



Texas HHS Health and Specialty Care System

Antipsychotic Tier Schedule

Tier	Generic	Relative Cost *
Tier 1: No Prior Approval	Aripiprazole	\$
	Asenapine	\$\$\$\$\$\$\$
	Chlorpromazine	\$\$\$
	Fluphenazine	\$
	Fluphenazine Decanoate LAI	\$
	Haloperidol	¢
	Haloperidol Decanoate LAI	\$
	Loxapine	\$
	Lurasidone	\$\$\$\$\$\$\$\$\$\$\$\$
	Olanzapine	¢
	Perphenazine	\$\$
	Quetiapine ³	¢
	Risperidone	¢
	Thiothixene	\$
Trifluoperazine	\$	
Tier 2: Requires Documentation for Reason for Use Instead of Tier 1 Option	Aripiprazole LAI (Aristada)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
	Aripiprazole LAI (Maintena)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
	Brexpiprazole	\$\$\$\$\$\$\$
	Cariprazine	\$\$\$\$\$\$\$
	Iloperidone ^{1, 2}	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
	Paliperidone	\$\$\$\$\$\$\$
	Paliperidone Palmitate LAI ¹	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
	Risperidone Microspheres LAI	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
	Ziprasidone ⁴	\$
	Any combination of 2 antipsychotics for hospitals	—
Tier 3: Requires Prospective Review by Clinical Director or Designee	Clozapine ¹ Suspension	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
	Olanzapine Pamoate LAI	\$\$\$\$\$\$\$\$\$\$\$\$
	Quetiapine ER ³	\$
	Thioridazine ^{1,5}	\$
	Any combination of 3 or more antipsychotics	—

* For LAI (Long-Acting Injection), includes amortized cost of any loading dose or oral overlap over one year
Specific Medication Notes

- 1) DSHS Formulary Reserve Drug
- 2) Iloperidone Indication: "In choosing among treatments, prescribers should consider the ability of FANAPT to prolong the QT interval and the use of other drugs first. Prescribers should also consider the need to titrate FANAPT slowly to avoid orthostatic hypotension, which may lead to delayed effectiveness compared to some other drugs that do not require similar titration." (Fanapt Product Label) DSHS Formulary Reserved Drug Criteria: (a) For use in patients that have failed on two antipsychotics given for a sufficient time; or (b) For patients who cannot tolerate other antipsychotics due to akathisia.
- 3) Caution advised for use in forensic or correctional environments due to potential for diversion and misuse.
- 4) Ziprasidone Indication: "GEODON is an atypical antipsychotic. In choosing among treatments, prescribers should be aware of the capacity of GEODON to prolong the QT interval and may consider the use of other drugs first." (Geodon Product Label)
- 5) Thioridazine Indication: "Thioridazine hydrochloride tablets are indicated for the management of schizophrenic patients who fail to respond adequately to treatment with other antipsychotic drugs. Due to the risk of significant, potentially life threatening, proarrhythmic effects with thioridazine treatment, thioridazine hydrochloride tablets should be used only in patients who have failed to respond adequately to treatment with appropriate courses of other antipsychotic drugs, either because of insufficient effectiveness or the inability to achieve an effective dose due to intolerable adverse effects from those drugs. Consequently, before initiating treatment with thioridazine hydrochloride tablets, it is strongly recommended that a patient be given at least two trials, each with a different antipsychotic drug product, at an adequate dose, and for an adequate duration" (Thioridazine Product Label)

Approved by EFC 10-05-2018