Olanzapine Long Acting Injection (Zyprexa® Relprevv™)	**Place of Service** **Infusion Center Administration** **Home Infusion Administration** **Office Administration** **Outpatient Facility Administration** **HCPCS**: **J2358** per 1 mg

Condition listed in policy *(see criteria for details)*:

- Schizophrenia

AHFS therapeutic class: Atypical Antipsychotic

Mechanism of action: Olanzapine is an atypical or second generation antipsychotic which acts similarly to clozapine. Olanzapine is an antagonist at multiple receptors where it binds to alpha-1, dopamine, histamine H1, muscarinic, and serotonin type 2 (5-HT-2) receptors. Due to selectivity for the 5-HT 2 receptor vs dopamine type 2 receptor, olanzapine exhibits a relative lack of extrapyramidal effects.

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Zyprexa® Relprevv™ (olanzapine) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Diagnoses other than schizophrenia

- Regimen is a continuation of inpatient hospital therapy.

Covered Doses
Up to 405 mg IM every 4 weeks or up to 300 mg IM every 2 weeks, administered by a healthcare professional

Coverage Period
Indefinite

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Zyprexa®, Relprevv™ (olanzapine) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Schizophrenia

Covered Doses
Up to 405 mg IM every 4 weeks **or** up to 300 mg IM every 2 weeks

ICD-10:
F20.0-F29

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:
210 mg/vial, 300 mg/vial, and 405 mg/vial (Powder for suspension for intramuscular use only)

According to the manufacturer, establish tolerability with oral olanzapine prior to initiating treatment with Zyprexa Relprev.

Table 1: Recommended Dosing Based on Correspondence to Oral ZYPREXA Doses

Target Oral ZYPREXA Dose	Dosing of ZYPREXA or RELPREVV During the First 8 Weeks	Maintenance Dose After 8 Weeks of ZYPREXA or RELPREVV Treatment
10 mg/day	210 mg/2 weeks or 405 mg/4 weeks	150 mg/2 weeks or 300 mg/4 weeks
15 mg/day	300 mg/2 weeks	210 mg/2 weeks or 405 mg/4 weeks
20 mg/day	300 mg/2 weeks	300 mg/2 weeks

Providers, healthcare facility and patients must be enrolled in the Zyprexa®, Relprevv™ Patient Care Program.

- This medication cannot be dispensed directly to patients and can only be dispensed for use in certain health care settings (eg, hospitals, clinics) that have ready access to emergency response services that can allow for continuous patient monitoring for at least 3 hours post injection.
- Pharmacies must verify the ongoing eligibility of the patient prior to dispensing each prescription and report the date of each dispensing to the Zyprexa Relprevv Patient Care Program via phone (interactive voice response system: 1-877-772-9390) or internet http://www.zyprexarelprevvprogram.com.
- Within 7 days of drug administration, health care facilities that administer Zyprexa must record specific information for each patient after each injection by completing either the Single or Multiple Patient Injection Form and submitting the form to the Zyprexa Relprevv Patient Care Program. Health care facilities that dispense and administer Zyprexa must be specially certified in the Zyprexa Relprevv Patient Care Program.
- A designated representative must review the Instruction Brochure, complete the Healthcare Facility Registration Form, train all appropriate staff, and ensure that all safe use criteria are met and followed. The Facility Registration Form can be accessed at http://www.zyprexarelprevvprogram.com/public/registration_forms.aspx or by calling the Zyprexa Relprevv Patient Care Program at 1-877-772-9390.

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Keepers GA, Fochtmann LJ, Anzia JM, Benjamin S, Lyness JM, Mojtabai R, Servis M, Walaszek A, Buckley P, Lenzenweger MF, Young AS, Degenhardt A, Hong SH; (Systematic Review). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. Am J Psychiatry. 2020 Sep 1;177(9):868-872. https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841
- 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 Adolescent Psychiatry 2013;52:976-90.
- Zyprexa®, Relprevv™ [Prescribing information]. Indianapolis, IN: Eli Lilly. 4/2020.

(7) Policy Update

Date of last revision: 2Q2021
Date of next review: 1Q2022
Changes from previous policy version:

- No clinical change to policy following revision.