STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Risperdal Consta® (risperidone microspheres)

Prior Authorization Request Form

Prior authorization requests for Risperdal Consta will be approved if the following criteria are met:

1) Patient has diagnosis of schizophrenia or schizoaffective disorder; **AND**
2) Initiation of therapy is by a psychiatrist or in consultation with a psychiatrist; **AND**
3) Patient has had at least a three (3) days prior exposure to risperidone, with no hypersensitivity reaction; **AND**
4) Initial dose is 25 mg every two (2) weeks. Dosage adjustments should not be made more frequently than every four (4) weeks (Maximum dose = 50 mg); **AND**
5) Carbamazepine stopped prior to beginning injection and all other antipsychotic medications will be tapered off after three (3) weeks; **AND**
6) Justification for use of injectable in place of oral form; **AND**
7) Patient must be eighteen (18) years of age or older.

Review and Approved
DUR Board 09/15/2004