



Texas HHS Health and Specialty Care System

Antipsychotic Tier Schedule

Tier	Generic	Relative Cost *
Tier 1: No Prior Approval	Aripiprazole	LOW
	Asenapine	HIGH
	Chlorpromazine	HIGH
	Fluphenazine	HIGH
	Fluphenazine Decanoate LAI	MODERATE
	Haloperidol	MODERATE
	Haloperidol Decanoate LAI	MODERATE
	Loxapine	MODERATE
	Lurasidone	HIGH
	Olanzapine	LOW
	Perphenazine	MODERATE
	Quetiapine ³	LOW
	Risperidone	LOW
	Thiothixene	HIGH
	Trifluoperazine	HIGH
Tier 2: Requires Documentation for Reason for Use Instead of Tier 1 Option	Aripiprazole LAI (Aristada)	HIGH
	Aripiprazole LAI (Maintena)	HIGH
	Aripiprazole LAI (Initio) ^{1,6}	HIGH
	Brexpiprazole	HIGH
	Cariprazine	HIGH
	Clozapine ¹ Tablets, Oral Disintegrating Tablets	HIGH
	Iloperidone ^{1, 2}	HIGH
	Paliperidone	HIGH
	Paliperidone Palmitate LAI	HIGH
	Risperidone Microspheres LAI	HIGH
	Ziprasidone ⁴	LOW
Any combination of 2 antipsychotics for hospitals	—	
Tier 3: Requires Prospective Review by Clinical Director or Designee	Clozapine ¹ Suspension	HIGH
	Olanzapine Pamoate LAI	HIGH
	Lumateperone	HIGH
	Quetiapine ER ³	LOW
	Thioridazine ^{1,5}	MODERATE
	Any combination of 3 or more antipsychotics	—

* Based on the cost for the maximum daily dose for adults, per the HSCS Psychiatric Formulary. For LAI (Long-Acting Injection), cost is amortized over period of time between injections.

Specific Medication Notes

- 1) HHSC Health and Specialty Care System 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 05/2009) HHSC Formulary Reserved Drug Criteria: For use in patients that have failed on two antipsychotics given for a sufficient time; or 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. "Practice Resources for Prescribing in Corrections", *J Am Acad Psychiatry Law*, 46 (2 supplement), 2018, S2-S50.
- 4) Ziprasidone Indication: "...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 05/2021).
- 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" (Daily Med 2021-12).
- 6) "Aristada Initio is only to be used as a single dose to initiate Aristada treatment or as a single dose to re-initiate Aristada treatment following a missed dose of Aristada. Aristada Initio is not for repeated dosing" (Aristada Initio Label 2018-06). Relative cost is based on acquisition cost amortized over 4 weeks.

Approved by PEFC 1-2022