



Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Perseris™ (risperidone)

Review Criteria

Member must meet all the following criteria:

Initial Coverage Criteria:

Subject to Preferred Drug List requirements

- Member must be at least 18 years of age.
- Member must have diagnosis Schizophrenia.
- Must be prescribed by or in consult with a psychiatric specialist.
- Member must have clinical rationale that oral therapy cannot be used.
- Tolerability with corresponding oral molecule must be established prior requesting approval for injectable therapy.
- Initial coverage authorization will be granted for 1 year.
- Maximum dose is 90mg or 120mg injection once monthly
 - 90mg = 3mg per day of oral risperidone
 - 120mg = 4mg per day of oral risperidone
 - Members on doses lower than 3mg per day or higher than 4mg per day may not be appropriate candidates for Perseris™.

Renewal Coverage Criteria:

- Member has been adherent to Perseris™.
- Member has experienced a positive clinical response.
- Annual specialist consult required if prescriber is not a specialist.
- Renewal coverage authorization will be granted for 1 year.
- Maximum dose is 90mg or 120mg injection once monthly.
 - 90mg = 3mg per day of oral risperidone
 - 120mg = 4mg per day of oral risperidone
 - Members on doses lower than 3mg per day, or higher than 4mg per day, may not be appropriate candidates for Perseris™.