



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Risperidone Long-Acting Injections Page: 1 of 2

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

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

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Risperidone Long-Acting Injections under the patient's prescription drug benefit.

Description:

Perseris and Uzedy

Perseris and Uzedy are indicated for the treatment of schizophrenia in adults.

Risperdal Consta

Risperdal Consta is indicated for the treatment of schizophrenia and as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder.

Applicable Drug List:

Preferred Agents:

Perseris
Uzedy

Non-Preferred Agent:

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

- The requested drug is being prescribed for the treatment of schizophrenia
 - For Risperdal Consta, the member is unable to take the preferred formulary agents due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

OR

- Risperdal Consta is being prescribed as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits



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