

Rexulti (brexpiprazole)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Rexulti (brexpiprazole) is a second-generation atypical antipsychotic that modulates the action of dopamine and serotonin, neurotransmitters in the brain that influence mood and cognition. The FDA has approved Rexulti for the following indications:

1. Adjunctive treatment of major depressive disorder (MDD) in adults.
2. Treatment of schizophrenia in adults and pediatric patients ages 13 years and older.

3. Treatment of agitation associated with dementia due to Alzheimer's disease.

Limitations of Use: Rexulti (brexpiprazole) is not indicated as an as needed ("prn") treatment for agitation associated with dementia due to Alzheimer's disease.

Rexulti is part of the larger class of second-generation antipsychotics, which includes drugs like aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal), and ziprasidone (Geodon). These medications all work in somewhat similar ways, but individual response and tolerance can vary. This means that if one does not respond well to one antipsychotic, they may still benefit from trying another with the same class. Selection of an antipsychotic often depends on multiple factors, including individual response to previous treatments, safety and tolerability of the drug, and individual considerations such as coexisting health conditions and potential drug interactions.

Despite the FDA approval of Rexulti (brexpiprazole) for the treatment of agitation associated with dementia due to Alzheimer's disease, like other antipsychotics, the package insert has a boxed warning for the increased risk of death in older adults with dementia-related psychosis. While Rexulti (brexpiprazole) is not approved for dementia-related psychosis without agitation in this population, psychosis and agitation can occur simultaneously and providers should use their judgement regarding appropriate use of antipsychotics in those with dementia.

Definitions

"Adjunct Therapy" is a treatment used together with the primary treatment. Its purpose is to assist the primary treatment.

"Agitation" is a state of excessive restlessness or emotional distress often characterized by behaviors such as pacing, yelling, or resistance.

"Atypical Antipsychotic" is a class of medications, also known as second-generation antipsychotics, that are primarily used to treat psychiatric conditions. Unlike the first-generation antipsychotics, these drugs are less likely to produce extrapyramidal side effects but more likely to cause weight gain and metabolic abnormalities.

"Major depressive disorder", also known as (MDD), is a psychiatric condition characterized by persistent low mood, low energy, or loss of interest in enjoyable activities causing substantial impairment in daily life. MDD is thought to be caused by a combination of genetic, environmental and psychological factors. Risk factors include family history, major life changes, certain medications, chronic health problems, and substance use disorders.

"Neuropsychiatric symptoms" are symptoms that originate from a disturbance in the brain and influence both neurological and psychiatric functionality. In the context of Alzheimer's disease, it may include symptoms such as agitation, depression, apathy, and psychosis.

"Neurotransmitter" is a molecule that sends signals from neurons to different parts of the body (e.g. muscles).

"Postpartum Psychosis" is a rare but serious mental health emergency characterized by sudden onset of psychotic symptoms shortly after childbirth. It is often characterized by acute onset of delusions, disorganized thoughts, hallucinations, and/or agitation. While it may occur as a manifestation of bipolar disorder, it can also present in patients without prior psychiatric history. Early recognition and treatment is critical due to risks to both mother and infant.

"Schizophrenia" is a psychiatric disorder involving chronic or recurrent psychosis and is commonly associated with impairments in social and occupational functioning.

Medical Necessity Criteria for Clinical Review

Initial Indication-Specific Criteria

Agitation associated with dementia due to Alzheimer's disease

The Plan considers Rexulti (brexpiprazole) medically necessary when ALL the following criteria are met for the applicable indication listed below:

