Effective Date: 6/2017
Last Reviewed: 2/2020, 2/2021 Scope: Medicaid

INVEGA SUSTENNA
(paliperidone palmitate extended-release injectable suspension)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Invega Sustenna is indicated for the treatment of:

- Schizophrenia in adults
- Schizoaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR APPROVAL

An authorization may be granted for 12 months when the following criteria (A) and (B) are met:

A. Tolerability with oral paliperidone or oral risperidone has been established
B. The requested drug is being prescribed for the treatment of one of the following:
    - Schizophrenia in adults
    - Schizoaffective disorder in adults as monotherapy or as an adjunct to mood stabilizers or antidepressants

III. REFERENCES

1. Invega Sustenna [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; January 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed February 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed February 2020.
4. American Psychiatric Association. Practice guideline for the treatment of patients with schizophrenia, 2nd edition. 2010. Available at: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf. Accessed September 2019.

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