

Effective Date: 05/01/2022
Reviewed: 02/2022
Scope: Medicaid

Invega Hafyera (paliperidone palmitate extended-release injectable suspension)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria 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 or Invega Trinza for at least one three-month cycle

II. QUANTITY LIMIT

Invega Hafyera 1092mg or 1560 mg once every 180 days

III. REFERENCES

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