

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Olanzapine and Samidorphan (Lybalvi)

#### Notes:

- ^Adequate trial 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:** Nonformulary olanzapine and samidorphan (Lybalvi) will be covered on the prescription drug benefit when the following criteria are met:

#### Schizophrenia:

- Diagnosis of schizophrenia
- Patient is 18 years of age or older
- Patient has a BMI  $\geq 30$  kg/m<sup>2</sup> or has diagnosis of diabetes mellitus **-OR-** patient has failed a trial<sup>^</sup> of olanzapine or patient has an allergy or intolerance\* to inactive ingredients in all available generic forms of olanzapine
- Patient has failed an adequate trial<sup>^</sup> of 2 other formulary antipsychotic agents (e.g., quetiapine, risperidone, olanzapine, aripiprazole, ziprasidone, clozapine or first-generation antipsychotic)

#### Bipolar Disorder

- Prescriber is a mental health clinician
- Diagnosis of bipolar disorder
- Patient is 18 years of age or older
- Patient has a BMI  $\geq 30$  kg/m<sup>2</sup> or has diagnosis of diabetes mellitus **-OR-** patient has failed an adequate trial<sup>^</sup> of olanzapine or patient has an allergy or intolerance\* to inactive ingredients in all available generic forms of olanzapine
- Patient has failed an adequate trial<sup>^</sup> of 2 other formulary antipsychotic agents (e.g., quetiapine, risperidone, olanzapine, aripiprazole, ziprasidone, clozapine or first-generation antipsychotic) or mood stabilizers (lithium, valproate, lamotrigine, carbamazepine, etc.)

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## CRITERIA FOR DRUG COVERAGE

### Olanzapine and Samidorphan (Lybalvi)

**Criteria for members already taking the medication who have not been reviewed previously (e.g., new members):** Nonformulary olanzapine and samidorphan (Lybalvi) will be covered on the prescription drug benefit when the following criteria are met:

#### Schizophrenia:

- Diagnosis of schizophrenia
  - Patient is 18 years of age or older
  - Patient has a BMI  $\geq 30$  kg/m<sup>2</sup> or has diagnosis of diabetes mellitus
- OR-**
- Patient has failed an adequate trial<sup>^</sup> of olanzapine or patient has an allergy or intolerance\* to inactive ingredients in all available generic forms of olanzapine

#### Bipolar Disorder

- Diagnosis of bipolar disorder
  - Patient is 18 years of age or older
  - Patient has a BMI  $\geq 30$  kg/m<sup>2</sup> or has diagnosis of diabetes mellitus
- OR-**
- Patient has failed an adequate trial<sup>^</sup> of olanzapine or patient has an allergy or intolerance\* to inactive ingredients in all available generic forms of olanzapine

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