



**BlueCross
BlueShield**

Federal Employee Program.

**ABILIFY MYCITE
(aripiprazole tablets with sensor)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Schizophrenia
2. Bipolar I disorder
3. Major depressive disorder (MDD) as adjunctive treatment

AND ALL of the following:

- a. Inadequate treatment response to Abilify (aripiprazole) due to non-compliance
- b. Inadequate treatment response, intolerance, or contraindication to a long-acting injectable antipsychotic
- c. Monthly monitoring via the portal by the prescriber and/or designated person(s)
- d. Prescriber agrees to monitor for neuroleptic malignant syndrome and for increased risk of suicidal thoughts and behaviors
- e. **NO** dementia-related psychosis

Prior - Approval Limits

Quantity 90 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Schizophrenia



**BlueCross
BlueShield**

Federal Employee Program.

**ABILIFY MYCITE
(aripiprazole tablets with sensor)**

2. Bipolar I disorder
3. Major depressive disorder (MDD) as adjunctive treatment

AND ALL of the following:

- a. Monthly monitoring via the portal by the prescriber and/or designated person(s)
- b. Prescriber agrees to monitor for neuroleptic malignant syndrome and for increased risk of suicidal thoughts and behaviors
- c. **NO** dementia-related psychosis

Prior - Approval *Renewal* Limits

Same as above