Prior Authorization Approval Criteria
Rexulti (Brexpiprazole)

Generic name: Brexpiprazole
Brand name: Rexulti
Medication class: Antipsychotic
FDA-approved uses:

- Adjunctive therapy to antidepressants for the treatment of major depressive disorder. (MDD)
- Treatment of schizophrenia

Criteria for use for patients with recent psychiatric hospitalization (within the last three months):

- Prescriber states that patient is currently stable on the requested medication

Criteria for use for schizophrenia (bullet points below are all inclusive unless otherwise noted):

- Must be clinically diagnosed with schizophrenia
- Must be 18 years of age or older
- Failure/intolerance/contraindication to at least 2 formulary atypical antipsychotic agents such as olanzapine, quetiapine, risperidone, clozapine or ziprasidone.

Criteria for use for MDD (bullet points below are all inclusive unless otherwise noted):

- Must have clinically diagnosed MDD
- Must be 18 years of age or older.
- Failure/intolerance/contraindication to two other atypical antipsychotics.
- Must be used as adjunct treatment to ADT and not as monotherapy.

Criteria for continuation of therapy:

- Patient’s therapy has been re-evaluated within the last 12 months, unless a re-evaluation is not clinically appropriate for the patient’s condition at this time.
- Patient is tolerating treatment and there continues to be a medical need for the medication
- Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient’s condition)

The criteria listed above applies to Fallon Health Plan and its subsidiaries.
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Approval Duration:

- Initial 1 year
- Renewal 1 year

Benefit Type:

- Pharmacy

Adopted: 12/9/15

Reviewed: 6/14/2017 – updated criteria for use & contraindications, added continuation of
therapy criteria, & benefit type