





FAX Completed Form To 1.833.404.2392

Prescriber Help Desk 1.833.587.2012

Online

covermymeds.com/main/ prior-authorization-forms/

## Request for Prior Authorization Aripiprazole Tablets with Sensor (Abilify MyCite)

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA N	ledicaio	Membe	r ID #	1 1	Pa	tient name		DOB		
Patie	ent add	ress								
Prov	rider NF	PI				Prescriber name		Phone		
Prescriber address				1 1				Fax		
Pha	Pharmacy name A				Ad	ddress		Phone		
Prescriber must complete all information a					ation	above. It must be legible, correct, and	complete or f	orm will be r	eturned.	
Pha	Pharmacy NPI					Pharmacy fax	NDC			
				required wing co		r aripiprazole tablets with sensor (Abions:	oilify MyCite	). Payment	will be	
Patient has a diagnosis of Schizophrenia, Bipolar I Disorder, or Major Depressive Disorder; and										
2) Patient meets the FDA approved age for use of the Abilify MyCite device; and										
3) Dosing follows the FDA approved dose for the submitted diagnosis; and										
4) Documentation of patient adherence to generic aripiprazole tablets is less than 80% within the past 6 months (prescriber must provide documentation of the previous 6 months' worth of pharmacy claims for aripiprazole documenting non-adherence); and										
<ul> <li>5) Documentation of all the following strategies to improve patient adherence have been tried without success:</li> <li>a) Utilization of a pill box</li> <li>b) Utilization of a reminder device (e.g., alarm, application, or text reminder)</li> <li>c) Involving family members or friends to assist</li> <li>d) Coordinating timing of dose with dosing of another daily medication; and</li> </ul>										
6) Do	6) Documentation of a trial and intolerance to a preferred long-acting aripiprazole injectable agent; and									
7) Prescriber agrees to track and document adherence of Abilify MyCite through the web-based portal for health care providers and transition member to generic aripiprazole tablets after a maximum of 4 months use of Abilify MyCite. Initial approvals will be given for one month. Prescriber must review member adherence in the web-based portal and document adherence for additional consideration. If non-adherence continues, prescriber must document a plan to improve adherence. If adherence is improved, consideration to switch member to generic aripiprazole tablets must be considered. Note, the ability of the Abilify MyCite to improve patient compliance has not been established.										
8) Re	8) Requests will not be considered for patients in long-term care facilities.									
9) A	once p	er lifetir	me app	roval wi	ll be	allowed.				
		d trials ontraind		overrid	den	when documented evidence is prov	ided that us	se of these	agents would be	
Non-	Prefe	<u>rred</u>								
A	bilify I	MyCite								
S	trengtl	า			С	Oosage Instructions	Qua	ntity	Days Supply	
Diagr	nosis:									

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Is patient adherence to generic aripiprazole tablets less than 80% $\scriptstyle\rm w$	vithin the past 6 months?										
Yes (provide previous 6 months of pharmacy claims documenting no	on-adherence) 🗌 No										
Have the following strategies to improve patient adherence been tri	ed without success?										
Utilization of pill box											
Utilization of a reminder device (e.g., alarm, application, or text reminder Yes Device used:	·										
Involving family members or friends to assist											
Coordinating timing of dose with dosing of another daily medication	☐ Yes ☐ No										
Does patient reside in a long-term care facility? ☐ Yes ☐ No											
Prescriber agrees to track and document adherence of Abilify MyCite through the web-based portal for health care providers and transition member to generic aripiprazole tablets after a maximum of 4 months use of Abilify MyCite?											
Preferred long-acting aripiprazole injectable trial:											
Drug name and dose:											
Trial dates: Failure reason:											
Medical or contraindication reason to override trial requirements:											
Renewals:											
Prescriber has reviewed member adherence of Abilify MyCite throu Yes Adherence rate:	<del>-</del>	•									
If improved member adherence, consider switch to generic aripiprazole tablets. Provider rationale for continued Abilify MyCite use if not switching to generic aripiprazole tablets:											
If member continues to be non-adherent, document plan to improve adherence:											
Prescriber signature (Must match prescriber listed above.)	Date of submission										

**IMPORTANT NOTE:** In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.

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