

Vraylar (cariprazine)

POLICY

I. INDICATIONS

Vraylar is indicated for:

- Treatment of schizophrenia in adult and pediatric patients 13 years of age and older
- Acute treatment of manic or mixed episodes associated with bipolar I disorder in adult and pediatric patients 10 years of age and older
- Treatment of depressive episodes associated with bipolar I disorder (bipolar depression) in adult patients
- Adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD) in adult patients

II. 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

III. 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.

IV. QUANTITY LIMIT

- Vraylar 1.5mg or 3mg: 60 capsules per 30 days
- Vraylar 4.5mg or 6mg: 30 capsules per 30 days

V. REFERENCES

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