

**Nebraska Medicaid Fee-For-Service
Long-Acting Injectable (LAI) Criteria**

All initial and renewal authorizations are for 12 months in duration.

Abilify Maintena

***Criteria for Authorization for Abilify Maintena**

- The individual has a current DSM diagnosis of schizophrenia or schizoaffective disorder, or bipolar I disorder and is not under the age of 18 years. Must meet FDA-approved indication/criteria or be supported by the Compendia.
- The individual does not suffer from dementia-related psychosis.
- Documentation that the individual has been prescribed two oral or an injectable antipsychotic medication, but could not be safely and effectively treated with those medications **OR** Patient demonstrates non-adherence to oral antipsychotics placing them at risk for poor outcomes, has had a relapse, or psychiatric hospitalization while on oral antipsychotic therapy.
- The individual's ability to tolerate extended exposure to this medication must be established based on the use of oral Abilify for a minimum of 5 days, prior to the first injection of Abilify Maintena.
- The individual has agreed to receive the injections on a regular basis.
- Requests in excess of the approved FDA dosage and frequency will not be authorized.

***Criteria for Continuing Use for Abilify Maintena**

- The individual continues to meet the authorization guidelines for Abilify Maintena.
- The individual continues to consent for Abilify Maintena.
- The individual is not experiencing potential harmful or debilitating side effects and intolerances are not significantly impairing.

Aristada

***Criteria for Authorization for Aristada**

- The individual has a current DSM diagnosis of schizophrenia or schizoaffective disorder and is not under the age of 18 years. Must meet FDA-approved indication/criteria or be supported by the Compendia.
- The individual does not suffer from dementia-related psychosis.
- Documentation that the individual has been prescribed two oral or an injectable antipsychotic medication, but could not be safely and effectively treated with those medications **OR** Patient demonstrates non-adherence to oral antipsychotics placing them at risk for poor outcomes, has had a relapse, or psychiatric hospitalization while on oral antipsychotic therapy.
- The individual's ability to tolerate extended exposure to this medication must be established based on the use of oral Abilify for a minimum of 5 days, prior to the first injection of Aristada.
- The individual has agreed to receive the injections on a regular basis.
- Requests in excess of the approved FDA dosage and frequency will not be authorized.

***Criteria for Continuing Use for Aristada**

- The individual continues to meet the authorization Aristada.
- The individual continues to consent for Aristada.
- The individual is not experiencing potential harmful or debilitating side effects and intolerances are not significantly impairing.

Invega Sustenna

***Criteria for Authorization for Invega Sustenna**

- The individual has a current DSM diagnosis of schizophrenia or schizoaffective disorder and is not under 18 years of age. Must meet FDA-approved indication/criteria or be supported by the Compendia.
- The individual's ability to tolerate extended exposure to this medication must be established based on the use of oral Risperidone, oral Invega/paliperidone for a minimum period of 5 days, prior to the first injection of Invega Sustenna.

- Documentation that the individual has been prescribed at least two oral antipsychotic medications, but could not be safely and effectively treated with those medications **OR** patient demonstrates non-adherence to oral antipsychotics placing them at risk for poor outcomes, has had a relapse, or psychiatric hospitalization while on oral antipsychotic therapy.
- The individual has agreed to receive the injections on a regular basis, at the interval prescribed.
- Requests in excess of the maximum FDA approved dosage and frequency will not be authorized.

***Criteria for Continuing Use for Invega Sustenna**

- The individual continues to meet the authorization guidelines for Invega Sustenna.
- The individual continues to consent for Invega Sustenna.
- The individual is not experiencing a potential harmful or debilitating side effect and intolerances are not significantly impairing.

Invega Trinza

***Criteria for Authorization for Invega Trinza**

ALL criteria for Invega Sustenna must be met for approval.

- The individual's ability to tolerate extended exposure to this medication must be established, prior to the first injection of Invega Trinza, with four or more months of Invega Sustenna use. The last 2 doses of Invega Sustenna must be the same dosage strength before starting Invega Trinza.
- There must be a compelling medically necessary reason why Invega Trinza is needed in lieu of Invega Sustenna. (*e.g., Required for means other than convenience of the client or his or her physician.*)
- Requests in excess of the maximum FDA approved dosage and frequency will not be authorized.

***Criteria for Continuing Use for Invega Trinza**

- A. The individual continues to meet the authorization guidelines for Invega Trinza.

- B. The individual continues to consent for Invega Trinza.
- C. The individual is not experiencing a potential harmful or debilitating side effect and intolerances are not significantly impairing.

Risperdal Consta

***Criteria for Authorization**

- The individual has a current DSM diagnosis of schizophrenia, bipolar disorder or schizoaffective disorder and is not under 18 years of age. Must meet FDA-approved indication/criteria or be supported by the Compendia.
- The individual's ability to tolerate extended exposure to the medication must be established based on the use of oral risperidone, for a minimum of 5 days, prior to the first Risperdal Consta injection.
- Documentation that the individual has been prescribed at least two oral antipsychotic medications, but could not be safely and effectively treated with those medications **OR** Patient demonstrated non-adherence to oral antipsychotics placing them at risk for poor outcomes, has had a relapse, or psychiatric hospitalization while on oral antipsychotic therapy.
- Requests in excess of the maximum FDA approved dosage and frequency will not be authorized.

***Criteria for Continuing Use for Risperdal Consta**

- The individual continues to meet the authorization guidelines for Risperdal Consta.
- The individual continues to consent for Risperdal Consta.
- The individual is not experiencing a potential harmful or debilitating side effect and intolerances are not significantly impairing.

Vivitrol

***Criteria for Authorization for Vivitrol**

- Individual meets current DSM criteria for alcohol and opioid use disorders and is at least 16 years old.
- Individual is not in acute opioid withdrawal.
- Individual has been opioid free a minimum of 7 days.
- Individual has signed an agreement to participate in a comprehensive substance abuse management program while receiving Vivitrol.
- Other medical interventions, including the oral naltrexone, have been tried unsuccessfully, or is not clinically indicated.

***Criteria for Continuing Use for Vivitrol**

- The individual continues to meet authorization guidelines for Vivitrol.
- The individual is participating in a substance treatment program.

Zyprexa Relprevv

***Criteria for Authorization for Zyprexa Relprevv**

- Individual meets current DSM criteria for schizophrenia.
- The individual's ability to tolerate extended exposure to the medication must be established based on the use of oral olanzapine, for a minimum of 5 days, prior to the first Zyprexa Relprevv injection.
- Documentation that the individual has been prescribed at least two oral antipsychotic medications, but could not be safely and effectively treated with those medications **OR** Patient demonstrated non-adherence to oral antipsychotics placing them at risk for poor outcomes, has had a relapse, or psychiatric hospitalization while on oral antipsychotic therapy.
- Requests in excess of the maximum FDA approved dosage and frequency will not be authorized.

***Criteria for Continuing Use for Zyprexa Relprevv**

- The individual continues to meet the authorization guidelines for Zyprexa Relprevv.
- The individual continues to consent for Zyprexa Relprevv.
- The individual is not experiencing a potential harmful or debilitating side effect and intolerances are not significantly impairing.