

**Criteria for Use of Risperidone Long-acting Injection (Risperdal® Consta™)
VHA Pharmacy Benefits Management Strategic Healthcare Group
and Medical Advisory Panel**

These criteria are based on the best clinical evidence currently available. The recommendations in this document are dynamic, and will be revised as new clinical information becomes available. These guidelines are intended to assist practitioners in providing consistent, high quality, cost effective drug therapy. They are not intended to interfere with clinical judgment; the clinician must ultimately decide the course of therapy based on individual patient situations.

Reminder: Patients who have never taken risperidone must be given oral risperidone prior to receiving the long-acting form to establish tolerability.

Prior to dispensing risperidone long-acting injection, patients must meet criteria 1 and 2, and either 3, 4, or 5.

<u>Yes</u>	<u>No</u>	<u>The patient must meet both of the following (1&2)</u>
<u> </u>	<u> </u>	1. Have a diagnosis of schizophrenia or schizoaffective disorder by DSM-IV criteria.
<u> </u>	<u> </u>	2. The prescriber is a Mental Health Service Line Provider.
		<u>PLUS, the patient must meet one of the following (3, 4, or 5):</u>
<u> </u>	<u> </u>	3. Currently being treated with haloperidol or fluphenazine decanoate with at least one of the following: <ul style="list-style-type: none">• Experiencing extrapyramidal symptoms or other adverse effects.• Continues to have positive or negative symptoms that are problematic to the patient, their behavior, or functional ability.
<u> </u>	<u> </u>	4. ¹ Has demonstrated the need for a depot antipsychotic, but has been unable to take or remain on haloperidol or fluphenazine decanoate for one of the following reasons: <ul style="list-style-type: none">• Extrapyramidal symptoms or other adverse effects.• Positive or negative symptoms that were problematic to the patient, their behavior, or functional ability.• Has an allergy to the oil (sesame) used in the decanoate formulations.• Haloperidol or fluphenazine decanoate cannot be initiated due to past adverse reactions or insufficient response to their oral forms.
<u> </u>	<u> </u>	5. Requires treatment with a depot antipsychotic due to noncompliance or a court order, but has never received treatment with haloperidol or fluphenazine decanoate.

¹Criterion #4 applies to patients who have taken haloperidol or fluphenazine decanoate in the past and should not be interpreted that a trial of haloperidol or fluphenazine decanoate is required prior to prescribing risperidone long-acting. See Criterion #5.