



# Atypical Antipsychotics Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
06-01-2024

**Date of Origin**  
08-01-2008

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Aripiprazole Oral Solution 1 MG/ML	1 MG/ML	900	mLs	30	DAYS			
	aripiprazole orally disintegrating tab	10 MG ; 15 MG	60	Tablets	30	DAYS			
	Clozapine Orally Disintegrating Tab 100 MG	100 MG	90	Tablets	30	DAYS			
	Clozapine Orally Disintegrating Tab 12.5 MG	12.5 MG	90	Tablets	30	DAYS			
	Clozapine Orally Disintegrating Tab 150 MG	150 MG	180	Tablets	30	DAYS			
	Clozapine Orally Disintegrating Tab 200 MG	200 MG	120	Tablets	30	DAYS			
	Clozapine Orally Disintegrating Tab 25 MG	25 MG	270	Tablets	30	DAYS			
	Quetiapine Fumarate Tab	150 MG	30	Tablets	30	DAYS			
	Risperidone Orally Disintegrating Tab 0.25 MG	0.25 MG	60	Tablets	30	DAYS			
	Risperidone Orally Disintegrating Tab 0.5 MG	0.5 MG	60	Tablets	30	DAYS			
	Risperidone Orally Disintegrating Tab 1 MG	1 MG	60	Tablets	30	DAYS			
	Risperidone Orally Disintegrating Tab 2 MG	2 MG	60	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Risperidone Orally Disintegrating Tab 3 MG	3 MG	60	Tablets	30	DAYS			
	Risperidone Orally Disintegrating Tab 4 MG	4 MG	120	Tablets	30	DAYS			
	Risperidone Tab 0.25 MG	0.25 MG	60	Tablets	30	DAYS			
Abilify	aripiprazole tab	10 MG ; 15 MG ; 2 ; 2 MG ; 20 MG ; 30 MG ; 5 MG	30	Tablets	30	DAYS			
Abilify mycrite maintenanc	Aripiprazole Tab	2 MG	30	Tablets	30	DAYS			
Abilify mycrite maintenanc	Aripiprazole Tab	5 MG	30	Tablets	30	DAYS			
Abilify mycrite maintenanc	Aripiprazole Tab	10 MG	30	Tablets	30	DAYS			
Abilify mycrite maintenanc	Aripiprazole Tab	15 MG	30	Tablets	30	DAYS			
Abilify mycrite maintenanc	Aripiprazole Tab	20 MG	30	Tablets	30	DAYS			
Abilify mycrite maintenanc	Aripiprazole Tab	30 MG	30	Tablets	30	DAYS			
Abilify mycrite starter ki	Aripiprazole Tab	2 MG	30	Tablets	30	DAYS			
Abilify mycrite starter ki	Aripiprazole Tab	5 MG	30	Tablets	30	DAYS			
Abilify mycrite starter ki	Aripiprazole Tab	10 MG	30	Tablets	30	DAYS			
Abilify mycrite starter ki	Aripiprazole Tab	15 MG	30	Tablets	30	DAYS			
Abilify mycrite starter ki	Aripiprazole Tab	20 MG	30	Tablets	30	DAYS			
Abilify mycrite starter ki	Aripiprazole Tab	30 MG	30	Tablets	30	DAYS			
Caplyta	lumateperone tosylate cap	10.5 MG ; 21 MG ; 42 MG	30	Capsules	30	DAYS			
Clozaril	Clozapine Tab 100 MG	100 MG	270	Tablets	30	DAYS			
Clozaril	Clozapine Tab 200 MG	200 MG	120	Tablets	30	DAYS			
Clozaril	Clozapine Tab 25 MG	25 MG	90	Tablets	30	DAYS			
Clozaril	Clozapine Tab 50 MG	50 MG	90	Tablets	30	DAYS			
Fanapt	iloperidone tab	1 MG ; 10 MG ; 12 MG ; 2 MG ; 4 MG ; 6 MG ; 8 MG	60	Tablets	30	DAYS			
Fanapt titration pack	Iloperidone Tab 1 MG & 2 MG & 4 MG & 6 MG Titration Pak	1 & 2 & 4 & 6 MG	1	Pack	180	DAYS			
