



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Invega Hafyera Page: 1 of 2

Effective Date: 3/4/2024 Last Review Date: 01/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> New Jersey
	<input type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Pennsylvania Kids
	<input type="checkbox"/> Michigan	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Invega Hafyera under the patient's prescription drug benefit.

Description:

Invega Hafyera, an every-six-month injection, is indicated for the treatment of schizophrenia in adults after they have been adequately treated with one of the following:

- A once-a-month paliperidone palmitate extended-release injectable suspension (e.g., Invega Sustenna) for at least four months.
- An every-three-month paliperidone palmitate extended-release injectable suspension (e.g., Invega Trinza) for at least one three-month cycle.

Applicable Drug List:

Invega Hafyera

Policy/Guideline:

Criteria for Initial Approval:

- I. The requested drug will be covered with prior authorization when the following criteria are met:**
- The requested drug is being prescribed for the treatment of schizophrenia
- AND**
- The patient has been adequately treated with Invega Sustenna for at least four months or Invega Trinza for at least one three-month cycle

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Invega Hafyera [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; August 2021.
2. Lexicomp Online, Lexi-Drugs Online. Hudson, Ohio: UpToDate, Inc.; 2022; Accessed September 2, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com/>. Accessed August 25, 2022.
4. Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. Third Edition. Washington, DC: American Psychiatric Association; 2021. Available at: <https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841>. Accessed August 12, 2022.



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5. McClellan J, Stock S; American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). Practice parameter for the assessment and treatment of children and adolescents with schizophrenia. J Am Acad Child Adolesc Psychiatry. 2013;52(9):976-90.