

Applies to:	□Illinois	□Florida	□Michigan
	⊠New Jersey	□Maryland	⊠Florida Kids
	🛛 Pennsylvania Kids	□Virginia	⊠Kentucky PRMD

#### Intent:

Name:

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

### **Description:**

### **Risperdal Consta**

#### **Schizophrenia** Risperdal Consta is indicated for the treatment of schizophrenia.

### **Bipolar Disorder**

Risperdal Consta is indicated as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of Bipolar I Disorder.

# **Applicable Drug List:**

Formulary Drug: Risperdal Consta

# **Policy/Guideline:**

The requested drug will be covered with prior authorization when the following criteria are met:

Tolerability with oral risperidone has been established •

AND

Risperdal Consta is being prescribed for ANY of the following: A) treatment of • schizophrenia, B) as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder

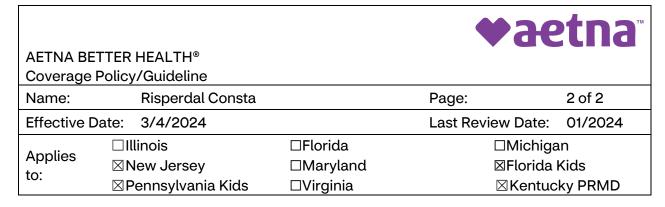
# **Approval Duration and Quantity Restrictions:**

### Approval: 36 months

### Quantity Level Limit: Reference Formulary for drug specific quanitity level limits

### **References:**

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