

asenapine transdermal patch (SECUADO)

Diagnosis Considered for Coverage:

- Schizophrenia

Coverage Criteria:

For all diagnosis above:

- Inadequate response, intolerable side effect, contraindication, or identifiable risk factor to the use of one preferred atypical antipsychotic agent including aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, **and**
- Intolerable side effect or contraindication to Saphris (asenapine sublingual) not expected with Secuado, **and**
- Dose does not exceed one patch per day.

Coverage Duration: one year

Effective: 11/30/2022