Effective Date: 6/2017
Last Reviewed: 2/2020, 2/2021, 1/2022 Scope: Medicaid

INVEGA TRINZA
(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 Trinza (paliperidone palmitate), a 3-month injection, is indicated for the treatment of schizophrenia in patients after they have been adequately treated with Invega Sustenna (1-month paliperidone palmitate extended-release injectable suspension) for at least four months.

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. The requested drug is being prescribed for the treatment of schizophrenia
B. The patient has been adequately treated with Invega Sustenna for at least four months

III. REFERENCES

1. Invega Trinza [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; August 2021.
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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