UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 2120-8
Program	Prior Authorization/Medical Necessity
Medication	Rexulti (brexpiprazole)
P&T Approval Date	2/2017, 3/2018, 12/2018, 6/2019, 6/2020, 7/2021, 6/2022, 7/2023
Effective Date	10/1/2023; Oxford only: 10/1/2023

1. Background:

Rexulti (brexpiprazole) is FDA approved for use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD), for the treatment of schizophrenia, and for the treatment of agitation associated with dementia due to Alzheimer's disease.

For the treatment of schizophrenia, the selection of which antipsychotic medication to use for an individual patient with schizophrenia should be made based on patient clinical factors and the side effect profiles of antipsychotic drugs. With the exception of clozapine for patients with refractory symptoms, there is not convincing evidence to favor one antipsychotic over the others based on efficacy.

The use of adjunctive atypical antipsychotics in the treatment of major depressive disorder is reserved for those who fail to demonstrate response to adequate trials of antidepressant monotherapy.

The use of antipsychotics for the treatment of agitation associated with dementia due to Alzheimer's disease is recommended only in patients with severe symptoms.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Rexulti** will be approved based on **ONE** of the following criteria:

   a. Submission of medical records documenting **ALL** of the following:

      (1) The patient has a diagnosis of schizophrenia

      -AND-

      (2) The patient has a history of failure, contraindication or intolerance to a trial of aripiprazole. (Document date and duration of trial).

      -AND-

      (3) The patient has a history of failure, contraindication or intolerance to a trial of at least TWO of the following atypical antipsychotics. (Document drug, date and duration of trial):

      (a) risperidone
      (b) quetiapine IR or XR
      (c) ziprasidone

(d) olanzapine

-OR-

b. Submission of medical records documenting **ALL** of the following:

(1) The patient has a diagnosis of major depressive disorder.

-AND-

(2) Rexulti is being used in combination with an antidepressant medication.

-AND-

(3) The patient has a history of failure, contraindication or intolerance to a trial of at least one selective serotonin reuptake inhibitor (SSRI). (Document drug, date and duration of trial).

-AND-

(4) The patient has a history of failure, contraindication or intolerance to a trial of at least one serotonin norepinephrine reuptake inhibitor (SNRI), mirtazapine, or bupropion. (Document drug, date and duration of trial).

-AND-

(5) The patient has a history of failure, contraindication or intolerance to a trial of at least **one** of the following atypical antipsychotics approved by the FDA for the adjunctive treatment of major depressive disorder with an antidepressant (Document drug, date and duration of trial):

(a) olanzapine
(b) aripiprazole
(c) quetiapine extended-release

-OR-

c. Submission of medical records documenting **ALL** of the following:

(1) The patient has a diagnosis of agitation associated with dementia due to Alzheimer's disease.

-AND-

(2) The patient has a history of failure, contraindication or intolerance to a trial of at least one selective serotonin reuptake inhibitor (SSRI). (Document drug, date and duration of trial).

-AND-

(3) The patient has a history of failure, contraindication or intolerance to a trial of at least **one** of the following atypical antipsychotics. (Document drug, date and duration of trial):

(a) aripiprazole
(b) risperidone
(c) quetiapine IR or XR
(d) ziprasidone
(e) olanzapine

-OR-

d. Treatment with Rexulti was initiated at a recent behavioral inpatient admission (discharge within the past 3 months) and the member is currently stable on therapy. (Document date of discharge from inpatient admission).

-OR-

e. **Both** of the following:

(1) Patient is currently on Rexulti therapy

-AND-

(2) Patient has not received a manufacturer supplied sample at no cost in the prescriber's office, or any form of assistance from the manufacturer (e.g., sample card which can be redeemed at a pharmacy for a free supply of medication) as a means to establish as a current user of Rexulti*

-OR-

f. **All** of the following:

(1) Patient is currently on Rexulti therapy

-AND-

(2) Patient has received a manufacturer supplied sample at no cost in the prescriber's office, or any form of assistance from the manufacturer (e.g., sample card which can be redeemed at a pharmacy for a free supply of medication) as a means to establish as a current user of Rexulti

-AND-

(3) Provider attests switching to an alternative preferred agent could lead to deterioration of the patient's condition requiring emergent medical care.

***** Patients requesting initial authorization who were established on therapy via the receipt of a manufacturer supplied sample at no cost in the prescriber's office or any form of assistance from

the manufacturer **shall be required** to meet initial authorization criteria as if patient were new to therapy, unless provider attests to the risk of deterioration with a change in medication.

Authorization will be approved for 12 months.

B. Reauthorization

1. **Rexulti** will be approved based on the following criterion:

   a. Documentation of positive clinical response to Rexulti.

Authorization will be approved for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.
- Step Therapy may be in place.

4. References:

1. Rexulti [package insert]. Rockville, MD: Otsuka America Pharmaceutical, Inc; May 2023.
2. Buchanan RW, Kreyenbuhl J, Kelly DL, et al. The 2009 schizophrenia PORT psychopharmacological treatment recommendations and summary statements. Schizophr Bull 2010; 36:71.
3. American Psychiatric Association. Practice Guideline for the Treatment of Patients with Schizophrenia Third Edition. 2021. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841
4. American Psychiatric Association. Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition. 2010. Available at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-1410197717630.pdf
5. American Family Physician. Pharmacological Management of Agitation in Patients with Dementia. 2021. Available at: https://www.aafp.org/pubs/afp/issues/2021/0700/p91.html

Program	Prior Authorization/Medical Necessity - Rexulti
Change Control	
Date	Change
2/2017	New program.
3/2018	Changed criteria for MDD to require one of aripiprazole, olanzapine and quetiapine extended-release. Added coverage criteria for continuation of current therapy.
12/2018	Added coverage criteria for continuation of current therapy when therapy was established via manufacturer supplied samples.

6/2019	Removed requirement for medical record submission for requirements 1c, 1d, and 1e.
6/2020	Annual review. Updated references.
7/2021	Annual review. Updated references.
6/2022	Annual review. Updated references.
7/2023	Annual review. Updated references, updated background and coverage criteria sections with new indication for agitation associated with Alzheimer's.