Geodon	ziprasidone hcl cap	20 MG ; 40 MG ; 60 MG ; 80 MG	60	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Geodon	Ziprasidone Mesylate For Inj 20 MG (Base Equivalent)	20 MG	60	Vials	30	DAYS			
Invega	Paliperidone Tab ER 24HR 1.5 MG	1.5 MG	30	Tablets	30	DAYS			
Invega	Paliperidone Tab ER 24HR 3 MG	3 MG	30	Tablets	30	DAYS			
Invega	Paliperidone Tab ER 24HR 6 MG	6 MG	60	Tablets	30	DAYS			
Invega	Paliperidone Tab ER 24HR 9 MG	9 MG	30	Tablets	30	DAYS			
Latuda	Lurasidone HCl Tab 120 MG	120 MG	30	Tablets	30	DAYS			
Latuda	Lurasidone HCl Tab 20 MG	20 MG	30	Tablets	30	DAYS			
Latuda	Lurasidone HCl Tab 40 MG	40 MG	30	Tablets	30	DAYS			
Latuda	Lurasidone HCl Tab 60 MG	60 MG	30	Tablets	30	DAYS			
Latuda	Lurasidone HCl Tab 80 MG	80 MG	60	Tablets	30	DAYS			
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	5-10 MG	30	Tablets	30	DAYS			
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	10-10 MG	30	Tablets	30	DAYS			
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	15-10 MG	30	Tablets	30	DAYS			
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	20-10 MG	30	Tablets	30	DAYS			
Rexulti	brexpiprazole tab	0.25 MG ; 0.5 MG ; 1 MG ; 2 MG ; 3 MG ; 4 MG	30	Tablets	30	DAYS			
Risperdal	Risperidone Soln 1 MG/ML	1 MG/ML	480	mLs	30	DAYS			
Risperdal	Risperidone Tab 0.5 MG	0.5 MG	60	Tablets	30	DAYS			
Risperdal	Risperidone Tab 1 MG	1 MG	60	Tablets	30	DAYS			
Risperdal	Risperidone Tab 2 MG	2 MG	60	Tablets	30	DAYS			
Risperdal	Risperidone Tab 3 MG	3 MG	60	Tablets	30	DAYS			
Risperdal	Risperidone Tab 4 MG	4 MG	120	Tablets	30	DAYS			
Saphris	asenapine maleate sl tab	10 MG ; 2.5 MG ; 5 MG	60	Tablets	30	DAYS			
Secuado	asenapine td patch	3.8 MG/24H R ; 5.7 MG/24H R ; 7.6 MG/24H R	30	Patches	30	DAYS			
Seroquel	Quetiapine Fumarate Tab 100 MG	100 MG	90	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Seroquel	Quetiapine Fumarate Tab 200 MG	200 MG	90	Tablets	30	DAYS			
Seroquel	Quetiapine Fumarate Tab 25 MG	25 MG	90	Tablets	30	DAYS			
Seroquel	Quetiapine Fumarate Tab 300 MG	300 MG	60	Tablets	30	DAYS			
Seroquel	Quetiapine Fumarate Tab 400 MG	400 ; 400 MG	60	Tablets	30	DAYS			
Seroquel	Quetiapine Fumarate Tab 50 MG	50 MG	90	Tablets	30	DAYS			
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 150 MG	150 MG	30	Tablets	30	DAYS			
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 200 MG	200 MG	30	Tablets	30	DAYS			
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 300 MG	300 MG	60	Tablets	30	DAYS			
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 400 MG	400 MG	60	Tablets	30	DAYS			
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 50 MG	50 MG	60	Tablets	30	DAYS			
Versacloz	clozapine susp	50 MG/ML	540	mLs	30	DAYS			
Vraylar	cariprazine hcl cap	1.5 MG ; 3 MG ; 4.5 MG ; 6 MG	30	Capsules	30	DAYS			
