## Overview
Caplyta (lumateperone) is a second-generation antipsychotic with antagonist activity at central serotonin 5-HT_{2A} receptors and postsynaptic antagonist activity at central dopamine D_2 receptors. Caplyta is approved for treatment of adults with schizophrenia.

## Coverage Guidelines
Authorization may be granted for members when all the following criteria are met, and documentation is provided for the following drug and/or diagnosis specific criteria:

**Members ≥ 18 years of age:**
1. The member has a diagnosis of schizophrenia
2. The member has had inadequate response, adverse reaction, or contraindication to TWO (2) second-generation (atypical) antipsychotic (generic or brand)

**Members < 18 years of age:**
1. The member has a diagnosis of schizophrenia
2. **ONE** of the following:
   a. Inadequate response or adverse reaction ONE (1) of the following second-generation (atypical) antipsychotics: aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone
   b. Contraindication to ALL second-generation (atypical) antipsychotics
3. **ONE** of the following:
   a. Inadequate response or adverse reaction to TWO (2) other different atypical or typical antipsychotics
   b. Contraindication to ALL antipsychotics

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### Plan and Benefit
- **MassHealth**
- **Pharmacy Benefit**
- **Medical Benefit (NLX)**

### Program Type
- **Prior Authorization**
- **Quantity Limit**
- **Step Therapy**

### Specialty Limitations
N/A

### Specialty Medications
- **All Plans**
  - Phone: 866-814-5506
  - Fax: 866-249-6155

### Non-Specialty Medications
- **MassHealth**
  - Phone: 877-433-7643
  - Fax: 866-255-7569

- **Commercial**
  - Phone: 800-294-5979
  - Fax: 888-836-0730

- **Exchange**
  - Phone: 855-582-2022
  - Fax: 855-245-2134

### Medical Specialty Medications (NLX)
- **All Plans**
  - Phone: 844-345-2803
  - Fax: 844-851-0882

### Exceptions
N/A
Continuation of Therapy
Reauthorization requires physician attestation of continuation of therapy.

Limitations
1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:
   Caplyta 42mg 30 tablets per 30 days

References

Review History
01/20/2021 – Created and Reviewed January P&T Mtg; matched MH criteria. Effective 02/01/21.

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