



# Atypical Antipsychotics- Extended Maintenance Agents Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
07-01-2024

**Date of Origin**  
10-01-2020

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Abilify asimtufii	aripiprazole im er susp prefilled syringe	720 MG/2.4 ML	1	Syringe	56	DAYS			
Abilify asimtufii	aripiprazole im er susp prefilled syringe	960 MG/3.2 ML	1	Syringe	56	DAYS			
Abilify asimtufii ; Abilify maintena	aripiprazole im er susp prefilled syringe ; aripiprazole im for er susp prefilled syringe	300 MG ; 400 MG ; 720 MG/2.4 ML ; 960 MG/3.2 ML	1	Syringe	28	DAYS			
Abilify maintena	aripiprazole im for extended release susp	300 MG ; 400 MG	1	Vial	28	DAYS			
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 1064 MG/3.9ML	1064 MG/3.9 ML	1	Syringe	56	DAYS			
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML	441 MG/1.6 ML	1	Syringe	28	DAYS			
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML	662 MG/2.4 ML	1	Syringe	28	DAYS			
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML	882 MG/3.2 ML	1	Syringe	28	DAYS			
Aristada initio	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 675 MG/2.4ML	675 MG/2.4 ML	1	Kit	180	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Invega hafyera	Paliperidone Palmitate ER Susp Pref Syr	1092 MG/3.5 ML	1	Syringe	180	DAYS			
Invega hafyera	Paliperidone Palmitate ER Susp Pref Syr	1560 MG/5ML	1	Syringe	180	DAYS			
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	117 MG/0.75 ML	1	Kit	28	DAYS			
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 156 MG/ML	156 MG/ML	1	Kit	28	DAYS			
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 234 MG/1.5ML	234 MG/1.5 ML	1	Kit	28	DAYS			
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 39 MG/0.25ML	39 MG/0.25 ML	1	Kit	28	DAYS			
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 78 MG/0.5ML	78 MG/0.5 ML	1	Kit	28	DAYS			
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 273 MG/0.875ML	273 MG/0.88 ML	1	Syringe	84	DAYS			
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 410 MG/1.315ML	410 MG/1.32 ML	1	Syringe	84	DAYS			
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 546 MG/1.75ML	546 MG/1.75 ML	1	Syringe	84	DAYS			
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 819 MG/2.625ML	819 MG/2.63 ML	1	Syringe	84	DAYS			
Perseris	risperidone subcutaneous for er susp prefilled syr	120 MG ; 90 MG	1	Kit	28	DAYS			
Risperdal consta	risperidone microspheres for im extended rel susp	12.5 MG ; 25 MG ; 37.5 MG ; 50 MG	2	Vials	28	DAYS			
Rykindo	risperidone for im extended release suspension	25 MG ; 37.5 MG ; 50 MG	2	Vials	28	DAYS			
Uzedy	risperidone subcutaneous er susp pref syr	50 MG/0.14 ML	1	Syringe	28	DAYS			
Uzedy	risperidone subcutaneous er susp pref syr	75 MG/0.21 ML	1	Syringe	28	DAYS			
Uzedy	risperidone subcutaneous er susp pref syr	100 MG/0.28 ML	1	Syringe	28	DAYS			
Uzedy	risperidone subcutaneous er susp pref syr	125 MG/0.35 ML	1	Syringe	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Uzedy	risperidone subcutaneous er susp pref syr	150 MG/0.42 ML	1	Syringe	56	DAYS			
Uzedy	risperidone subcutaneous er susp pref syr	200 MG/0.56 ML	1	Syringe	56	DAYS			
Uzedy	risperidone subcutaneous er susp pref syr	250 MG/0.7 ML	1	Syringe	56	DAYS			
Zyprexa relprevv	Olanzapine Pamoate For Extended Rel IM Susp 210 MG (Base Eq)	210 MG	2	Vials	28	DAYS			
Zyprexa relprevv	Olanzapine Pamoate For Extended Rel IM Susp 300 MG (Base Eq)	300 MG	2	Vials	28	DAYS			
