



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ARIPIPRAZOLE SENSOR TABS

Generic	Brand	HICL	GCN	Exception/Other
ARIPIPRAZOLE TABLETS WITH SENSOR	ABILIFY MYCITE		44437 44438 44439 44441 44442 44443	

GUIDELINES FOR USE

1. Does the patient meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- Abilify MyCite is prescribed by or in consultation with a psychiatrist
- Physician attestation that the patient has a medical necessity for tracking medication ingestion

If yes, continue to #2.

If no, do not approve.

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

2. Does the patient have **ONE** of the following diagnoses?

- Diagnosis of schizophrenia
- Diagnosis of major depressive disorder (MDD) **AND** the request is for use as an adjunctive treatment

If yes, **approve for 12 months by GPID as follows:**

- **Abilify MyCite 2mg (GPID 44437): 1 kit per 30 days.**
- **Abilify MyCite 5mg (GPID 44438): 1 kit per 30 days.**
- **Abilify MyCite 10mg (GPID 44439): 1 kit per 30 days.**
- **Abilify MyCite 15mg (GPID 44441): 1 kit per 30 days.**
- **Abilify MyCite 20mg (GPID 44442): 1 kit per 30 days.**
- **Abilify MyCite 30mg (GPID 44443): 1 kit per 30 days.**

If no, continue to #3.

3. Does the patient have a diagnosis of bipolar I disorder?

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 for 12 months by GPID as follows:**

- **Abilify MyCite 2mg (GPID 44437): 1 kit per 30 days.**
- **Abilify MyCite 5mg (GPID 44438): 1 kit per 30 days.**
- **Abilify MyCite 10mg (GPID 44439): 1 kit per 30 days.**
- **Abilify MyCite 15mg (GPID 44441): 1 kit per 30 days.**
- **Abilify MyCite 20mg (GPID 44442): 1 kit per 30 days.**
- **Abilify MyCite 30mg (GPID 44443): 1 kit per 30 days.**

If no, do not approve.

DENIAL TEXT: The guideline named **ARIPIPRAZOLE SENSOR TABS (Abilify MyCite)** requires a diagnosis of schizophrenia, bipolar I disorder, or major depressive disorder. The patient must be 18 years of age or older, and the prescription must be prescribed by or in consultation with a psychiatrist, with physician attestation of medical necessity for medication ingestion tracking. In addition, the following criteria must be met:

For the diagnosis of major depressive disorder (MDD), approval requires:

- The request is for use as an adjunctive treatment

For the diagnosis of bipolar I disorder, approval requires ONE of the following:

- 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

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.: November 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/19

Created: 02/19

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P&T Approval: 01/19