

Antipsychotic Agents – Antipsychotic Injectable Agents

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD - Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

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POS Edits

BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for all agents when requested for recipients who are younger than 7 years of age.

DX – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at [THIS LINK](#).

MD – Some agents have a maximum daily dose as listed in the chart below. Requests to override the maximum dose limit should follow THIS CRITERIA .	Generic – Brand Example	Younger than 7	7-17	18 and older
	Aripiprazole – Aristada®	0mg	0mg	1064mg
	Paliperidone – Invega Trinza®	0mg	0mg	819mg
	Risperidone – Perseris®	0mg	0mg	120mg
PU – These agents require evidence in pharmacy claims indicating established tolerance with previous use of an oral OR injectable form.	Generic (Brand Example)	At Least ONE Claim of Oral Dosage Form in Previous 365-Day Period	Number of Injectable Claims in Previous Period of Time	
	Aripiprazole (Abilify Maintena®) Aripiprazole (Aristada®) Aripiprazole (Aristada Initio®)	Aripiprazole	ONE claim for ANY aripiprazole injectable product in the previous 365 days	
	Olanzapine (Zyprexa Relprevv®)	Olanzapine	ONE claim for Zyprexa Relprevv® in the previous 365 days	
	Paliperidone (Invega Hafyera™)	N/A	FOUR claims for Invega Sustenna® in the previous 120-day period OR ONE claim for Invega Trinza® in the previous 90-day period OR ONE claim for Invega Hafyera™ in the previous 365 days	
	Paliperidone (Invega Sustenna®)	Paliperidone or Risperidone	ONE claim for any risperidone injectable product OR Invega Sustenna® in the previous 365 days	
	Paliperidone (Invega Trinza®)	N/A	FOUR claims for Invega Sustenna® in the previous 120-day period OR ONE claim for Invega Trinza® in the previous 365 days	
	Risperidone (Risperdal Consta®)	Risperidone	ONE claim for Risperdal Consta® in previous 365 days	
	Risperidone (Perseris®)	Risperidone	ONE claim for Risperdal Consta® OR Perseris® in the previous 365 days	

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QL – Some agents have quantity limits as listed in the chart to the right.	Medication	Quantity Limit
	Abilify Maintena®	1 unit every 28 days
	Aristada® 441mg; 662mg; 882mg syringe	1 unit every 28 days
	Aristada® 1064mg syringe	1 unit every 56 days
	Aristada Initio® 675mg syringe	Limited to 1 unit per 18-month period
	Paliperidone – Invega Hafyera™	1 unit every 180 days
	Invega Sustenna®	1 unit every 28 days
	Invega Trinza®	1 unit every <u>per rolling 84</u> 90 days
	Perseris®	1 unit every 28 days
	Risperdal Consta®	2 units every 28 days
	Zyprexa Relprevv® 210mg & 300mg	2 units every 28 days
	Zyprexa Relprevv® 405mg	1 unit every 28 days
TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other (injectable with injectable).		

Revision / Date	Implementation Date
Created POS Document	February 2020
Modified to apply new age requirement for behavioral health clinical authorization / September 2020	January 2021
Added Invega Hafyera™, modified previous use requirement / October 2021	April 2022
Formatting changes / March 2022	July 2022
Policy clarification / July 2022	January 2023
<u>Modified quantity limit for Invega Trinza® / January 2023</u>	<u>April 2023</u>