



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Risperdal Consta Page: 1 of 2

Effective Date: 3/4/2024 Last Review Date: 01/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

### Intent:

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 quantity level limits

### References:

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10. McClellan J, Kowatch R, Findling RL; Work Group on Quality Issues. Practice parameter for the assessment and treatment of children and adolescents with bipolar disorder. *J Am Acad Child Adolesc Psychiatry.* 2007;46(1):107-25.