Zyprexa relprevv	Olanzapine Pamoate For Extended Rel IM Susp 405 MG (Base Eq)	405 MG	1	Vial	28	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Abilify asimtofii	aripiprazole im er susp prefilled syringe	960 MG/3.2ML	Medicaid
Abilify asimtofii	aripiprazole im er susp prefilled syringe	720 MG/2.4ML	Medicaid
Abilify asimtofii ; Abilify maintena	aripiprazole im er susp prefilled syringe ; aripiprazole im for er susp prefilled syringe	300 MG ; 400 MG ; 720 MG/2.4ML ; 960 MG/3.2ML	Medicaid
Abilify maintena	aripiprazole im for extended release susp	300 MG ; 400 MG	Medicaid
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 1064 MG/3.9ML	1064 MG/3.9ML	Medicaid
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML	441 MG/1.6ML	Medicaid
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML	662 MG/2.4ML	Medicaid
Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML	882 MG/3.2ML	Medicaid
Aristada initio	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 675 MG/2.4ML	675 MG/2.4ML	Medicaid
Invega hafyera	Paliperidone Palmitate ER Susp Pref Syr	1560 MG/5ML	Medicaid
Invega hafyera	Paliperidone Palmitate ER Susp Pref Syr	1092 MG/3.5ML	Medicaid
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	117 MG/0.75ML	Medicaid
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 156 MG/ML	156 MG/ML	Medicaid
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 234 MG/1.5ML	234 MG/1.5ML	Medicaid
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 39 MG/0.25ML	39 MG/0.25ML	Medicaid
Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 78 MG/0.5ML	78 MG/0.5ML	Medicaid
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 273 MG/0.875ML	273 MG/0.875ML	Medicaid
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 410 MG/1.315ML	410 MG/1.315ML	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 546 MG/1.75ML	546 MG/1.75ML	Medicaid
Invega trinza	Paliperidone Palmitate ER Susp Pref Syr 819 MG/2.625ML	819 MG/2.63ML	Medicaid
Perseris	risperidone subcutaneous for er susp prefilled syr	120 MG ; 90 MG	Medicaid
Risperdal consta	risperidone microspheres for im extended rel susp	12.5 MG ; 25 MG ; 37.5 MG ; 50 MG	Medicaid
Rykindo	risperidone for im extended release suspension	25 MG ; 37.5 MG ; 50 MG	Medicaid
Uzedy	risperidone subcutaneous er susp pref syr	75 MG/0.21ML	Medicaid
Uzedy	risperidone subcutaneous er susp pref syr	50 MG/0.14ML	Medicaid
Uzedy	risperidone subcutaneous er susp pref syr	250 MG/0.7ML	Medicaid
Uzedy	risperidone subcutaneous er susp pref syr	150 MG/0.42ML	Medicaid
Uzedy	risperidone subcutaneous er susp pref syr	200 MG/0.56ML	Medicaid
Uzedy	risperidone subcutaneous er susp pref syr	100 MG/0.28ML	Medicaid
Uzedy	risperidone subcutaneous er susp pref syr	125 MG/0.35ML	Medicaid
Zyprexa relprevv	Olanzapine Pamoate For Extended Rel IM Susp 210 MG (Base Eq)	210 MG	Medicaid
Zyprexa relprevv	Olanzapine Pamoate For Extended Rel IM Susp 300 MG (Base Eq)	300 MG	Medicaid
Zyprexa relprevv	Olanzapine Pamoate For Extended Rel IM Susp 405 MG (Base Eq)	405 MG	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p><b>Quantity limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>A. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does not have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>C. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication</li> </ol> </li> </ol> </li> </ol> <p><b>Length of Approval:</b> up to 12 months</p>

