

# Criteria Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Lurasidone (Latuda)

#### Notes:

- Quantity limits: Yes

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

- Bipolar Depression

- Prescriber is a mental health clinician
- Diagnosis of bipolar depression
- Pt is at least 10 years of age
- Patient has documented contraindication, intolerance, or treatment failure to 2 of the following formulary options: lithium, valproate products, lamotrigine, oxcarbazepine, or carbamazepine
- Patient has prediabetes, diabetes, cardiovascular disease, body mass index (BMI) > 30 or documented contraindication, intolerance, or treatment failure to 1 of the following antipsychotics: formulary quetiapine, olanzapine or non-formulary cariprazine

**-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
- Diagnosis of schizophrenia
- Pt is at least 13 years of age
- 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

- Major Depressive Disorder with Mixed Features

- Prescriber is a mental health clinician
- Diagnosis of major depressive disorder with mixed features
- Pt is at least 10 years of age

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Effective: 05/06/21

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

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## CRITERIA FOR DRUG COVERAGE

### Lurasidone (Latuda)

- Patient has documented contraindication, intolerance, or treatment failure to 1 of the following formulary options: lithium, valproate products, lamotrigine, oxcarbazepine or carbamazepine
  - Patient has documented contraindication, intolerance, or treatment failure to 2 of the following: aripiprazole, olanzapine, quetiapine, ziprasidone, or non-formulary asenapine or cariprazine
- OR-**
- Patient is already taking the drug
- OR-**
- Dose change only: Patient previously met criteria and is already taking the drug

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