

<b>Clinical Policy Title:</b>	cariprazine
<b>Policy Number:</b>	RxA.561
<b>Drug(s) Applied:</b>	Vraylar®
<b>Original Policy Date:</b>	03/06/2020
<b>Last Review Date:</b>	03/09/2021
<b>Line of Business Policy Applies to:</b>	All lines of business

## Background

Cariprazine (Vraylar®) is an atypical antipsychotic.

It is indicated for:

- Treatment of schizophrenia in adults
- Acute treatment of manic or mixed episodes associated with bipolar I disorder in adults.
- Treatment of depressive episodes associated with bipolar I disorder (bipolar depression) in adults.

## Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
cariprazine (Vraylar®)	Schizophrenia	1.5 mg to 6 mg PO once daily	6 mg/day
	Bipolar I disorder	Manic or mixed episodes: 3 mg to 6 mg PO once daily	Manic or mixed episodes: 6 mg/day
		Depressive episodes: 1.5 mg or 3 mg PO once daily	Depressive episodes: 3 mg/day

## Dosage Forms

- Capsules: 1.5 mg, 3 mg, 4.5 mg, 6 mg

## Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

### I. Initial Approval Criteria

#### A. Bipolar Disorder and Schizophrenia (must meet all):

1. Diagnosis of bipolar disorder or schizophrenia;
2. Age ≥ 18 years;
3. Failure of two preferred atypical antipsychotics (e.g., aripiprazole, ziprasidone, quetiapine, risperidone, or olanzapine) at up to maximally indicated doses, each used for ≥ 4 weeks, unless contraindicated or clinically significant adverse effects are experienced;
4. Dose does not exceed any of the following:

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

- a. Schizophrenia or manic or mixed episodes of bipolar I disorder: 6 mg (1 capsule) per day;
- b. Depressive episodes of bipolar I disorder: 3 mg (1 capsule) per day.

**Approval duration**

**Medicaid:** 12 months

**Commercial:** 12 months

**II. Continued Therapy Approval**

**A. All Indications in Section I (must meet all):**

- 1. Currently receiving medication that has been authorized by RxAdvance, or documentation supports that member is currently receiving Vraylar® for bipolar disorder or schizophrenia and has received this medication for at least 30 days;
- 2. Member is responding positively to therapy;
- 3. If request is for a dose increase, new dose does not exceed any of the following:
  - a. Schizophrenia or manic or mixed episodes of bipolar I disorder: 6 mg (1 capsule) per day;
  - b. Depressive episodes of bipolar I disorder: 3 mg (1 capsule) per day.

**Approval duration**

**Medicaid:** 12 months

**Commercial :** 12 months

**III. Appendices**

**APPENDIX A: Abbreviation/Acronym Key**

PO: by mouth

**APPENDIX B: Therapeutic Alternatives**

*Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.*

Drug Name	Dosing Regimen	Maximum Dose
aripiprazole (Abilify®)	<b>Bipolar Disorder and Schizophrenia</b> Adults: 10 to 15 mg PO once daily	30 mg/day
olanzapine (Zyprexa®)	<b>Schizophrenia</b> Initial: 5 to 10 mg PO once daily Target: 10 mg PO once daily <b>Bipolar Disorder</b> Monotherapy: 10 to 15 mg PO once daily Adjunct to lithium or valproate: 10 mg PO once daily	20 mg/day
quetiapine (Seroquel®)	<b>Schizophrenia</b> Initial: 25 mg PO twice daily; target: 400 to 800 mg/day <b>Bipolar Mania</b> Initial: 50 mg PO twice daily; target: 400 to 800 mg/day <b>Bipolar Depression</b> Initial: 50 mg PO once daily at bedtime; target: 300 mg/day	800 mg/day

Drug Name	Dosing Regimen	Maximum Dose
risperidone (Risperdal®)	<p><b>Schizophrenia</b> Initial: 1 mg PO twice daily or 2 mg PO once daily Target: 4 to 8 mg PO once daily</p> <p><b>Bipolar Disorder</b> 2 to 3 mg PO once daily</p>	<p>Schizophrenia: 16 mg/day</p> <p>Bipolar Disorder: 6 mg/day</p>
ziprasidone (Geodon®)	<p><b>Schizophrenia</b> 20 mg PO twice daily</p> <p><b>Bipolar Disorder</b> Initial: 40 mg PO twice daily Target: 40 to 80 mg PO twice daily</p>	160 mg/day

*Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.*

#### APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Known hypersensitivity to Vraylar®.
- Boxed Warning(s):
  - Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Vraylar® is not approved for the treatment of patients with dementia-related psychosis.
  - Antidepressants increased the risk of suicidal thoughts and behaviors in pediatric and young adult patients. Closely monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors. Safety and effectiveness of Vraylar® have not been established in pediatric patients.

#### APPENDIX D: General Information

None.

#### References

1. Vraylar® Prescribing Information. Irvine, CA: Allergan USA, Inc.; May 2019. Available at: <http://www.vraylar.com/>. Accessed February 18, 2021.
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3. American Psychiatric Association. Practice guideline for the treatment of patients with bipolar disorder. Am J Psychiatry. 2002 Apr;159(4 Suppl):1-50. Accessed February 18, 2021.
4. American Psychiatric Association Practice Guideline for the Treatment of Patients with Bipolar Disorder: Second Edition (2010). Available at: [http://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/bipolar.pdf](http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar.pdf). Accessed February 18, 2021.
5. Crismon ML, Argo TR, Bendele SD, et al. Texas Medication Algorithm Project Procedural Manual: Bipolar Disorder Algorithms. July 2007. Available at: [https://www.jpshhealthnet.org/sites/default/files/tmap\\_bipolar\\_2007.pdf](https://www.jpshhealthnet.org/sites/default/files/tmap_bipolar_2007.pdf). Accessed February 18, 2021.

6. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed February 18, 2021.
7. Yatham LN, Kennedy SH, Parikh SV, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) 2018 guidelines for the management of patients with bipolar disorder. Bipolar Disord. 2018 Mar;20(2):97-170. doi: 10.1111/bdi.12609. Epub 2018 Mar 14. PMID: 29536616; PMCID: PMC5947163. Accessed February 18, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy was established	01/2020	03/06/2020
Policy was reviewed: <ol style="list-style-type: none"> <li>1. Approval duration for commercial plans was updated to 12 months.</li> <li>2. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..."</li> </ol>	05/2020	05/21/2020
Policy was reviewed: <ol style="list-style-type: none"> <li>1. Clinical policy title table was updated.</li> <li>2. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..."</li> <li>3. Dosing frequency sig codes were expanded.</li> <li>4. Appendix A updated for accuracy.</li> <li>5. Appendix B standard verbiage was updated to "Below are suggested therapeutic alternatives..."</li> <li>6. Appendix C for boxed warning was updated to include use with antidepressants.</li> <li>7. References were updated.</li> </ol>	02/03/2021	03/09/2021