



Aetna Better Health® of New Jersey

Atypical Antipsychotics and Long-Acting Injectable Antipsychotics Pharmacy Prior Authorization

This only applies to non-Behavioral Health providers since Behavioral Health providers are gold-carded in the State of NJ.

Rationale for the requirements

- Atypical antipsychotics have significant metabolic side effects; the risks of these side effects can be reduced by appropriate monitoring and intervention
- HEDIS measures were developed to encourage “think before you prescribe” and if prescribed to carefully monitor to assess appropriateness and safety of antipsychotic therapy
- These monitoring requirements are based on American Psychiatric Association guidelines for use of antipsychotics and minimum required monitoring parameters

What you need to submit for prior authorization:

- Prior authorization (PA) fax form attesting that appropriate follow up monitoring, including weight, BMI, cholesterol, blood glucose or HbA1c, and AIMS or DISCUS for movement disorders has been completed
- You DO NOT need to submit additional supporting information via fax (i.e. lab values, dates of monitoring, etc.)
- PA forms can be found at the following website:
<https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/Fax%20forms/Atypical%20Antipsychotics-Request-Form-NJ-4.1.20-ua.pdf>

Requirements for approval for atypical antipsychotics (AAPs):

- Member is 18 years of age or older
- Prescribed within FDA approved dosing guidelines, treatment guidelines, or recognized compendia
- Provider agrees to support baseline and routine (at least yearly) monitoring of all of the following:
 - ✓ Weight, body mass index, or waist circumference
 - ✓ Fasting glucose
 - ✓ Fasting lipid panel
 - ✓ Tardive dyskinesia (using AIMS or DISCUS)
- For bipolar disorder or schizophrenia, member has had inadequate response or intolerable side effect to at least TWO preferred formulary AAPs

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- For major depressive disorder, member has had inadequate response or intolerable side effect to at least THREE different medication regimens for depression at an adequate dose and duration (at least 4 weeks):
 - ✓ Antidepressant monotherapy
 - ✓ Antidepressant augmentation (SSRI or SNRI plus any of the following: bupropion, lithium, buspirone, or liothyronine) AND
 - ✓ Member has had inadequate response or intolerable side effect to at least TWO preferred formulary AAPs

Requirements for long-acting injectable antipsychotics (LAIs):

- Member is 18 years of age or older
- Prescribed by, or in consultation with, a psychiatrist
- Diagnosis of an FDA approved indication:
 - ✓ Schizophrenia/Schizoaffective disorder
 - ✓ Bipolar I
- Documentation that the member has received the recommended oral dosage to confirm tolerability and efficacy
- Member had non-adherence to oral antipsychotic medications which places member at risk for poor outcomes
- Will not receive concurrent oral antipsychotics after the initial overlap period
- Provider agrees to support baseline and routine monitoring of all of the following:
 - ✓ Weight, body mass index, or waist circumference
 - ✓ Blood pressure
 - ✓ Fasting glucose
 - ✓ Fasting lipid panel
 - ✓ Tardive dyskinesia (using AIMS or DISCUS)
- For Abilify Maintena and Invega Trinza: Not taking a CYP3A4 inducer

References:

1. American Psychiatric Association Practice Guidelines. Minimum Patient Monitoring Parameters. Updated 6/24/2009.
2. Risperidal Consta [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc; Revised 2/2017
3. Invega Sustenna [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc; Revised 2/2017
4. Abilify Maintena [package insert]. Tokyo, Japan: Otsuka Pharmaceutical Co., Ltd.: Revised 7/2017
5. Zyprexa Relprevv [package insert]. Indianapolis, IN: LillyUSA, LLC: Revised 1/2017
6. Kishimoto T, Robenzadeh A, Leucht C, et al. Long-acting injectable vs oral antipsychotics for relapse prevention in schizophrenia: a meta-analysis of randomized trials. *Schizophr Bull.* 2014; 40 (1):192-213.
7. Aristada (aripiprazole lauroxil) extended-release intramuscular suspension package insert. Waltham, MA: Alkermes, Inc; Revised 2/2017
8. Invega Trinza (paliperidone palmitate 3-month injectable suspension) package insert. Titusville, NJ: Janssen Pharmaceuticals, Inc.; Revised 2/2017
9. Lauriello J. Pharmacotherapy for schizophrenia: Long-acting injectable antipsychotic drugs. Waltham, MA: UpToDate; Last modified March 1, 2016. https://www.uptodate.com/contents/pharmacotherapy-for-schizophrenia-long-acting-injectable-antipsychotic-drugs?source=search_result&search=long%20acting%20injectable&selectedTitle=1~15. Accessed May 4, 2017.
9. National Committee for Quality Assurance (NCQA). HEDIS 2017 Volume 2

10. Walkup J et al, *Practice parameter on the Use of Psychotropic Medication in Children and Adolescents*. *American Academy of Child and Adolescent Psychiatry*. J Am Acad Child Adolesc Psychiatry, 2009. 48:9: p. 961-973.
11. American Academy of Child and Adolescent Psychiatry. Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems. 2015.