INVEGA® (paliperidone) Extended-Release Tablets

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

INITIATION OF THERAPY
1. Must have diagnosis of schizophrenia or schizoaffective disorder -AND- 
2. Age ≥ 18 years -AND- 
3. Trial and failure of risperidone oral: 
   a. Failure is defined as an occurrence of intolerable adverse effect(s) (for example: constipation, extrapyridamal symptoms (EPS), or cardiac events). 
   b. Failure may also be defined as “ineffectiveness of risperidone therapy” if the patient has received a minimum of a 30 day trial on the optimal dose of risperidone (6mg/day). *(This must be verified in claims history or progress notes.)* 
   c. Hypersensitivity (allergy) to oral risperidone therapy is not a reason for approval. The provider should try other oral atypical antipsychotic agents (eg. Abilify, Geodon, Zyprexa, Seroquel XR). 

-OR-

1. If a patient is initiating Invega Sustenna an override may be entered for the oral paliperidone to establish initial tolerability.

CONTINUATION of THERAPY:
- The beneficiary must have documentation (eg. administration history) of uninterrupted (100% compliance) paliperidone therapy during the past 90 days and documented effectiveness, otherwise the review criteria for initiation of therapy must be applied.

DOSSING AND ADMINISTRATION:

<table>
<thead>
<tr>
<th>Schizophrenia or Schizoaffective disorder - adults</th>
<th>Initial Dose</th>
<th>Recommended Dose</th>
<th>Maximum Dose</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6 mg/day</td>
<td>3-12 mg/day</td>
<td>12 mg/day</td>
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Dosage forms and strengths: tablets at 1.5 mg, 3 mg, 6mg, and 9 mg