



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 11, 2011 May 4, 2012, June 5, 2015

## INVEGA® (paliperidone) Extended-Release Tablets

### **LENGTH OF AUTHORIZATION: UP TO ONE YEAR**

### **REVIEW CRITERIA:**

#### **INITIATION OF THERAPY**

1. Must have **diagnosis of schizophrenia or schizoaffective disorder -AND-**
2. Age **≥ 18 years -AND-**
3. Trial and failure of risperidone oral:
  - Failure is defined as an occurrence of intolerable adverse effect(s) (for example: constipation, extrapyramidal symptoms (EPS), or cardiac events).
  - Failure may also be defined as “ineffectiveness of risperidone therapy” if the patient has received a minimum of a 30 day trial on the optimal dose of risperidone (6mg/day). *(This must be verified in claims history or progress notes.)*
  - Hypersensitivity (allergy) to oral risperidone therapy is not a reason for approval. The provider should try other oral atypical antipsychotic agents (eg. Abilify, Geodon, Zyprexa, Seroquel XR ).

#### **-OR-**

1. If a patient is initiating Invega Sustenna an override may be entered for the oral paliperidone to establish initial tolerability.

#### **CONTINUATION of THERAPY:**

- The beneficiary must have documentation (eg. administration history) of uninterrupted (100% compliance) paliperidone therapy during the past 90 days and documented effectiveness, otherwise the review criteria for initiation of therapy must be applied.

### **DOSING AND ADMINISTRATION:**

	Initial Dose	Recommended Dose	Maximum Dose
<b>Schizophrenia or Schizoaffective disorder - adults</b>	<b>6 mg/day</b>	<b>3-12 mg/day</b>	<b>12 mg/day</b>

Dosage forms and strengths: tablets at 1.5 mg, 3 mg, 6mg, and 9 mg