

cariprazine (VRAYLAR)

Diagnoses Considered for Coverage:

- Schizophrenia
- Bipolar disorder
- Major depressive disorder – adjunctive therapy

Coverage Criteria:

For schizophrenia:

- Inadequate response, intolerable side effect, contraindication, or identifiable risk factor* to the use of ONE preferred atypical antipsychotic agent including aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, risperidone, ziprasidone, **and**
- Dose does not exceed 6 mg per day.

For bipolar disorder, including bipolar depression:

- Inadequate response, intolerable side effect, contraindication, or identifiable risk factor* to the use of ONE preferred atypical antipsychotic including aripiprazole, lurasidone, olanzapine, quetiapine, risperidone, and ziprasidone, **and**
- Dose does not exceed 6 mg per day.

For major depressive disorder (MDD):

- Inadequate response, intolerable side effect, contraindication, or identifiable risk factor* to the use of ONE preferred atypical antipsychotic agent including aripiprazole, olanzapine, quetiapine, **and**
- Being used as adjunctive therapy with another agent for depression, **and**
- Dose does not exceed 3 mg per day.

***Risk factors for metabolic disorders associated with antipsychotic therapy**

- Obesity (defined as BMI \geq 30)
- Gained \geq 5 % of body weight during current antipsychotic therapy
- Currently on diabetic therapy
- Currently on lipid-lowering therapy
- Personal or family history diabetes or dyslipidemia
- On concurrent medication that may increase metabolic risks (e.g. valproate, lithium)

Coverage Duration: one year

References:

1. Prescribing Information. Vraylar. Actavis Inc. 2022

2. Keepers GA, Fochtmann LJ, Anzia JM, Benjamin S, Lyness JM, Mojtabai R, Servis M, Walaszek A, Buckley P, Lenzenweger MF, Young AS, Degenhardt A, Hong SH; (Systematic Review). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. Am J Psychiatry. 2020 Sep 1;177(9):868-872.

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