Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE
cariprazine(VRAYLAR)

Non-formulary cariprazine(VRAYLAR) will be covered on the prescription drug benefit when the following criteria are met:

**Schizophrenia:**
- Prescriber is a psychiatrist
- Diagnosis of schizophrenia on the Problem List
- Patient is 18 years of age or older
- Patient has documented contraindication, intolerance, or treatment failure to 3 formulary antipsychotic agents (e.g., quetiapine, risperidone, olanzapine, aripiprazole, ziprasidone, clozapine or first-generation antipsychotic)
- Patient is already taking the drug
- Dose Change Only: Patient previously met criteria and is already taking the drug

**Bipolar disorder:**
- Prescriber is a psychiatrist
- Diagnosis of bipolar disorder on the Problem List
- Patient is 18 years of age or older
- Patient has documented contraindication, intolerance, or treatment failure to at least 3 formulary regimens consisting of an antipsychotic, a mood stabilizer (lithium or antiepileptic used for mood disorder such as divalproex) or a combination** of these agents
- Patient is already taking the drug
- Dose Change Only: Patient previously met criteria and is already taking the drug

** Avoid ziprasidone with a mood stabilizer due to lack of efficacy data. Avoid carbamazepine with an antipsychotic due to hepatic enzyme induction and 3A4 induction of cariprazine.**