

Effective Date: 02/01/2021
Reviewed: 11/2020, 07/2021, 9/2021, 5/2022, 1/2023, 3/2024, 2/2025
Scope: Medicaid

## Vraylar (cariprazine)

### POLICY

#### I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria are met:

##### **Schizophrenia**

- A. The member is being treated for schizophrenia; AND
- B. The member has experienced a failure, contraindication, or intolerance to at least three formulary atypical antipsychotics (i.e., aripiprazole, olanzapine, quetiapine IR or ER, risperidone, or ziprasidone)

##### **Bipolar disorder**

- A. The member is being treated for bipolar disorder; AND
- B. The member has experienced a failure, contraindication or intolerance to all of the following: olanzapine, quetiapine IR or ER, and lurasidone.

##### **Major Depressive Disorder (MDD)**

- A. The member is being treated for adjunctive therapy for the treatment of MDD; AND
- B. The member has experienced a failure, contraindication or intolerance to aripiprazole

#### II. CONTINUATION OF THERAPY

Vraylar will continue to pay after the initial approval if there is at least one paid claim of at least a 30-day supply within the last 365 days for Vraylar or the member has documentation of a positive clinical response.

#### III. QUANTITY LIMIT

- Vraylar 1.5mg or 3mg: 60 capsules per 30 days
- Vraylar 4.5mg or 6mg: 30 capsules per 30 days
- Vraylar 1.5mg-3.0mg: 7 capsules every 5 days

#### IV. REFERENCES

1. Vraylar [prescribing information]. Allergan, Inc. Madison, NJ. December 2022.