Division: Pharmacy Policy	Subject: Prior Authorization Criteria – Zyprexa Relprevv®
Original Development Date: Original Effective Date: Revision Date:	April 1, 2013 November 23, 2015, September 7, 2017

Zyprexa Relprevv® (olanzapine)

LENGTH OF AUTHORIZATION: Maximum of six months

NOTES:

- Zyprexa Relprevv® is available only through a restricted distribution program. Zyprexa Relprevv® must not be dispensed directly to a patient. For a patient to receive treatment, the prescriber, healthcare facility, patient, and pharmacy must all be enrolled in the Zyprexa Relprevv® Patient Care Program (phone # 1-877-772-9390).

REVIEW CRITERIA:

1. Must have **diagnosis of schizophrenia and**

2. Age ≥ **18 years and**

3. Must be prescribed by a provider that has enrolled in the Zyprexa Relprevv® Patient Care Program demonstrated with supporting documentation (signed attestation): http://multivu.prnewswire.com/mnr/lilly/40089/docs/40089-ZyprexaRelprevvPatientCareProgramBackgrounder121409CLEAN(2).pdf

4. **Trial and failure of Risperdal Consta® or a recommendation from the first two bulleted statements below if applicable**:

    - Hypersensitivity (allergy) or adverse response to oral olanzapine therapy is not a reason for approval. **The provider should try other preferred oral antipsychotic agents or preferred long-acting injectables**.

    - Ineffectiveness of oral olanzapine therapy is not a reason for approval. The provider should try other oral atypical antipsychotic agents. **The provider should try other preferred oral antipsychotic agents or preferred long-acting injectables**.

    - Failure of Risperdal Consta® is defined as an occurrence of intolerable adverse effect(s) (for example: constipation, extrapyrimadal symptoms (EPS), or cardiac events).

    - Failure may also be defined as "ineffectiveness of Risperdal Consta® therapy" if the patient has received a minimum of a one month trial on the optimal dose of 50 mg every 2 weeks. *(This must be verified in claims history or progress notes).*

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CONTINUATION following ACUTE THERAPY:

- If the beneficiary has previously received Zyprexa Relprevv® as acute treatment (eg. during institutionalization or hospitalization) and the provider is requesting continuation of therapy upon discharge:
  - If there is no trial history of Risperdal Consta® the request must be denied.
  - If there is trial of Risperdal Consta® (either in documentation or claims history) within the past 365 days refer to #3 of the review criteria.

CONTINUATION following CHRONIC THERAPY:

- The beneficiary must have documentation (eg. paid prescription claims and documented administration history) of uninterrupted (100% compliance) Zyprexa Relprevv® therapy during the past 90 days and documented effectiveness.

DOSING AND ADMINISTRATION:

- Establish tolerability with oral olanzapine prior to initiating treatment.
- There are no systematically collected data to specifically address how to switch patients with schizophrenia from other antipsychotics to Zyprexa Relprevv®. Refer to table below for recommendations on switching from oral olanzapine to Zyprexa Relprevv®:

Recommended dosing for Zyprexa Relprevv® based on correspondence to oral Zyprexa® doses

Target Oral Zyprexa® Dose	Dosing of Zyprexa Relprevv® During the First 8 Weeks	Maintenance Dose After 8 Weeks of Zyprexa Relprevv® Treatment
10 mg/day	210 mg/2 weeks or 405 mg/4 weeks	150 mg/2 weeks or 300 mg/4 weeks
15 mg/day	300 mg/2 weeks	210 mg/2 weeks or 405 mg/4 weeks
20 mg/day	300 mg/2 weeks	300 mg/2 weeks

- Zyprexa Relprevv® is a powder for suspension for intramuscular use only. Zyprexa Relprevv® is present as a yellow solid in a glass vial equivalent to 210, 300, or 405 mg olanzapine per vial.