Rexulti (brexpiprazole) and Vraylar (cariprazine)

**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**

Initial Criteria for Approval

I. **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).

Approval will be for **lifetime**

II. **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).

Approval will be for **lifetime**

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

- Patient is currently taking and will continue to take an antidepressant for the treatment of major depressive disorder
- 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):
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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

Approval will be for lifetime

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

Continuation of Therapy
All patients (including new patients) requesting authorization for continuation of therapy must meet initial authorization criteria.

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.


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