Non-Formulary Drug Use Request: Risperidone Consta, Aripiprazole Maintena, Paliperidone Sustenna

Physician’s Name

Patient’s Name

Axis I Diagnosis

I. Medication Requesting

Check one: ☐ Risperidone Consta ☐ Aripiprazole Maintena ☐ Paliperidone Sustenna

(Some patients may be responsible for significant copays upon discharge.)

II. Drug Use Guidelines

Check “Yes” or “No.”

1. Patient has a documented positive response to immediate-acting risperidone or aripiprazole.

2. Patient has a documented history of non-adherence.

3. Patient is anticipated to be discharged from the hospital within four months (required for Sustenna).

   If “No,” indicate reason here:

4. Tolerance to greater than or equal to 2 mg/day oral risperidone or greater than or equal to 10 mg/day oral aripiprazole.

5. Supplemental doses of oral antipsychotics will be allowed until a patient stabilizes on the long-acting injection or experiences breakthrough symptoms. It is advised to continue oral risperidone for three (3) weeks after starting Consta. It is not necessary to continue oral after starting Sustenna.

   It is advised to continue oral aripiprazole for two (2) weeks after starting Maintena.

6. Carbamazepine must be discontinued prior to administration of Consta, Maintena, or Sustenna because it decreases the serum level and efficacy of these drugs by up to 50%.

Physician’s Signature

Date

III. Pharmacist’s Review

Check one: ☐ Approve ☐ Disapprove

Reason:

Pharmacist’s Signature

Date

IV. Chief Medical Officer: not required unless a disagreement between MD / Pharmacist exists.

Check one: ☐ Approve ☐ Disapprove

Rationale:

Medical Director / Designee / Supervisor’s Signature

Date