

Brand-Name Antipsychotic Injectables **Prior Authorization Criteria**

The Division of Medicaid requires prescribers to acknowledge a statement by signature that confirms that:

- the prescriber does not stock the requested medication in his office and
- the requested medication will be delivered by clinic or pharmacy personnel to the prescriber's office to be administered by clinical staff only.

The criteria for approval for brand-name antipsychotic injectables depends on the diagnosis and the requested medication.

Risperdal Consta®

Schizophrenia:

- prescriber must indicate if the beneficiary is currently on oral antipsychotic therapy; if so, how long the prescriber intends for the beneficiary to continue on oral therapy
- prescriber must provide justification for using the injectable antipsychotic rather than oral medication

Bipolar Disorder

- prescriber must indicate if the beneficiary is currently on oral therapy (other than lithium or valproate); if so, how long the prescriber intends for the beneficiary to continue on oral therapy
- prescriber must provide justification for using the injectable antipsychotic rather than oral medication

Invega Sustenna®

Schizophrenia and Schizoaffective Disorder

- prescriber must indicate if the beneficiary is currently on oral antipsychotic therapy; if so, how long the prescriber intends for the beneficiary to continue on oral therapy
- prescriber must provide justification for using the injectable antipsychotic rather than oral medication

Haloperidol

All diagnoses

- prescriber must indicate if the beneficiary is currently on oral antipsychotic therapy; if so, how long the prescriber intends for the beneficiary to continue on oral therapy
- prescriber must provide justification for using the injectable antipsychotic rather than oral medication