



SmartPA Criteria Proposal

Drug/Drug Class:	Antipsychotics - 2 nd Generation (Atypical) Depot Agents Resource List
First Implementation Date:	April 6, 2023
Revised Date:	N/A
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input checked="" type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: **Antipsychotics** are a class of medication which may be used to treat a variety of behavioral health conditions, including schizophrenia, bipolar disorder, depression, anxiety, and agitation.

First generation (also known as typical) antipsychotics have a significant potential to cause extrapyramidal side effects, which are involuntary movement disorders that involve lip smacking, grimacing, muscle spasms, and other actions that may interfere with daily functioning.

Second generation (also known as atypical) antipsychotics have a lower likelihood of causing these side effects and are now considered first line therapies for patients who require therapy with an antipsychotic.

MO HealthNet allows access to appropriate medication to all participants. As such, all second generation (atypical) antipsychotic agents are available to MO HealthNet participants based on established criteria within this proposal and are not excluded from coverage. Within this proposal is a Resource List, listing multiple atypical antipsychotic agents with no restrictions to access, based on the relative effectiveness, side effects, mechanism of action, and cost effectiveness.

The medications in the Resource List should be used by providers to select an appropriate antipsychotic for participants as a first line option when an antipsychotic is needed. If the participant is unable to achieve the desired therapeutic benefit with an agent from the Resource List or has intolerable side effects, providers may select an agent from the Non-Resource List. If it is not possible to utilize an agent from the Resource List as a first line agent due to unique participant factors, participants will be able to access agents in the Non-Resource List.

Participants who are established on an antipsychotic medication will be able to maintain access to their current therapy regardless of the Resource List placement. All antipsychotics are subject to clinical edits to ensure appropriate utilization.

This proposal does not apply to the first generation (typical) antipsychotics.

ARISTADA ER 441 MG/1.6 ML SYRN	ARIPIRAZOLE LAUROXIL	1.6 ML EVERY 20 DAYS
ARISTADA ER 662 MG/2.4 ML SYRN	ARIPIRAZOLE LAUROXIL	2.4 ML EVERY 20 DAYS
ARISTADA ER 882 MG/3.2 ML SYRN	ARIPIRAZOLE LAUROXIL	3.2 ML EVERY 20 DAYS
ARISTADA ER 1064 MG/3.9 ML SYRN	ARIPIRAZOLE LAUROXIL	3.9 ML EVERY 48 DAYS
ARISTADA ER INITIO 675 MG/2.4 ML SYR	ARIPIRAZOLE LAUROXIL	2.4 ML EVERY 20 DAYS
INVEGA HAFYERA 1,092 MG/3.5 ML	PALIPERIDONE PALMITATE	3.5 ML EVERY 152 DAYS
INVEGA HAFYERA 1,560 MG/5 ML	PALIPERIDONE PALMITATE	5 ML EVERY 152 DAYS
INVEGA SUSTENNA 39 MG PREF SYR	PALIPERIDONE PALMITATE	0.25 ML EVERY 20 DAYS
INVEGA SUSTENNA 78 MG PREF SYR	PALIPERIDONE PALMITATE	0.5 ML EVERY 20 DAYS
INVEGA SUSTENNA 117 MG PREF SYR	PALIPERIDONE PALMITATE	0.75 ML EVERY 20 DAYS
INVEGA SUSTENNA 156 MG PREF SYR	PALIPERIDONE PALMITATE	1 ML EVERY 20 DAYS
INVEGA SUSTENNA 234 MG PREF SYR	PALIPERIDONE PALMITATE	1.5 ML EVERY 20 DAYS
INVEGA TRINZA 273 MG/0.875 ML	PALIPERIDONE	0.875 ML EVERY 76 DAYS
INVEGA TRINZA 410 MG/1.315 ML	PALIPERIDONE	1.315 ML EVERY 76 DAYS
INVEGA TRINZA 546 MG/1.75 ML	PALIPERIDONE	1.75 ML EVERY 76 DAYS
INVEGA TRINZA 819 MG/2.625 ML	PALIPERIDONE	2.625 ML EVERY 76 DAYS
PERSERIS ER 90 MG SYR KIT	RISPERIDONE	1 PKG EVERY 20 DAYS
PERSERIS ER 120 MG SYR KIT	RISPERIDONE	1 PKG EVERY 20 DAYS
RISPERDAL CONSTA 12.5 MG SYR	RISPERIDONE	2 PKG EVERY 20 DAYS
RISPERDAL CONSTA 25 MG SYR	RISPERIDONE	2 PKG EVERY 20 DAYS
RISPERDAL CONSTA 37.5 MG SYR	RISPERIDONE	2 PKG EVERY 20 DAYS
RISPERDAL CONSTA 50 MG SYR	RISPERIDONE	2 PKG EVERY 20 DAYS
ZYPREXA RELPREVV 210 MG VIAL	OLANZAPINE PAMOATE	2 PKG EVERY 20 DAYS
ZYPREXA RELPREVV 300 MG VIAL	OLANZAPINE PAMOATE	2 PKG EVERY 20 DAYS
ZYPREXA RELPREVV 405 MG VIAL	OLANZAPINE PAMOATE	1 PKG EVERY 20 DAYS

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Default Approval Period

3 months

References

- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: CENTRAL NERVOUS SYSTEM: Atypical Antipsychotics (2nd Generation) Depot Products”, Gainwell Technologies; Last updated October 3, 2022.
- Evidence-Based Medicine Analysis: “Atypical Antipsychotics”, UMKC-DIC; September 2022.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act 2018. Available at: <https://www.congress.gov/bill/115th-congress/house-bill/6>

SmartPA Proposal Form

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