1. Prescribed by a specialist[†] in Alzheimer's disease or a psychiatrist; **AND**
[†]To ensure member access to appropriate pharmacotherapy when clinical criteria are met but specialist availability is limited, an exception to the Rexulti (brexpiprazole) specialist requirement may be considered if there is inadequate access to specialists in the member's location. In such cases, Rexulti (brexpiprazole) may be prescribed by the member's primary care provider or other qualified clinician experienced in safely using this medication for agitation in Alzheimer's disease dementia, provided all other clinical criteria are documented and met.
2. The member is 18 years of age or older; **AND**
3. The member has a confirmed diagnosis of Alzheimer's disease with documented agitation; **AND**
4. The member has demonstrated an inadequate response to or intolerance of non-pharmacological treatments for agitation, including but not limited to:
 - a. Caregiver education and support; *and/or*
 - b. Cognitive stimulation; *and/or*
 - c. Exercise programs; *and/or*
 - d. Group therapy; *and/or*
 - e. Music therapy; *and/or*
 - f. Redirecting; *and/or*
 - g. Occupational therapy; **AND**
5. The member exhibits sufficient agitation behaviors (i.e., symptoms are severe, dangerous, and/or cause significant distress) warranting pharmacotherapy; **AND**

6. Rexulti (brexpiprazole) is NOT being used as an "as needed" treatment; *AND*
7. Clinical chart documentation is provided for review to substantiate the above listed requirements.

If the above prior authorization criteria are met, Rexulti (brexpiprazole) will be approved for up to a lifetime.

Adjunct Therapy of Major depressive disorder

Medical Necessity Criteria for Initial Authorization

1. The member is 18 years of age or older; *AND*
2. The member has a diagnosis of major depressive disorder; *AND*
3. The member has demonstrated an inadequate response to at least 8-weeks of antidepressant therapy (e.g., delayed-release duloxetine, escitalopram, fluoxetine, extended-release paroxetine, sertraline, or extended-release venlafaxine); *AND*
4. Rexulti (brexpiprazole) is being prescribed for use as an adjunct to an antidepressant (e.g., delayed-release duloxetine, escitalopram, fluoxetine, extended-release paroxetine, sertraline, or extended-release venlafaxine); *AND*
5. The member is unable to use or has tried and failed TWO (2) of the following:
 - a. Aripiprazole; *and/or*
 - b. Olanzapine; *and/or*
 - c. Quetiapine; *AND*
6. Clinical chart documentation is provided for review to substantiate the above listed requirements.

Postpartum Psychosis

1. The requested medication is prescribed by or in consultation with a psychiatrist; *AND*
2. The member has postpartum psychosis as evidenced by ONE (1) of the following:
 - a. New onset psychotic symptoms (e.g., delusions, disorganized thoughts, hallucinations, agitation, bizarre behavior) in the postpartum period; *or*
 - b. Bipolar disorder with postpartum psychotic symptoms; *or*
 - c. Primary mental disorder with psychotic symptoms during the peripartum period; *AND*
3. Clinical chart documentation is provided for review to substantiate the above listed requirements.

Schizophrenia

1. The requested medication is prescribed by or in consultation with a psychiatrist; *AND*
2. The member is 13 years of age or older; *AND*

3. The member has a diagnosis of schizophrenia; *AND*
4. The member is unable to use or has adequately tried and failed at least a one month trial to **THREE (3)** of the following:
 - a. Aripiprazole (Abilify); *and/or*
 - b. Asenapine (Saphris); *and/or*
 - c. Lurasidone (Latuda); *and/or*
 - d. Olanzapine (Zyprexa); *and/or*
 - e. Paliperidone (Invega); *and/or*
 - f. Quetiapine (Seroquel); *and/or*
 - g. Risperidone (Risperdal); *and/or*
 - h. Ziprasidone (Geodon); *AND*
5. Clinical chart documentation is provided for review to substantiate the above listed requirements.

If the above prior authorization criteria are met, Rexulti (brexpiprazole) will be approved for up to a lifetime.

