BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Rexulti® and Vraylar™ drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines and clinical studies. Rexulti is approved by the Food and Drug Administration (FDA) for the treatment of schizophrenia and as an adjunct to antidepressant medication for the treatment of major depressive disorder (MDD). Vraylar is approved for the treatment of schizophrenia and the acute treatment of manic or mixed episodes associated with bipolar disorder.

POLICY

Rexulti® (brexpiprazole) and Vraylar™ (cariprazine) may be considered medically necessary for the treatment of schizophrenia in adult patients who have tried and failed at least three generically available antipsychotics unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).

Vraylar™ (cariprazine) may be considered medically necessary for the treatment of bipolar disorder in adult patients who have tried and failed at least three generically available antipsychotics unless the patient is currently receiving a positive therapeutic outcome Vraylar through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).

Rexulti® (brexpiprazole) may be considered medically necessary for the adjunctive treatment of major depressive disorder in adult patients when the following criteria is met:

- Must have an inadequate response, despite demonstrated adherence with, current antidepressant therapy, when the patient has previously tried and failed the following unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs):
  - 2 or more antidepressants (e.g. selective serotonin reuptake inhibitors [SSRI], serotonin norepinephrine reuptake inhibitors [SNRI]) at target therapeutic dosing for a minimum of 4 weeks each; AND
  - 1 or more guideline recommended, or evidence based, augmentation or combination strategies for treatment resistant depression (e.g. the addition of buspirone, mirtazapine, bupropion,
triiodothyronine/liothyronine, tricyclic antidepressant, or lithium) unless all are contraindicated for use; **AND**

- 1 generically available atypical antipsychotic with evidence to support use as an adjunctive treatment option for MDD (e.g. aripiprazole, quetiapine, risperidone, olanzapine, ziprasidone), unless all are contraindicated for use

The aforementioned drugs are considered **not medically necessary** for patients who do not meet the criteria set forth above.

**Approval** is for lifetime

**Quantity limits apply.** Rexulti 30 tablets per 30 days, Vraylar 30 capsules per 30 days

**PROCEDURES AND BILLING CODES**

*To report provider services, use appropriate CPT* codes, *Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD-CM diagnostic codes.*

- Code(s), if applicable

**REFERENCES**

- Accessed on August 20, 2015


• Accessed on August 20, 2015.


**POLICY HISTORY**

*Policy #:* 05.01.94  
*Policy Creation:* November 2015  
*Reviewed:* July 2017  
*Revised:* July 2017  
*Current Effective Date:* October 13, 2017