

paliperidone (INVEGA)

Diagnoses Considered for Coverage:

- Schizophrenia
- Schizoaffective disorder

Coverage Criteria:

For diagnoses listed above:

- Inadequate response, intolerable side effect, contraindication, or identifiable risk factor to the use of risperidone (Risperdal), **and**
- Dose does not exceed 12 mg per day.

Coverage Duration: one year

Effective Date: 8/2/2023