Experimental or Investigational / Not Medically Necessary

Rexulti (brexpiprazole) for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Acute Mania / Bipolar 1 Disorder. There are not enough high-quality studies to support the safety and efficacy of Rexulti (brexpiprazole) for the management of acute mania/bipolar 1 disorder. In two open-label studies, there was no statistically significant difference between brexpiprazole and placebo in the primary outcome of change in the Young Mania Rating Scale total score.
- Alcohol Use Disorders (AUD). There are not enough high-quality studies to support the safety and efficacy of Rexulti (brexpiprazole) for the management of AUD.
- Attention Deficit Hyperactivity Disorder (ADHD). There is only one randomized controlled study that assessed Rexulti (Brexpiprazole) for the management of ADHD. When combined with a stimulant, there was no benefit of adjunct Rexulti (brexpiprazole) in those who were stimulant-naïve and prior stimulant non-responders.
- Borderline Personality Disorder (BPD). There are not enough high-quality studies to support the safety and efficacy of Rexulti (brexpiprazole) for the management of BPD. Studies are mixed, with one phase-two randomized controlled study found no statistically significant difference between Rexulti (Brexpiprazole) and placebo in the Zanarini Rating scale for BPD (ZAN-BPD). Another 12-week randomized controlled trial found a significant interaction between treatment and time on the ZAN-BPD between Rexulti (Brexpiprazole) and placebo but not on the self-reported version of the ZAN-BPD.

- Irritability Associated With Autism Spectrum Disorder (ASD). There are not enough high-quality studies to support the safety and efficacy of Rexulti (brexpiprazole) for the management of ASD. One 8-week randomized controlled trial did not find a difference between Rexulti (Brexpiprazole) and placebo on the Aberrant Behavior Checklist-Irritability subscale, and the Clinical Global Impressions-Severity scale.
- Post Traumatic Stress Disorder (PTSD). There are very few high-quality studies to support the safety and efficacy of Rexulti (brexpiprazole) for the management of PTSD. While there is some data to support the use of Rexulti (brexpiprazole) for the management of PTSD, studies have only shown benefit when combined with sertraline. When used on its own, Rexulti (brexpiprazole) provides no benefit. One randomized controlled trial found only Rexulti (brexpiprazole) with sertraline was effective compared to sertraline monotherapy, Rexulti (brexpiprazole) monotherapy or placebo. Sertraline is commonly used in PTSD, and negative findings complicate the interpretation of these results.

References

1. American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf Published October 2010. Accessed July 2022.
2. American Psychological Association (APA). Clinical practice guideline for the treatment of depression across three age cohorts. <https://www.apa.org/depression-guideline/guideline.pdf>. Published February 16, 2019. Accessed June 21, 2022.
3. Arnold MJ. Management of First-Episode Psychosis and Schizophrenia: Guidelines From the VA/DoD. *Am Fam Physician*. 2024 May;109(5):482-483.
4. By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2023 Jul;71(7):2052-2081. doi: 10.1111/jgs.18372. Epub 2023 May 4. PMID: 37139824.
5. Correll CU, Skuban A, Ouyang J, et al. Efficacy and Safety of Brexpiprazole for the Treatment of Acute Schizophrenia: A 6-Week Randomized, Double-Blind, Placebo-Controlled Trial. *Am J Psychiatry*. 2015 Sep 1;172(9):870-80. doi: 10.1176/appi.ajp.2015.14101275. Epub 2015 Apr 16.
6. Daniel Lee, Emily D. Clark, Inga M. Antonsdottir & Anton P. Porsteinsson (2023) A 2023 update on the advancements in the treatment of agitation in Alzheimer's disease, *Expert Opinion on Pharmacotherapy*, 24:6, 691-703, DOI: 10.1080/14656566.2023.2195539
7. Davis LL, Behl S, Lee D, et al. Brexpiprazole and Sertraline Combination Treatment in Posttraumatic Stress Disorder: A Phase 3 Randomized Clinical Trial. *JAMA Psychiatry*. 2025 Mar 1;82(3):218-227. doi: 10.1001/jamapsychiatry.2024.3996.
8. Fleischhacker WW, Hobart M, Ouyang J, et al. Efficacy and Safety of Brexpiprazole (OPC-34712) as Maintenance Treatment in Adults with Schizophrenia: a Randomized, Double-Blind, Placebo-Controlled Study. *Int J Neuropsychopharmacol*. 2017 Jan 1;20(1):11-21. doi: 10.1093/ijnp/pyw076.
9. Garriga M, Pacchiarotti I, Kasper S, et al. Assessment and management of agitation in psychiatry: expert consensus. *World J Biol Psychiatry*. 2016;17(2):86-128. doi:10.3109/15622975.2015.1132007
10. Grant JE, Valle S, Chesivoir E, Ehsan D, Chamberlain SR. A double-blind placebo-controlled study of brexpiprazole for the treatment of borderline personality disorder. *Br J Psychiatry*. 2021 Nov 17;220(2):1-6. doi: 10.1192/bjp.2021.159. Epub ahead of print.

