

**LYBALVI**  
**(olanzapine and samidorphan)**

***Patients who have NOT filled an opioid medication in the past 90 days are exempt from these Prior Authorization (PA) requirements.***

## **Pre - PA Allowance**

None

---

## **Prior-Approval Requirements**

***Patients who have NOT filled an opioid medication in the past 90 days are exempt from these Prior Authorization (PA) requirements.***

**Age** 18 years of age or older

### **Diagnoses**

Patient must have **ONE** of the following:

1. Schizophrenia
2. Bipolar I disorder

**AND NONE** of the following:

1. Concurrent opioid use
  - a. At least 7 days from last dose of short-acting opioid
  - b. At least 14 days from last dose of long-acting opioid
2. Currently undergoing opioid withdrawal
3. Dementia-related psychosis

**AND ALL** of the following:

1. Prescriber agrees to discontinue medication if patient requires treatment with an opioid
2. Prescriber agrees to monitor for seizures and drug reaction with eosinophilia and systemic symptoms (DRESS)

## **Prior - Approval Limits**

**Quantity** 90 tablets per 90 days

**Duration** 12 months

---

## **Prior – Approval *Renewal* Requirements**

Same as above



**BlueCross  
BlueShield**

Federal Employee Program.

**LYBALVI  
(olanzapine and samidorphan)**

**Prior - Approval *Renewal* Limits**

Same as above