

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

Invega Trinza (paliperidone palmitate extended release injection)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Invega Trinza (paliperidone palmitate extended release injection) 273 mg kit, 410 mg kit, 546 mg kit, 819 mg kit	1 kit every 3 months

APPROVAL CRITERIA

Requests for Invega Trinza (paliperidone palmitate extended release injection) 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 schizophrenia; **AND**
- III. Individual has been adequately treated with Invega Sustenna for at least four (4) months.

Requests for Invega Trinza (paliperidone palmitate extended release injection) may not be approved for the following:

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

Note:

Invega Trinza (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:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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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.

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Applicable	X	X	X	X	X	X	NA

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.

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