11. Grossberg, George T., et al. "Efficacy and Safety of Brexpiprazole for the Treatment of Agitation in Alzheimer's Dementia: Two 12-Week, Randomized, Double-Blind, Placebo-Controlled Trials." *The American Journal of Geriatric Psychiatry*, vol. 28, no. 4, Apr. 2020, pp. 383–400, <https://doi.org/10.1016/j.jagp.2019.09.009>.
12. Guideline Development Panel for the Treatment of Depressive Disorders. Summary of the clinical practice guideline for the treatment of depression across three age cohorts. *Am Psychol*. 2022 Sep;77(6):770-780. doi: 10.1037/amp0000904. Epub 2021 Nov 29. PMID: 34843274.
13. Hobart M, Chang D, Hefting N, Davis LL. Brexpiprazole in Combination With Sertraline and as Monotherapy in Posttraumatic Stress Disorder: A Full-Factorial Randomized Clinical Trial. *J Clin Psychiatry*. 2025 Feb 19;86(1):24m15577. doi: 10.4088/JCP.24m15577.
14. Kane JM, Skuban A, Ouyang J, et al. A multicenter, randomized, double-blind, controlled phase 3 trial of fixed-dose brexpiprazole for the treatment of adults with acute schizophrenia. *Schizophr Res*. 2015 May;164(1-3):127-35. doi: 10.1016/j.schres.2015.01.038. Epub 2015 Feb 12.
15. Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *Am J Psychiatry*. 2020;177(9):868-872. doi:10.1176/appi.ajp.2020.177901
16. Lee D, Slomkowski M, Hefting N, et al. Brexpiprazole for the Treatment of Agitation in Alzheimer Dementia: A Randomized Clinical Trial. *JAMA Neurol*. 2023 Dec 1;80(12):1307-1316. doi: 10.1001/jamaneurol.2023.3810.
17. McQuaid JR, Buel A, Capaldi V, et al. The Management of Major Depressive Disorder: Synopsis of the 2022 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline. *Ann Intern Med*. 2022 Oct;175(10):1440-1451. doi: 10.7326/M22-1603. Epub 2022 Sep 20. PMID: 36122380.
18. National Institute for Health and Clinical Excellence (NICE), National Collaborating Centre for Mental Health. Psychosis and schizophrenia in children and young people: recognition and management. 2013. <https://www.nice.org.uk/guidance/cg155>[PubMed 26065063]
19. Qaseem A, Owens DK, Etzeandía-Ikobaltzeta I, et al. Nonpharmacologic and Pharmacologic Treatments of Adults in the Acute Phase of Major Depressive Disorder: A Living Clinical Guideline From the American College of Physicians. *Ann Intern Med*. 2023 Feb;176(2):239-252. doi: 10.7326/M22-2056. Epub 2023 Jan 24. Erratum in: *Ann Intern Med*. 2023 Aug;176(8):1143-1144. doi: 10.7326/L23-0246. PMID: 36689752.
20. Reimherr FW, Gift TE, Steans TA, et al. The Use of Brexpiprazole Combined With a Stimulant in Adults With Treatment-Resistant Attention-Deficit/Hyperactivity Disorder. *J Clin Psychopharmacol*. 2022 Sep-Oct 01;42(5):445-453. doi: 10.1097/JCP.0000000000001592. Epub 2022 Aug 18.
21. Reus VI, Fochtmann LJ, Eyler AE, et al. The American Psychiatric Association practice guideline on the use of antipsychotics to treat agitation or psychosis in patients with dementia. *Am J Psychiatry*. 2016;173(5):543-546. doi:10.1176/appi.ajp.2015.173501
22. Rexulti (brexpiprazole) [prescribing information]. Rockville, MD: Otsuka America Pharmaceutical Inc; May 2024.
23. Rexulti (brexpiprazole) [prescribing information]. Rockville, MD: Otsuka America Pharmaceutical Inc; May 2025.
24. Stroup TS, Marder S. Schizophrenia in adults: maintenance therapy and side effect management. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com>. Accessed June 21, 2022.
25. Swetlik C, Cohen LS, Kobylski LA, et al. Effects of Prenatal Exposure to Second-Generation Antipsychotics on Development and Behavior Among Preschool-Aged Children: Preliminary Results From the National Pregnancy Registry for Psychiatric Medications. *J Clin Psychiatry*. 2024 Mar 13;85(1):23m14965. doi: 10.4088/JCP.23m14965. PMID: 38488388.
26. Thase ME, Youakim JM, Skuban A, et al. Adjunctive brexpiprazole 1 and 3 mg for patients with major depressive disorder following inadequate response to antidepressants: a phase 3, randomized, double-blind study. *J Clin Psychiatry*. 2015 Sep;76(9):1232-40. doi: 10.4088/JCP.14m09689.

