



## Prior Authorization for Olanzapine on the Non-Title XIX SMI Formulary

Maricopa County/ Magellan

Updated: 11/21/2011

### FDA Approved Formulary Agents:

Olanzapine tablets  
Olanzapine ODT tablets

### FDA Approved Indications:

- Schizophrenia
- Bipolar I disorder, acute mixed or manic episodes
- Bipolar I disorder, maintenance therapy

### Guidelines for approval:

1. FDA approved indication or schizophrenia spectrum disorder (including schizoaffective disorder or schizophreniform disorder).  
AND
2. Has a contraindication, intolerance, side effect, demonstrates lack of efficacy, or other atypical antipsychotics are clinically inappropriate. Medication trials that fail due to lack of efficacy must be attempted at maximal dosing for a minimum of 4 weeks if no response and a minimum of 12 weeks if partial response.  
AND
3. Does not have clinically significantly elevated hepatic enzymes, jaundice, or hepatitis.  
AND
4. Appropriate clinical monitoring of weight/BMI, abdominal girth, lipids, fasting blood glucose, heart rate, and blood pressure at baseline and every 6 months or as clinically indicated.  
  
OR
5. Had previous positive response to olanzapine, and not responding clinically to current medication regimen.  
OR
6. Has responded positively to olanzapine and received a prescription within the last 45 days.

### References:

1. Zyprexa \*package insert. Eli Lilly Rev.6/2011. Accessed 11/10/2011.
2. Zyprexa Zydis \*package insert. Eli Lilly Rev.6/2011. Accessed 11/10/2011.