

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Cariprazine (Vraylar)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as 2 week period without clinically significant improvement in target symptoms or side effects related to dosage form that cannot be resolved by adjusting dose or timing
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **cariprazine (Vraylar)** will be covered on the prescription drug benefit when the following criteria are met:

Schizophrenia

- Prescriber is or has consulted with a mental health clinician
- Patient has a diagnosis of schizophrenia
- Patient is age 18 years or older
- Patient has failed an adequate trial[^] or patient has an allergy or intolerance* to 3 formulary antipsychotic agents (e.g. quetiapine, risperidone, olanzapine, aripiprazole, ziprasidone, lurasidone, clozapine, or a first-generation antipsychotic)

Bipolar Disorder

- Prescriber is or has consulted with a mental health clinician
- Patient has a diagnosis of bipolar disorder
- Patient is age 18 years or older
- Patient has failed an adequate trial[^] or patient has an allergy or intolerance* to 2 of the following formulary options: lithium, valproate products, lamotrigine, or carbamazepine
- Patient has failed an adequate trial[^] or patient has an allergy or intolerance* to 2 formulary antipsychotic agents (e.g. quetiapine, risperidone, olanzapine, aripiprazole, ziprasidone, lurasidone)

Major Depressive Disorder (MDD)

- Prescriber is or has consulted with a mental health clinician
- Patient has a diagnosis of Major Depressive Disorder
- Patient is age 18 years or older
- Patient is currently taking an antidepressant (SSRI, SNRI, TCA, bupropion, mirtazapine)

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- Patient has documented contraindication, intolerance, or treatment failure to at least 1 formulary options from the following medication classes: antidepressants and mood stabilizers (e.g. lithium or antiepileptic used for mood disorder such as divalproex)
- Patient has failed an adequate trial[^] or patient has an allergy or intolerance* to 2 formulary antipsychotic agents (e.g. quetiapine, olanzapine, aripiprazole)

Criteria for current or new Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **cariprazine (Vraylar)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of schizophrenia or major depressive episode due to bipolar I or bipolar II disorder, or major depressive disorder