

Commercial/Healthcare Exchange PA Criteria

Effective: February 11, 2020

Prior Authorization: Secuado

Products Affected: Secuado (asenapine) extended-release transdermal patch

Medication Description: Secuado, an atypical antipsychotic contains the existing active ingredient asenapine, which belongs to the class dibenzo-oxepino pyrroles. The mechanism of action of Secuado in schizophrenia is unclear. However, its efficacy could be mediated through a combination of antagonist activity at D2 and serotonin (5-HT)_{2A} receptors.

Covered Uses: Treatment of schizophrenia in adult patients.

Exclusion Criteria:

1. Known hypersensitivity to asenapine
2. Severe hepatic impairment (Child-Pugh C)

Required Medical Information:

1. Documented diagnosis
2. Previous therapies tried

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a diagnosis of schizophrenia; AND
- B. Patient has had a trial and failure, intolerance, or contraindication to at least TWO of the following generic atypical antipsychotics: olanzapine, olanzapine ODT, ziprasidone, clozapine, clozapine ODT, quetiapine IR/ER, risperidone, risperidone ODT, paliperidone ER); AND
- C. The patient is unable to ingest oral dosage formulations due to one of the following:
 - a. Oral/motor difficulties;
 - b. Dysphagia

References:

1. Secuado® transdermal system [prescribing information]. Miami, FL: Noven Therapeutics, LLC; October 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/17/2020