Vraylar	Cariprazine HCl Cap Therapy Pack 1.5 MG (1) & 3 MG (6)	1.5 & 3 MG	1	Pack	180	DAYS			
Zyprexa	Olanzapine For IM Inj 10 MG	10 MG	60	Vials	30	DAYS			
Zyprexa	olanzapine tab	10 MG ; 15 MG ; 2.5 MG ; 20 ; 20 MG ; 5 MG ; 7.5 MG	30	Tablets	30	DAYS			
Zyprexa zydis	olanzapine orally disintegrating tab	10 MG ; 15 MG ; 20 MG ; 5 MG	30	Tablets	30	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Aripiprazole Oral Solution 1 MG/ML	1 MG/ML	Medicaid
	aripiprazole orally disintegrating tab	10 MG ; 15 MG	Medicaid
	Clozapine Orally Disintegrating Tab 100 MG	100 MG	Medicaid
	Clozapine Orally Disintegrating Tab 12.5 MG	12.5 MG	Medicaid
	Clozapine Orally Disintegrating Tab 150 MG	150 MG	Medicaid
	Clozapine Orally Disintegrating Tab 200 MG	200 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Clozapine Orally Disintegrating Tab 25 MG	25 MG	Medicaid
	Quetiapine Fumarate Tab	150 MG	Medicaid
	Risperidone Orally Disintegrating Tab 0.25 MG	0.25 MG	Medicaid
	Risperidone Orally Disintegrating Tab 0.5 MG	0.5 MG	Medicaid
	Risperidone Orally Disintegrating Tab 1 MG	1 MG	Medicaid
	Risperidone Orally Disintegrating Tab 2 MG	2 MG	Medicaid
	Risperidone Orally Disintegrating Tab 3 MG	3 MG	Medicaid
	Risperidone Orally Disintegrating Tab 4 MG	4 MG	Medicaid
	Risperidone Tab 0.25 MG	0.25 MG	Medicaid
Abilify	aripiprazole tab	10 MG ; 15 MG ; 2 ; 2 MG ; 20 MG ; 30 MG ; 5 MG	Medicaid
Abilify mycite maintenanc	Aripiprazole Tab	2 MG	Medicaid
Abilify mycite maintenanc	Aripiprazole Tab	5 MG	Medicaid
Abilify mycite maintenanc	Aripiprazole Tab	15 MG	Medicaid
Abilify mycite maintenanc	Aripiprazole Tab	10 MG	Medicaid
Abilify mycite maintenanc	Aripiprazole Tab	30 MG	Medicaid
Abilify mycite maintenanc	Aripiprazole Tab	20 MG	Medicaid
Abilify mycite starter ki	Aripiprazole Tab	30 MG	Medicaid
Abilify mycite starter ki	Aripiprazole Tab	2 MG	Medicaid
Abilify mycite starter ki	Aripiprazole Tab	10 MG	Medicaid
Abilify mycite starter ki	Aripiprazole Tab	5 MG	Medicaid
Abilify mycite starter ki	Aripiprazole Tab	15 MG	Medicaid
Abilify mycite starter ki	Aripiprazole Tab	20 MG	Medicaid
Caplyta	lumateperone tosylate cap	10.5 MG ; 21 MG ; 42 MG	Medicaid
Clozaril	Clozapine Tab 100 MG	100 MG	Medicaid
Clozaril	Clozapine Tab 200 MG	200 MG	Medicaid
Clozaril	Clozapine Tab 25 MG	25 MG	Medicaid
Clozaril	Clozapine Tab 50 MG	50 MG	Medicaid
Fanapt	iloperidone tab	1 MG ; 10 MG ; 12 MG ; 2 MG ; 4 MG ; 6 MG ; 8 MG	Medicaid
Fanapt titration pack	Iloperidone Tab 1 MG & 2 MG & 4 MG & 6 MG Titration Pak	1 & 2 & 4 & 6 MG	Medicaid
Geodon	ziprasidone hcl cap	20 MG ; 40 MG ; 60 MG ; 80 MG	Medicaid
Geodon	Ziprasidone Mesylate For Inj 20 MG (Base Equivalent)	20 MG	Medicaid
Invega	Paliperidone Tab ER 24HR 1.5 MG	1.5 MG	Medicaid
Invega	Paliperidone Tab ER 24HR 3 MG	3 MG	Medicaid
Invega	Paliperidone Tab ER 24HR 6 MG	6 MG	Medicaid
