Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 3, 2015 November 29, 2016, May 13, 2022

REXULTI® (brexpiprazole)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

For the treatment of schizophrenia

- Patient must be ≥13 years old; **AND**
- Patient must have a history, within the past 365 days of trial and failure of a preferred atypical antipsychotic with a minimum 30-day treatment period.

For the adjunctive treatment of major depressive disorder

- Patient must be ≥18 years old; **AND**
- Patient must have a history of trial and failure with a minimum of two antidepressants within the past 365 days; **AND**
- Documentation that brexpiprazole (Rexulti®) will be used concurrently with an antidepressant. (Failure can be defined as inefficacy or intolerability, but not non-compliance).

CONTINUATION OF THERAPY

- Patient met initial review criteria.
- Documentation of positive clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Available as 0.25mg, 0.5mg, 1mg, 2mg, 3mg, and 4mg tablets.
- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/