Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 1, 2013 November 23, 2015, September 7, 2017, January 24, 2024, March 18, 2025, April 4, 2025

Zyprexa Relprevv® (olanzapine)

LENGTH OF AUTHORIZATION: Maximum of six months

THIS MEDICATION MAY RECEIVE APPROVAL UNDER TWO CRITERIA

REVIEW CRITERIA:

- Must have diagnosis of schizophrenia; **AND**
- Patient must be ≥18 years old; **AND**
- Must be prescribed by a provider that has enrolled in the Zyprexa Relprevv® Patient Care Program demonstrated with supporting documentation (signed attestation): http://multivu.prnewswire.com/mnr/lilly/40089/docs/40089-ZyprexaRelprevvPatientCareProgramBackgrounder121409CLEAN(2).pdf
- **Trial and failure of Risperdal Consta® or a recommendation from the first two bulleted statements below if applicable**:
    - Hypersensitivity (allergy) or adverse response to oral olanzapine therapy is not a reason for approval. **The provider should try other preferred oral antipsychotic agents or preferred long-acting injectables**.
    - Ineffectiveness of oral olanzapine therapy is not a reason for approval. The provider should try other oral atypical antipsychotic agents. **The provider should try other preferred oral antipsychotic agents or preferred long-acting injectables**.
    - Failure of Risperdal Consta® is defined as an occurrence of intolerable adverse effect(s) (for example: constipation, extrapyrimadal symptoms (EPS), or cardiac events).
    - Failure may also be defined as "ineffectiveness of Risperdal Consta® therapy" if the patient has received a minimum of a one-month trial on the optimal dose of 50 mg every 2 weeks. *(This must be verified in claims history or progress notes).*

ALTERNATE REVIEW CRITERIA

- Clinical documentation of medical necessity because:
    - The patient has a diagnosis of schizophrenia, schizotypal or delusional disorder and meets the following:
        - The drug product or medication of a similar drug class is prescribed for the treatment of schizophrenia or schizotypal or delusional disorders; **-AND-**
        - Prior authorization has been granted previously for the prescribed drug; **-AND-**
        - The medication was dispensed to the patient during the previous 12 months

Zyprexa Relprevv® is available only through a restricted distribution program. Zyprexa Relprevv® must not be dispensed directly to a patient. For a patient to receive treatment, the prescriber, healthcare facility, patient, and pharmacy must all be enrolled in the Zyprexa Relprevv® Patient Care Program (phone # 1-877-772-9390).

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 1, 2013 November 23, 2015, September 7, 2017, January 24, 2024, March 18, 2025, April 4, 2025

CONTINUATION following ACUTE THERAPY:

- If the beneficiary has previously received Zyprexa Relprevv® as acute treatment (e.g. during institutionalization or hospitalization) and the provider is requesting continuation of therapy upon discharge:
    - If there is no trial history of Risperdal Consta® the request must be denied.
    - If there is trial of Risperdal Consta® (either in documentation or claims history) within the past 365 days refer to #3 of the review criteria.

CONTINUATION following CHRONIC THERAPY:

- The beneficiary must have documentation (e.g. paid prescription claims and documented administration history) of uninterrupted (100% compliance) Zyprexa Relprevv® therapy during the past 90 days and documented effectiveness.

DOSING AND ADMINISTRATION:

- Available as powder for suspension for single-dose intramuscular use only: 210 mg/vial, 300 mg/vial, and 405 mg/vial.
- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/

Zyprexa Relprevv® is available only through a restricted distribution program. Zyprexa Relprevv® must not be dispensed directly to a patient. For a patient to receive treatment, the prescriber, healthcare facility, patient, and pharmacy must all be enrolled in the Zyprexa Relprevv® Patient Care Program (phone # 1-877-772-9390).