



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

ARIPIPRAZOLE SENSOR TABS

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ARIPIPRAZOLE TABLETS WITH SENSOR	ABILIFY MYCITE	24551		GPI-10 (5925001502, 5925001503)	BRAND = ABILIFY MYCITE

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of schizophrenia and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- Therapy is prescribed by or in consultation with a psychiatrist
- The patient has a medical necessity for tracking medication ingestion

If yes, **approve all strengths for 12 months by GPID or GPI-14 with a quantity limit of #1 kit per 30 days.**

If no, continue to #2.

2. Does the patient have a diagnosis of major depressive disorder and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- Therapy is prescribed by or in consultation with a psychiatrist
- Abilify MyCite will be used as an adjunctive treatment
- The patient has a medical necessity for tracking medication ingestion

If yes, **approve all strengths for 12 months by GPID or GPI-14 with a quantity limit of #1 kit per 30 days.**

If no, continue to #3.

3. Does the patient have a diagnosis of bipolar I disorder and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- Therapy is prescribed by or in consultation with a psychiatrist
- The patient has a medical necessity for tracking medication ingestion

If yes, continue to #4.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

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GUIDELINES FOR USE (CONTINUED)

4. Does the patient meet **ONE** of the following criteria?

- The request is for acute treatment of manic and mixed episodes as monotherapy, OR as an adjunct to lithium or valproate
- The request is for maintenance treatment as monotherapy, OR as an adjunct to lithium or valproate

If yes, **approve all strengths for 12 months by GPID or GPI-14 with a quantity limit of #1 kit per 30 days.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **ARIPIPRAZOLE SENSOR TABS (Abilify MyCite)** requires the following rule(s) be met for approval:

A. You have **ONE** of the following diagnoses:

1. Schizophrenia (a type of mental health disorder)
2. Bipolar I disorder (a type of mood disorder)
3. Major depressive disorder (MDD: a type of mental health disorder)

B. **If you have schizophrenia, approval also requires:**

1. You are 18 years of age or older
2. Therapy is prescribed by or in consultation with a psychiatrist (a type of mental health doctor)
3. You have a medical necessity for medication ingestion tracking

C. **If you have major depressive disorder, approval also requires:**

1. You are 18 years of age or older
2. Therapy is prescribed by or in consultation with a psychiatrist (a type of mental health doctor)
3. Abilify MyCite will be used as an adjunctive (add-on) treatment
4. You have a medical necessity for medication ingestion tracking

D. **If you have bipolar I disorder, approval also requires:**

1. You are 18 years of age or older
2. Therapy is prescribed by or in consultation with a psychiatrist (a type of mental health doctor)
3. You have a medical necessity for medication ingestion tracking
4. You meet **ONE** of the following:
  - i. The request is for acute (short-term) treatment of manic and mixed episodes as monotherapy (used alone), OR as an adjunct (add-on) to lithium or valproate
  - ii. The request is for maintenance treatment as monotherapy, OR as an adjunct to lithium or valproate

***(Denial text continued on the next page)***

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**GUIDELINES FOR USE (CONTINUED)**

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Abilify MyCite.

**REFERENCES**

- Abilify MyCite [Prescribing Information]. Redwood City, CA: Proteus Digital Health, Inc.: February 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/24/22

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P&T Approval: 01/19