

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	DS – Maximum Days’ Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

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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 Asimtufii®)
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 or paliperidone 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® or Invega Hafyera™ in the previous 365 days

Risperidone (Perseris®)
Risperidone (Risperdal Consta®)
Risperidone (Uzedly™)

Risperidone

ONE claim for ~~Risperdal Consta®~~ ANY risperidone injectable product in previous 365 days

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POS Edits

QL – Some agents have quantity limits as listed in the chart to the right.	Medication	Quantity Limit
	<u>Abilify Asimtufii®</u>	<u>1 unit every 56 days</u>
	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®	Initiation: 2 units in 14 days Maintenance: 1 unit every 28 days
	Invega Trinza®	1 unit every 84 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
	<u>Uzedy™ 50mg; 75mg; 100mg; 125mg syringe</u>	<u>1 unit every 28 days</u>
	<u>Uzedy™ 150mg; 200mg; 250mg syringe</u>	<u>1 unit every 56 days</u>
TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other (injectable with injectable).		

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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
Modified quantity limit for Invega Trinza® / January 2023	April 2023
Policy clarification / April 2023	July 2023
<u>Added Abilify Asimtufii® and Uzedy™, modified previous use requirement-/ May 2023</u>	<u>October 2023</u>