



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Invega Sustenna Page: 1 of 1

Effective Date: 3/4/2024 Last Review Date: 01/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Invega Sustenna under the patient's prescription drug benefit.

Description:

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

Applicable Drug List:

Formulary: Invega Sustenna

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- Tolerability with oral paliperidone or oral risperidone has been established

AND

- The requested drug is being prescribed for the treatment of one of the following: A) Schizophrenia, B) schizoaffective disorder as monotherapy or as an adjunct to mood stabilizers or antidepressants

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Invega Sustenna [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; July 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed August 25, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 08/25/2023).
4. Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. Third Edition. Washington, DC: American Psychiatric Association; 2021. Available at: <https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841>. Accessed August 23, 2023.
5. McClellan J, Stock S; American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). Practice parameter for the assessment and treatment of children and adolescents with schizophrenia. *J Am Acad Child Adolesc Psychiatry*. 2013;52(9):976-90.