

Effective Date: 2/2020
Reviewed: 11/2019
Scope: Medicaid

ZYPREXA RELPREVV (olanzapine pamoate 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

Zyprexa Relprevv is indicated for the treatment of schizophrenia.

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

II. CRITERIA FOR APPROVAL

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

- A. Tolerability with oral olanzapine has been established
- B. The requested drug is being prescribed for the treatment of schizophrenia

III. COVERAGE DURATION

- 12 months

IV. REFERENCES

1. Zyprexa Relprevv [package insert]. Indianapolis, IN: Eli Lilly and Company; February 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed September 2018.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed September 2018.
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 2018.