

brexpiprazole (REXULTI)

Diagnoses Considered for Coverage:

- Schizophrenia
- Depression
- Agitation associated with dementia due to Alzheimer's disease

Coverage Criteria:

1. For major depressive disorder:

- Inadequate response, intolerable side effect, contraindication, or identifiable risk factor to the use of aripiprazole (Abilify), **and**
- Being used as adjunctive therapy with another agent for depression, **and**
- Dose does not exceed 4 mg per day.

2. For schizophrenia:

- Inadequate response, intolerable side effect, contraindication, or identifiable risk factor to the use of aripiprazole (Abilify), **and**
- Dose does not exceed 4 mg per day.

3. For agitation associated with dementia due to Alzheimer's disease:

- Being used for agitation associated with Alzheimer's disease, **and**
- Dose does not exceed 3 mg per day.

Coverage Duration: one year

Effective Date: 08/30/2023