AETNA BETTER HEALTH®
Prior Authorization guideline for Long-Acting Injectable Antipsychotics

Drugs Covered
- Invega Sustenna
- Invega Trinza
- Risperdal Consta
- Abilify Maintena
- Zyprexa Relprevv
- Aristada

Authorization guidelines

Approval is authorized for members who:
- Are at least 18 years of age
- Prescribed by or in consultation with a psychiatrist
- Have received the recommended oral dosage (per FDA approved labeling) to confirm tolerability and efficacy prior to receiving the long-acting injectable medication
- Will not receive concomitant oral antipsychotics after the initial overlap period (per FDA approved labeling)
- Will be used for an FDA-approved indication for the drug requested.
- Non-adherence to oral antipsychotic medications which places the patient at risk for poor outcomes
- Provider agrees to support baseline and routine monitoring of all the following:
  - Weight, body mass index (BMI), or waist circumference
  - blood pressure
  - fasting glucose
  - fasting lipid panel
  - tardive dyskinesia
    - using the Abnormal Involuntary Movement Scale (AIMS)
    - Dyskinesia Identification System Condensed User Scale (DISCUS)
• For Abilify Maintena and Invega Trinza only: Not taking a CYP3A4 inducer
• For Invega Trinza only: Trial of stable dose of Invega Sustenna for 4 months to confirm tolerability and response

Additional Information:
These products are NOT covered for members with the following criteria:
• Use not approved by the FDA; AND
• The use is unapproved and not supported by the literature or evidence as an accepted off-label use.

Approval Duration:
Initial Approval:
1 year

Renewal:
1 year

Requires:
Metabolic screening within the last 60 days

Quantity Limits:
• Invega Sustenna: 1 per 28 days after initial loading doses
• Invega Trinza: 1 per 84 days
• Risperdal Consta: 2 per 28 days
• Abilify Maintena: 1 per 28 days
• Aristada: 1 per 28 days
• Aristada 886 mg: 1 per 28 days or 1 per 42 days
• Zyprexa Relprevv 210mg and 300mg: 2 per 28 days
• Zyprexa Relprevv 405mg: 1 per 28 days

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

• The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

• The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
• The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member’s family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

References:
4. Zyprexa Relprevv [package insert]. Indianapolis, IN: LillyUSA, LLC; Revised 12/19/2014