Invega	Paliperidone Tab ER 24HR 9 MG	9 MG	Medicaid
Latuda	Lurasidone HCl Tab 120 MG	120 MG	Medicaid
Latuda	Lurasidone HCl Tab 20 MG	20 MG	Medicaid
Latuda	Lurasidone HCl Tab 40 MG	40 MG	Medicaid
Latuda	Lurasidone HCl Tab 60 MG	60 MG	Medicaid
Latuda	Lurasidone HCl Tab 80 MG	80 MG	Medicaid
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	10-10 MG	Medicaid
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	15-10 MG	Medicaid
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	5-10 MG	Medicaid
Lybalvi	Olanzapine-Samidorphan L-Malate Tab	20-10 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Rexulti	brexpiprazole tab	0.25 MG ; 0.5 MG ; 1 MG ; 2 MG ; 3 MG ; 4 MG	Medicaid
Risperdal	Risperidone Soln 1 MG/ML	1 MG/ML	Medicaid
Risperdal	Risperidone Tab 0.5 MG	0.5 MG	Medicaid
Risperdal	Risperidone Tab 1 MG	1 MG	Medicaid
Risperdal	Risperidone Tab 2 MG	2 MG	Medicaid
Risperdal	Risperidone Tab 3 MG	3 MG	Medicaid
Risperdal	Risperidone Tab 4 MG	4 MG	Medicaid
Saphris	asenapine maleate sl tab	10 MG ; 2.5 MG ; 5 MG	Medicaid
Secuado	asenapine td patch	3.8 MG/24HR ; 5.7 MG/24HR ; 7.6 MG/24HR	Medicaid
Seroquel	Quetiapine Fumarate Tab 100 MG	100 MG	Medicaid
Seroquel	Quetiapine Fumarate Tab 200 MG	200 MG	Medicaid
Seroquel	Quetiapine Fumarate Tab 25 MG	25 MG	Medicaid
Seroquel	Quetiapine Fumarate Tab 300 MG	300 MG	Medicaid
Seroquel	Quetiapine Fumarate Tab 400 MG	400 ; 400 MG	Medicaid
Seroquel	Quetiapine Fumarate Tab 50 MG	50 MG	Medicaid
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 150 MG	150 MG	Medicaid
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 200 MG	200 MG	Medicaid
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 300 MG	300 MG	Medicaid
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 400 MG	400 MG	Medicaid
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 50 MG	50 MG	Medicaid
Versacloz	clozapine susp	50 MG/ML	Medicaid
Vraylar	cariprazine hcl cap	1.5 MG ; 3 MG ; 4.5 MG ; 6 MG	Medicaid
Vraylar	Cariprazine HCl Cap Therapy Pack 1.5 MG (1) & 3 MG (6)	1.5 & 3 MG	Medicaid
Zyprexa	Olanzapine For IM Inj 10 MG	10 MG	Medicaid
Zyprexa	olanzapine tab	10 MG ; 15 MG ; 2.5 MG ; 20 ; 20 MG ; 5 MG ; 7.5 MG	Medicaid
Zyprexa zydis	olanzapine orally disintegrating tab	10 MG ; 15 MG ; 20 MG ; 5 MG	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p><b>Quantity limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>A. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> </ol> </li> </ol> </li> </ol>

Module	Clinical Criteria for Approval
	<p data-bbox="354 184 1385 323">c. BOTH of the following: 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication <b>AND</b> 2. There is support for therapy with a higher dose for the requested indication</p> <p data-bbox="233 365 708 394"><b>Length of Approval:</b> up to 12 months</p>