

Effective Date: 6/2017
Last Reviewed: 2/2020
Scope: Medicaid

RISPERDAL CONSTA (risperidone long-acting injection)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

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

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR APPROVAL

An authorization may be granted for 12 months when the following criteria (A) and (B) are met:

- A. Tolerability with oral risperidone has been established
- B. The requested drug is being prescribed for one of the following:
 - o Treatment of schizophrenia
 - o As monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder

III. REFERENCES

1. Risperdal Consta [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; September 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed February 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed February 2020.
4. American Psychiatric Association. Practice guideline for the treatment of patients with schizophrenia, 2nd edition. 2010. Available at: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf. Accessed September 2019.