Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Lurasidone (Latuda®)

Lurasidone (Latuda®) will be covered on the prescription drug benefit when the following criteria are met:

- **Bipolar Depression**
  - Prescriber is a mental health clinician
  - **AND**
    - Diagnosis of bipolar depression
  - **AND**
    - Pt is at least 10 years of age
  - **AND**
    - Patient has documented contraindication, intolerance, or treatment failure to 2 of the following formulary options: lithium, valproate products, lamotrigine or carbamazepine
  - **AND**
    - Patient has prediabetes, diabetes, cardiovascular disease, BMI > 30 or documented contraindication, intolerance, or treatment failure to 1 of the following formulary antipsychotics: quetiapine or olanzapine
  - **OR**
    - Patient is already taking the drug
  - **OR**
    - Dose change only: Patient previously met criteria and is already taking the drug

- **Schizophrenia**
  - Prescriber is a mental health clinician
  - **AND**
    - Diagnosis of schizophrenia
  - **AND**
    - Pt is at least 13 years of age
  - **AND**
    - Patient has documented contraindication, intolerance, or treatment failure to 3 formulary antipsychotic agents (e.g., quetiapine, risperidone, olanzapine, aripiprazole, ziprasidone, clozapine or first-generation antipsychotic)
  - **OR**
    - Patient is already taking the drug
  - **OR**
    - Dose change only: Patient previously met criteria and is already taking the drug