

## Drug Monograph

Drug/Drug **Invega Trinza™ (paliperidone palmitate) extended-release injection / Atypical Antipsychotics**  
 Class: **release injection / Atypical Antipsychotics**  
 Prepared for: MO HealthNet  
 Prepared by: Xerox Heritage, LLC

**New Criteria**

**Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	The purpose of this monograph is to provide a review of new therapy to determine whether the reviewed drug should be made available on an open access basis to prescribers, require a clinical edit or require prior authorization for use.
<b>Dosage Forms:</b>	Invega Trinza™ is available as an extended-release injectable suspension for intramuscular injection in dose strengths of 273 mg, 410 mg, 546 mg, and 819 mg paliperidone palmitate.
<b>Manufacturer:</b>	Janssen Pharmaceuticals, Inc., Titusville, NJ 08560
<b>Indications:</b>	Invega Trinza™ is indicated for the treatment of schizophrenia in patients after they have been adequately treated with Invega Sustenna™ for at least four months.
<b>Costs:</b>	\$2,319.53 per syringe of 273 mg, \$2,315.11 per syringe of 410 mg, \$2,319.60 per syringe of 546 mg, and \$2319.56 per syringe of 819 mg of Invega Trinza™. <i>Maximum Allowable Cost</i>
<b>Summary of Findings:</b>	The Division recommends adding this drug to the current atypical antipsychotic clinical edit.
<b>Status Recommendation:</b>	<input type="checkbox"/> Prior Authorization (PA) Required <input type="checkbox"/> Open Access <input type="checkbox"/> Fiscal Edit <input checked="" type="checkbox"/> Clinical Edit
<b>Type of PA Criteria:</b>	<input type="checkbox"/> Increased Risk of ADE <input type="checkbox"/> Non-Preferred Agent <input checked="" type="checkbox"/> Appropriate Indications <input type="checkbox"/> No PA Required

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