

Last review date: 4/2/2025

Applicable Products:	
Abilify Maintena (aripiprazole)	Perseris (risperidone)
Aristada (aripiprazole)	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 of 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

Abilify Maintena, Aristada

- Patient is 18 years of age or older; **AND**
- Must be prescribed by or in consultation with a psychiatrist; **AND**
- Patient has a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder

Invega Hafyera

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

Invega Trinza, Invega Sustenna

- Patient is 18 years of age or older; **AND**
- Must be prescribed by or in consultation with a psychiatrist; **AND**
- Patient has a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder; **AND**
- Patient has an established stability and tolerability of oral paliperidone; **AND**
- Patient has 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 (eg, anaphylaxis, angioedema) to risperidone, 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)

Perseris, Risperdal Consta, Rykindo, Uzedy

- Patient is 18 years of age or older; **AND**
- Must be prescribed by or in consultation with a psychiatrist; **AND**
- Patient has a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder; **AND**

- Patient has an established stability and tolerability of oral risperidone; **AND**
- Patient has 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, 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.*