

## Background:

Despite being available for over 45 years, long-acting injectable antipsychotics remain an underutilized treatment option for people with serious and persistent mental illness.

## Targeted Population:

Used primarily for individuals who struggle with adherence to antipsychotic medication, these medications have been demonstrated through research to help:

- ➔ Improve adherence
- ➔ Reduce the occurrence and frequency of symptom relapse
- ➔ Reduce rehospitalization
- ➔ Improve treatment outcomes for this population

## Tool Kit:

This toolkit has resources that will assist you in obtaining information and resources pertaining to long acting injectables (LAIs).

The purpose of the toolkit is to support your efforts to provide a seamless transition for your patients from the inpatient setting to the community.

## LAI Toolkit Includes:

- ➔ Information about care coordination services offered by pharmaceutical companies
- ➔ PA Department of Human Services Preferred Drug List (PDL) LAI Formulary Grid
- ➔ Prior Authorization Clinical Guidelines for Antipsychotics

*Starting January 1, 2020, the Pennsylvania Department of Human Services instituted a single statewide Preferred Drug List (PDL). All LAI antipsychotics are covered on the PDL but may need a prior authorization depending on age requirements and quantity limits. To access the PDL please go to <https://papdl.com/preferred-drug-list> and click "Pennsylvania PDL 01-01-2020." There are resourceful links at the top of the PDL including prior authorization guidelines for each drug class, the prior authorization fax forms, and quantity/dose limits. The prior authorization guidelines are consistent among all Pennsylvania Medicaid but the quantity limits and prior authorization **fax forms** vary depending on managed care organization (MCO). Information about quantity limits and prior authorization forms can be found on the MCO's website.*

## Care Coordination With Pharmaceutical Companies:

Certain pharmaceutical companies offer care coordination services; these companies are listed below, with links for further information:

<b>Aristada Patient Assistance</b>	1-866-274-7823
<b>Abilify Maintena Patient Assistance</b>	1-855-242-7787
<b>Invega Sustenna Patient Assistance</b>	1-800-526-7736
<b>Risperdal Consta Patient Assistance</b>	1-800-526-7736
<b>Zyprexa Relprevv Patient Assistance</b>	1-800-545-6962
<b>Invega Trinza Patient Assistance</b>	1-800-526-7736
<b>Haldol Decanoate Patient Assistance</b>	1-800-526-7736
<b>Perseris (risperidone)</b>	1-844-467-7778

## Current FDA-Approved LAI Medications:

- ➔ Aristada Initio (aripiprazole)
- ➔ Aristada (aripiprazole)
- ➔ Abilify Maintena
- ➔ Invega Sustenna (paliperidone)
- ➔ Risperdal Consta
- ➔ Zyprexa Relprevv
- ➔ Invega Trinza (paliperidone)
- ➔ Haldol Decanoate
- ➔ Perseris (risperidone)
- ➔ Fluphenazine Decanoate

*For additional information, see the [LAI Antipsychotics PDL Crosswalk](#).*