

## POLICY AND PROCEDURE

POLICY NUMBER: *RX.PA.133.E*

REVISION DATE: *10/17*

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**POLICY TITLE:** *Long-Acting Injectable Atypical Antipsychotics*  
**DEPARTMENT:** *Clinical Pharmacy Services- Utilization Management*  
**ORIGINAL DATE:** *January 2010 (as adopted from UPMC Health Plan)*

**Last P & T Committee Approval Date:** *February 2018*

**Product Applicability:** *mark all applicable products below:*

|                   |                                                                                                                                                                                                                                                                                             |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COMMERCIAL</b> | <input type="checkbox"/> HMO <input type="checkbox"/> PPO   Products: <input type="checkbox"/> Small   Exchange: <input type="checkbox"/> Shop <input checked="" type="checkbox"/> All<br><input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv.<br><input type="checkbox"/> Large |
| <b>OTHER</b>      | <input checked="" type="checkbox"/> Self-funded/ASO                                                                                                                                                                                                                                         |

### PURPOSE

The purpose of this policy is to define the prior authorization process for Long-Acting Injectable Atypical Antipsychotics.

- Risperidone (Risperdal Consta) long-acting injection is indicated for the treatment of schizophrenia and as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of Bipolar I Disorder.
- Paliperidone palmitate (Invega Sustenna) extended-release injectable suspension is indicated for the acute and maintenance treatment of schizophrenia and the treatment of schizoaffective disorder as monotherapy and as an adjunct to mood stabilizers or antidepressants.
- Olanzapine (Zyprexa Relprevv) extended-release injectable suspension is indicated for the treatment of schizophrenia.
- Aripiprazole (Abilify Maintena) extended-release injectable suspension is indicated for the treatment of schizophrenia and maintenance monotherapy treatment of bipolar I disorder in adults.
- Invega Trinza is indicated for the treatment of schizophrenia in patients after they have been adequately treated with Invega Sustenna.
- Aripiprazole lauroxil (Aristada) extended-release injectable suspension is indicated for the treatment of schizophrenia.

## DEFINITIONS

N/A

## POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The long-acting injectable atypical antipsychotics (Abilify Maintena, Aristada, Risperdal Consta, Invega Sustenna, Invega Trinza and Zyprexa Relprevv) are subject to the prior authorization process.

## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed under the respective product:*

#### 1. All products:

Must have tried and failed or have a history of non-compliance with one oral atypical antipsychotic

#### 2. Risperdal Consta and Abilify Maintena:

- Must have a diagnosis of schizophrenia or bipolar disorder

#### 3. Zyprexa Relprevv, and Invega Trinza:

- Must have a diagnosis of schizophrenia
  - For Invega Trinza: must have been treated with Invega Sustenna for at least four months with an adequate response, and the last two doses of Invega Sustenna be the same dosage strength before starting Invega Trinza.



#### 4. Risperdal Consta:

- Must have a diagnosis of schizophrenia or schizoaffective disorder

#### **Reauthorization Criteria:**

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.

#### **Limitations:**

| Length of Authorization (if above criteria met) |                |
|-------------------------------------------------|----------------|
| Initial Authorization                           | Up to 6 months |
| Reauthorization                                 | Up to 1 year   |

If the established criteria are not met, the request is referred to a Medical Director for review.

#### **REFERENCES**

1. Risperdal Consta [package insert]. Janssen: Titusville, NJ; October 2009.
2. Invega Sustenna [package insert]. Janssen: Titusville, NJ; November 2014.
3. Zyprexa Relprevv [package insert]. Eli Lilly and Company: Indianapolis, IN; May 2010.
4. Abilify Maintena [package insert]. Otsuka America Pharmaceutical, Inc.: Rockville, MD; July 2017.
5. Invega Trinza [prescribing information.] Janssen Pharmaceuticals, Inc: Titusville, NJ: 2015.
6. Aristada [prescribing information.] Waltham, MA: Alkermes, Inc.; October 2015.

#### **RECORD RETENTION**

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



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**REVIEW HISTORY**

| DESCRIPTION OF REVIEW / REVISION | DATE APPROVED                  |
|----------------------------------|--------------------------------|
| <i>Annual review</i>             | <i>02/16, 02/17,<br/>02/18</i> |
| <i>Criteria Update</i>           | <i>10/17</i>                   |

