

Effective Date: 6/2017
Last Reviewed: 2/2020, 2/2021, 1/2022
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.; 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.