

# 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
- AND-
- Diagnosis of schizophrenia on the Problem List
- AND-
- Patient is 18 years of age or older
- AND-
- 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)
- OR-
- Patient is already taking the drug
- OR-
- Dose Change Only: Patient previously met criteria and is already taking the drug

#### Bipolar disorder:

- Prescriber is a psychiatrist
- AND-
- Diagnosis of bipolar disorder on the Problem List
- AND-
- Patient is 18 years of age or older
- AND-
- 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
- OR-
- Patient is already taking the drug
- OR-
- 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.