Prior Authorization Approval Criteria

Abilify (aripiprazole)

Generic name: aripiprazole

Brand name: Abilify

Medication class: Antipsychotic

FDA-approved uses:

- For use in adults and adolescents, 13 years of age or older, with schizophrenia.
- Adjunctive therapy for the treatment of Bipolar 1 disorder in adults and children, 10 years of age and older
- Treatment of acute manic or mixed episodes associated with bipolar I disorder in adults and pediatric patients aged 10 to 17 years
- Adjunct treatment of major depressive disorder (MDD) in adults
- Treatment of autistic disorder with psychomotor agitation in children aged 6-17 years.
- Treatment of Tourette's disorder in pediatric patients aged 6 to 18 years.

Criteria for use for patients with recent psychiatric hospitalization (within the last three months):

- Prescriber states that patient is currently stable on the requested medication

Criteria for use for schizophrenia (bullet points below are all inclusive unless otherwise noted):

- Patient must be 13 years of age or older, and clinically diagnosed with schizophrenia for aripiprazole oral formulation requests
- Failed/intolerant or had a contraindication to at least 2 formulary atypical antipsychotic agents such as olanzapine, quetiapine, risperidone, or ziprasidone.
- Patient must be 18 years and older if the request is for aripiprazole injection AND be clinically diagnosed with schizophrenia with psychomotor agitation

Criteria for use for Bipolar Disorder (bullet points below are all inclusive unless otherwise noted):

- Patient must be 10 years of age and older and clinically diagnosed with Bipolar 1 disorder **AND** patient is using as adjunct therapy with lithium or valproate
  OR
- Patient must be 10 years of age and older and clinically diagnosed with Bipolar 1 disorder, including manic or mixed episodes **AND** using as monotherapy.
  OR
- Patient must be 18 years and older and failed/intolerant or had a contraindication to at least 2 formulary atypical antipsychotic agents such as olanzapine, quetiapine, risperidone, or ziprasidone.

Criteria for use for MDD (bullet points below are all inclusive unless otherwise noted):

- Must have clinically diagnosed MDD.
- Failed/intolerant or had a contraindication to either quetiapine or olanzapine.
- Must be used as adjunctive treatment to ADT and not as monotherapy.

- Must be 18 years of age or older.

Criteria for use for irritability associated with autistic disorder:

- Must be clinically diagnosed with autistic disorder with psychomotor agitation
- Must be between the ages of 6-17 years.
- Failed/intolerant or had a contraindication to risperidone .

Criteria for use for Tourette's syndrome in pediatric patients:

- Must be clinically diagnosed with Tourette's syndrome
- Must be 6 to 18 years old.
- Failed/intolerant or had a contraindication to risperidone

Criteria for the continuation of therapy:

- Patient's therapy has been re-evaluated within the last 12 months, unless a re-evaluation is not clinically appropriate for the patient's condition at this time.
- Patient is tolerating treatment and there continues to be a medical need for the medication
- Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient's condition)

Criteria for quantities greater than 1 tablet per day (in addition to any of the above):

- Recent psychiatric hospitalization (within the last three months) and Prescriber states that patient is currently stable on the requested medication
  OR
- Must have a clinically documented medical need for the increased quantity (including, but not limited to, increased dose, frequency, or duration)., AND
- Must have tried and failed the standard approved dosing, frequency, and duration

Approval duration:
- Initial 1 year
- Renewal 1 year

Benefit Type:
- Pharmacy

Adopted: 11/12/04
Revised: 01/01/05, 12/12/17, 3/12/08, 6/9/10, 4/10/13, 6/23/14, 6/8/16, 12/14/16
Reviewed: 06/14/17- updated criteria for use, added continuation of therapy criteria

The criteria listed above applies to Fallon Health Plan and its subsidiaries.