

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Invega Sustenna (paliperidone palmitate)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Invega Sustenna (paliperidone palmitate)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Invega Sustenna (paliperidone palmitate) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is using in the treatment of one of the following:
  - A. Schizophrenia; **OR**
  - B. Schizoaffective disorder as one of the following:
    1. Monotherapy; **OR**
    2. As an adjunct to mood stabilizers or antidepressants;

### **AND**

- III. Individual has demonstrated tolerability with oral paliperidone or oral risperidone.

Requests for Invega Sustenna (paliperidone palmitate) may not be approved for the following:

- I. Individual has moderate or severe renal impairment (creatinine clearance < 50 mL/minute).

### **Note:**

Invega Sustenna (paliperidone palmitate) has a black box warning regarding use in the treatment of psychosis in the elderly. Elderly patients with dementia-related psychosis are at an increased risk of death

### **Key References:**

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Applicable	X	X	X	X	X	X	NA

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 12, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.