

**asenapine (SAPHRIS)**

**Diagnoses Considered for Coverage:**

- Schizophrenia
- Bipolar Disorder

**Coverage Criteria:**

**For asenapine:**

- No prior approval required, subject to quantity limits

**For brand SAPHRIS:**

- Intolerable side effect or contraindication to generic not expected with brand name Saphris, **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 5/3/2023