

## Clinical Policy: Olanzapine/Samidorphan (Lybalvi)

Reference Number: ERX.NPA.157

Effective Date: 09.01.21

Last Review Date: 08.21

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

### Description

Olanzapine/samidorphan (Lybalvi<sup>™</sup>) is combination of olanzapine, an atypical antipsychotic, and samidorphan, an opioid antagonist.

### FDA Approved Indication(s)

Lybalvi is indicated for the treatment of:

- Schizophrenia in adults
- Bipolar I disorder in adults
  - Acute treatment of manic or mixed episodes as monotherapy and as adjunct to lithium or valproate
  - Maintenance monotherapy treatment

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

*Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.*

It is the policy of health plans affiliated with Envolve Pharmacy Solutions<sup>™</sup> that Lybalvi is **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Bipolar Disorder and Schizophrenia (must meet all):

1. Diagnosis of bipolar disorder or schizophrenia;
2. Age  $\geq$  18 years;
3. Member must use olanzapine at up to maximally indicated doses, unless contraindicated to excipients, clinically significant adverse effects are experienced, or member has diabetes mellitus or body mass index (BMI)  $>$  30 kg/m<sup>2</sup>;
4. Failure of a 4-week trial of one additional preferred atypical antipsychotic (e.g., aripiprazole, ziprasidone, quetiapine, risperidone) at up to maximally indicated doses, unless clinically significant adverse effects are experienced or all are contraindicated;
5. Dose does not exceed 20 mg olanzapine/10 mg samidorphan per day.

**Approval duration: 12 months**

##### B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

#### II. Continued Therapy

##### A. Bipolar Disorder and Schizophrenia (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Lybalvi for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;

- If request is for a dose increase, new dose does not exceed 20 mg olanzapine/10 mg samidorphan per day.

**Approval duration: 12 months**

**B. Other diagnoses/indications (must meet 1 or 2):**

- Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

**Approval duration: Duration of request or 12 months (whichever is less);** or

- Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

**III. Diagnoses/Indications for which coverage is NOT authorized:**

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

BMI: body mass index

FDA: Food and Drug Administration

*Appendix B: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria.*

*The drugs listed here may not be a formulary agent and may require prior authorization.*

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
aripiprazole (Abilify®)	<b>Bipolar Disorder and Schizophrenia</b> Adults: 10 to 15 mg PO QD	30 mg/day
olanzapine (Zyprexa®)	<b>Schizophrenia</b> Initial: 5 to 10 mg PO QD; target: 10 mg PO QD  <b>Bipolar Disorder</b> Monotherapy: 10 to 15 mg PO QD; adjunct to lithium or valproate: 10 mg PO QD	20 mg/day
quetiapine (Seroquel®)	<b>Schizophrenia</b> Initial: 25 mg PO BID; target: 400 to 800 mg/day  <b>Bipolar Disorder</b> Initial: 50 mg PO BID; target: 400 to 800 mg/day	800 mg/day
risperidone (Risperdal®)	<b>Schizophrenia</b> Initial: 1 mg PO BID or 2 mg PO QD; target: 4 to 8 mg PO QD  <b>Bipolar Disorder</b> 2 to 3 mg PO QD	Schizophrenia: 16 mg/day  Bipolar Disorder: 6 mg/day
ziprasidone (Geodon®)	<b>Schizophrenia</b> 20 mg PO BID  <b>Bipolar Disorder</b> Initial: 40 mg PO BID; target: 40 to 80 mg PO BID	160 mg/day

*Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.*

*Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s): patients using opioids, patients undergoing acute opioid withdrawal
- Boxed warning(s): increased mortality in elderly patients with dementia-related psychosis

**V. Dosage and Administration**

Indication	Dosing Regimen	Maximum Dose
Schizophrenia	Initiate at 5 mg/10 mg or 10 mg/10 mg PO QD. The recommended dosage is 10 mg/10 mg, 15 mg/10 mg, or 20 mg/10 mg. Dosage may be adjusted at weekly intervals of 5 mg (based on the olanzapine component) depending upon clinical response and tolerability.	20 mg/10 mg/day
Bipolar I disorder	<p>Monotherapy: Initiate at 10 mg/10 mg or 15 mg/10 mg PO QD. The recommended dosage is 10 mg/10 mg, 15 mg/10 mg, or 20 mg/10 mg PO QD. Dosage adjustments should occur at intervals of not less than 24 hours. When dosage adjustments are necessary, dose increments/decrements of 5 mg (based on the olanzapine component) are recommended.</p> <p>Maintenance monotherapy: Administer at 5 mg/10 mg, 10 mg/10 mg, 15 mg/10 mg, or 20 mg/10 mg PO QD.</p> <p>Adjunctive to lithium or valproate: Initiate at 10 mg/10 mg PO QD. The recommended dosage is 10 mg/10 mg, 15 mg/10 mg or 20 mg/10 mg PO QD. Dosage may be adjusted at weekly intervals of 5 mg (based on the olanzapine component), depending upon clinical response and tolerability.</p>	20 mg/10 mg/day

**VI. Product Availability**

Tablets (olanzapine/samidorphan): 5 mg/10 mg, 10 mg/10 mg, 15 mg/10 mg, 20 mg/10 mg

**VII. References**

1. Lybalvi Prescribing Information. Waltham, MA: Alkermes, Inc.; May 2021. Available at: <http://www.lybalvi.com>. Accessed June 3, 2021.
2. Keepers G, Fochtmann L, Anzia J, et al. American Psychiatric Association practice guideline for the treatment of patients with schizophrenia, third edition (2020). Available at: <https://psychiatryonline.org/doi/10.1176/appi.books.9780890424841>. Accessed June 4, 2021.
3. McDonagh MS, Dana T, Selph S, Devine EB, et al. Treatments for schizophrenia in adults: A systematic review. Comparative Effectiveness Review No. 198. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-I.) AHRQ Publication No. 17(18)-EHC031-EF. Rockville, MD: Agency for Healthcare Research and Quality; October 2017. DOI: <https://doi.org/10.23970/AHRQEPCCER198>.
4. Hirschfield RMA, Bowden CL, Gitlin MJ, et al. American Psychiatric Association practice guideline for the treatment of patients with bipolar disorder, second edition (2010). Available at: [https://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/bipolar.pdf](https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar.pdf). Accessed June 4, 2021.
5. Butler M, Urosevic S, Desai P, et al. Treatment for bipolar disorder in adults: A systematic review. Comparative Effectiveness Review No. 208. (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-2012-00016-I.) AHRQ Publication No. 18-EHC012-EF. Rockville, MD: Agency for Healthcare Research and Quality; August 2018. DOI: <https://doi.org/10.23970/AHRQEPCCER208>.
6. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed June 3, 2021

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	06.03.21	08.21

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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