

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

Schizophrenia

**AND ALL** of the following:

1. Inadequate response, intolerance, or contraindication to other oral antipsychotics and other long-acting injectable antipsychotics
2. Established tolerability with oral Zyprexa (olanzapine) prior to initiation of treatment
3. The patient, prescriber and healthcare facility are enrolled in the Zyprexa Relprevv Patient Care Program
4. Dose will be administered by a healthcare professional at a registered healthcare facility who will continuously monitor the patient for at least 3 hours for signs and symptoms of post-injection delirium/sedation syndrome

**AND NONE** of the following:

1. Dementia related psychosis
2. Concurrent use with other long-acting injectable antipsychotics

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

Schizophrenia



**BlueCross.  
BlueShield.**

Federal Employee Program.

**ZYPREXA RELPREVV  
(olanzapine)**

**AND ALL** of the following:

1. The patient, prescriber and healthcare facility are enrolled in the Zyprexa Relprevv Patient Care Program
2. Dose will be administered by a healthcare professional at a registered healthcare facility who will continuously monitor the patient for at least 3 hours for signs and symptoms of post-injection delirium/sedation syndrome

**AND NONE** of the following:

1. Dementia related psychosis
2. Concurrent use with other long-acting injectable antipsychotics

**Prior - Approval *Renewal* Limits**

Same as above