

Last review date: 4/02/2025

| Applicable Products: | |
|--|--------------------------------|
| Abilify Maintena (aripiprazole) | Perseris (risperidone) |
| Aristada (aripiprazole lauroxil) | Risperdal Consta (risperidone) |
| Invega Hafyera (paliperidone palmitate) | Rykindo (risperidone) |
| Invega Sustenna (paliperidone palmitate) | Uzedy (risperidone) |
| Invega Trinza (paliperidone palmitate) | |

Initial Approval Criteria:

Coverage may be approved if all the following are met:

- Drug-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Aripiprazole (Abilify Maintena and Aristada)

- The patient must be 18 years of age **OR** older; **AND**
- Must be prescribed by or in consultation with a psychiatrist; **AND**
- Patient must have a diagnosis of schizophrenia **OR** schizoaffective disorder **OR** bipolar disorder

Paliperidone Palmitate (Invega Hafyera)

- Patient must be 18 years of age **OR** older; **AND**
- Must be prescribed by or in consultation with a psychiatrist; **AND**
- Patient must have a diagnosis of schizophrenia **OR** schizoaffective disorder **OR** bipolar disorder; **AND**
- The patient has been adequately treated with Invega Sustenna for at least four months **OR** Invega Trinza for at least one three-month cycle

Paliperidone (Invega Trinza and Invega Sustenna)

- Patient must be 18 years of age **OR** older; **AND**
- Must be prescribed by or in consultation with a psychiatrist; **AND**
- Patient must have a diagnosis of schizophrenia **OR** schizoaffective disorder **OR** bipolar disorder; **AND**
- Patient has an established stability and tolerability of oral paliperidone; **AND**
- The patient must have a documented history of poor adherence to oral paliperidone or has relapsed due to medication nonadherence or other reason why an oral formulation is clinically inappropriate; **AND**
- Patient has no history of hypersensitivity (e.g., anaphylaxis, angioedema) to risperidone **OR** paliperidone **OR** any component of the formulation; **AND**

- The patient DOES NOT have moderate to severe renal impairment (e.g., creatinine clearance (CrCL) < 50 ml/min)

Risperidone (Perseris, Risperdal Consta, Rykindo, Uzedy)

- Patient must be 18 years of age **OR** older; **AND**
- Must be prescribed by or in consultation with a psychiatrist; **AND**
- Patient must have a diagnosis of schizophrenia **OR** schizoaffective disorder **OR** bipolar disorder; **AND**
- Patient has an established stability and tolerability of oral risperidone; **AND**
- The patient must have a documented history of poor adherence to oral risperidone **OR** has relapsed due to medication nonadherence or other reason why an oral formulation is clinically inappropriate; **AND**
- Patient has no history of hypersensitivity (e.g., anaphylaxis, angioedema) to risperidone **OR** paliperidone **OR** any component of the formulation.

Renewal Criteria:

Coverage may be renewed if all the following are met:

- Patient continues to meet the Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization:

1 year

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.