



Policy Title	Paliperidone (Invega®)
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Policy Number	FS.CLIN.49
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Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy	<p>Paliperidone (Invega®) is indicated for the treatment of schizophrenia and schizoaffective disorder.</p> <p>The use of paliperidone (Invega®) requires prior authorization (i.e. clinical pharmacy and/or medical director review).</p>
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Policy description	<p>Paliperidone (Invega®) is a benzisoxazole antipsychotic. Paliperidone is the major active metabolite of risperidone. While the mechanism of action is unknown, its proposed therapeutic activity is antagonism of both the central dopamine Type 2 (D[2]) and serotonin Type 2 (5HT[2A]) receptors. It also has antagonistic effects on the alpha-1 adrenergic, alpha-2 adrenergic, and H1 histaminergic receptors. The overall results of these actions produce control of schizophrenic symptoms and reduction in recurrent symptoms.</p>
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Policy guideline inclusion	<p>Paliperidone (Invega®) is approved when one of the following inclusion criteria is met</p> <ul style="list-style-type: none"> • Documentation of a diagnosis of schizophrenia or schizoaffective disorder and documentation of a trial and failure of, or contraindication to, at least one of the following medications: <ul style="list-style-type: none"> ○ Aripiprazole (Abilify®) ○ Risperidone (Risperdal®) ○ Quetiapine fumarate ○ An olanzapine-containing product • Documentation of continuous therapy with Paliperidone (Invega®)
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Policy guideline exclusion	<p>Paliperidone (Invega®) is denied when both of the following exclusion criteria are present:</p> <ul style="list-style-type: none"> • No documentation of a diagnosis of schizophrenia or schizoaffective disorder and trial and failure of, or contraindication to, at least one of the following medications:
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	<ul style="list-style-type: none"> ○ Aripiprazole (Abilify®) ○ Risperidone (Risperdal®) ○ Quetiapine fumarate ○ An olanzapine-containing product <ul style="list-style-type: none"> ● No documentation of continuous therapy with Paliperidone (Invega®) 				
Policy List of Applicable Drugs	<table border="1"> <thead> <tr> <th>Brand Name</th> <th>Generic Name</th> </tr> </thead> <tbody> <tr> <td>Invega</td> <td>paliperidone</td> </tr> </tbody> </table>	Brand Name	Generic Name	Invega	paliperidone
Brand Name	Generic Name				
Invega	paliperidone				
Dosing and administration	Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.				
Policy references	<p>Invega® (paliperidone). [Micromedex Web site]. Available at: http://www.micromedex.com [via subscription only]. Accessed May 18, 2011.</p> <p>Invega® (paliperidone) [prescribing information]. Titusville, NJ: Janssen, LP; 2010. Also available online at: http://www.invega.com/invega/shared/pi/invega.pdf#zoom=100. Accessed May 18, 2011.</p>				
Policy link to related policies					
Version effective date	06/09/2011				

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