlueCross BlueShield HealthPlus (Empire) Hot Tip: Atypical Antipsychotics

Your Empire patients on nonpreferred products will experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, please consider prescribing preferred products whenever possible.

Therapeutic class	Nonpreferred products	Preferred products
Atypical antipsychotics ¹	Abilify Aripiprazole ODT & Solution	Aripiprazole tabs <i>Brand name: Abilify</i>
	Clozaril, FazaClo, Clozapine ODT, Versacloz	Clozapine tabs <i>Brand name: Clozaril</i>
	Fanapt	
	Geodon	Ziprasidone <i>Brand name: Geodon</i>
	Invega	Paliperidone ER <i>Brand name: Invega</i>
	Latuda	
	Risperdal	
	Risperdal M <i>Generic: Risperidone ODT²</i>	Risperidone tabs, solution <i>Brand name: Risperdal</i>
	Rexulti	
	Saphris	
	Seroquel	
	Seroquel XR <i>Generic: Quetiapine ER²</i>	Quetiapine tabs <i>Brand name: Seroquel</i>
	Symbyax <i>Generic: Olanzapine-Fluoxetine²</i>	
	Vraylar	
Zyprexa tabs	Olanzapine tabs <i>Brand name: Zyprexa</i>	
Zyprexa Zydys ODT <i>Generic: Olanzapine ODT²</i>		

Therapeutic class	Nonpreferred products	Preferred products
Atypical antipsychotics ¹ 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>
<p>1 Prior authorization is required in children age 17 and under to assure psychosocial care and metabolic monitoring is in place for preferred products.</p> <p>2 Neither brand nor generic formulations are covered.</p>		

If you have questions regarding this *Hot Tip*, please call Provider Services at **1-800-450-8753**.

Preferred Drug List:

<https://mediproviders.empireblue.com/ny/pages/formularies.aspx>