

Policies Repository



AmeriHealth.

Policy Title Lurasidone (Latuda)

Policy Number

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This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy	<p>Lurasidone (Latuda) is an antipsychotic agent indicated for the treatment of patients with schizophrenia.</p> <p>The use of Lurasidone (Latuda) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).</p>
Policy description	<p>Lurasidone (Latuda) is a psychotropic agent belonging to the chemical class of benzoisothiazol derivatives. The mechanism of action of lurasidone, as with other drugs having efficacy in schizophrenia, is unknown. It has been suggested that the efficacy of lurasidone in schizophrenia is mediated through a combination of central dopamine type 2 (D₂) and serotonin type 2 (5HT_{2A}) receptor antagonism.</p>
Policy guideline inclusion	<p>Lurasidone (Latuda) is approved when one of the following inclusion criteria is met:</p> <ul style="list-style-type: none">• Documentation of a diagnosis of schizophrenia and a trial and failure of, or contraindication to, at least one of the following agents:<ul style="list-style-type: none">○ Aripiprazole (Abilify)○ Risperidone (Risperdal)○ Quetiapine fumarate○ Olanzapine• Documentation of continuous therapy with Lurasidone (Latuda)
Policy guideline exclusion	<p>Lurasidone (Latuda) is denied when both of the following exclusion criteria are present:</p> <ul style="list-style-type: none">• No documentation of a diagnosis of schizophrenia and a trial and failure of, or contraindication to, at least one of the following agents:<ul style="list-style-type: none">○ Aripiprazole (Abilify)○ Risperidone (Risperdal)○ Quetiapine fumarate○ Olanzapine

	<ul style="list-style-type: none"> No documentation of continuous therapy with Lurasidone (Latuda) 				
Policy List of Applicable Drugs	<table border="1"> <thead> <tr> <th>Brand Name</th> <th>Generic Name</th> </tr> </thead> <tbody> <tr> <td>Latuda</td> <td>Lurasidone</td> </tr> </tbody> </table>	Brand Name	Generic Name	Latuda	Lurasidone
Brand Name	Generic Name				
Latuda	Lurasidone				
Dosing and administration	Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.				
Policy references	<p>Facts and Comparisons website. [Latuda]. Available at www.factsandcomparisons.com. Accessed February 23, 2011.</p> <p>Latuda [package insert]. Sunovion Pharmaceuticals Inc. Marlborough MA. 2010</p>				
Policy link to related policies					
Version effective date	07/01/2011				

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