Caplyta (lumateperone)
Effective 02/01/2021

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**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		

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

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
1. Caplyta (lumateperone) [prescribing information]. New York, NY: Intra-Cellular Therapies Inc; December 2019.

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

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