



Prior Authorization Approval Criteria

Saphris (asenapine)

Generic name: asenapine

Brand name: Saphris

Medication class: Atypical antipsychotic

FDA-approved uses:

- acute treatment of schizophrenia in adults
- acute treatment of manic or mixed episodes associated with bipolar 1 disorder in adults

Available dosage forms: 5mg and 10mg sublingual tablets

Usual dose:

Schizophrenia 5mg twice daily sublingually

Bipolar disorder 10mg twice daily sublingually

Approximate monthly cost: \$594.00/month for both strengths.

Duration of therapy: Indefinite

Criteria for use: *(bullet points below are all inclusive unless otherwise noted):*

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must have one of the following clinically diagnosed conditions:
 - Schizophrenia
 - Or
 - Bipolar disorder, including manic and mixed episodes associated with bipolar disorder
- Patient must be 18 years of age or older
- Must have tried and failed or been intolerant to at least 2 formulary atypical antipsychotic agents such as Zyprexa (olanzapine), Seroquel (quetiapine), Risperdal (risperidone), Clozaril (clozapine) or Geodon (ziprasidone).
- Or
- Patient must have inability to swallow pills.

Contraindications:

- None at this time.

Not approved if:

- Patient does not meet the above stated criteria.
- No other medication has been utilized.
- Patient has dementia related psychosis.

Special considerations:

Black box warning:

- Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 12/09/09