27. Thase ME, Youakim JM, Skuban A, et al. Efficacy and safety of adjunctive brexpiprazole 2 mg in major depressive disorder: a phase 3, randomized, placebo-controlled study in patients with inadequate response to antidepressants. *J Clin Psychiatry*. 2015 Sep;76(9):1224-31. doi: 10.4088/JCP.14m09688.
28. The Department of Veterans Affairs and the Department of Defense Evidence-Based Practice Working Group. VA/DoD Clinical Practice Guidelines for the Management of Major Depressive Disorder, version 3.0. 2016 April. Website: <https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFINAL82916.pdf>. Available from the Internet. Accessed April 9, 2021.
29. Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum: ACOG Clinical Practice Guideline No. 5. *Obstetrics & Gynecology* 141(6):p 1262-1288, June 2023. | DOI: 10.1097/AOG.0000000000005202.
30. U.S. Food and Drug Administration (2023, May 11). FDA Approves First Drug to Treat Agitation Symptoms Associated with Dementia due to Alzheimer's Disease [press release]. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-drug-treat-agitation-symptoms-associated-dementia-due-alzheimers-disease>.
31. Vieta E, Sachs G, Chang D, et al. Two randomized, double-blind, placebo-controlled trials and one open-label, long-term trial of brexpiprazole for the acute treatment of bipolar mania. *J Psychopharmacol*. 2021 Aug;35(8):971-982. doi: 10.1177/0269881120985102. Epub 2021 Mar 10.
32. Ward C, Childress A, Martinko K, et al. Safety and Efficacy of Brexpiprazole in the Treatment of Irritability Associated with Autism Spectrum Disorder: An 8-Week, Phase 3, Randomized, Double-Blind, Placebo-Controlled Trial and 26-Week Open-Label Extension in Children and Adolescents. *J Child Adolesc Psychopharmacol*. 2025 May;35(4):194-201. doi: 10.1089/cap.2024.0118. Epub 2025 Feb 19.
33. Ward C, Pejović Milovančević M, et al. Efficacy and safety of brexpiprazole in adolescents with schizophrenia: a multicountry, randomised, double-blind, placebo-controlled, phase 3 trial with an active reference. *Lancet Psychiatry*. 2025 May;12(5):345-354. doi: 10.1016/S2215-0366(25)00043-4. Epub 2025 Apr 7.
34. World Federation of Societies of Biological Psychiatry; Ihl R, Frölich L, Winblad B, et al. World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for the biological treatment of Alzheimer's disease and other dementias. *World J Biol Psychiatry*. 2011;12(1):2-32. doi:10.3109/15622975.2010.538083

Clinical Guideline Revision / History Information

Original Date: 11/05/2020

Reviewed/Revised: 06/24/2021, 12/01/2021, 9/15/2022, 10/27/2023, 12/19/2024, 01/01/2026