



## Prior Authorization Guidelines

### Aripiprazole (Abilify)

#### **FDA Approved Indication:**

For adults, BHR has a diagnosis for which aripiprazole is an FDA approved treatment indication.

For individuals under the age of 18, the BHR must have a diagnosis for which the requested medication meets the community standard of care.

#### **Guidelines for Approval:**

1. Documentation of intolerance, non adherence, or non response to at least two generic formulary medications in the same medication class at maximal tolerated doses for at least 4 weeks.
2. Documentation of intolerance, nonresponse or non adherence to a generic formulation of the requested medication.
3. For individuals with Autism Spectrum Disorder, Aripiprazole will be approved if the BHR has failed a therapeutic trial of risperidone.

#### **Guidelines for Exceptions:**

1. Documentation of intolerance/contraindication to other formulary medications (including documentation of the risk of metabolic syndrome, obesity, diabetes), and documentation for the reason why the requested medication will ameliorate the risks
2. Documentation that the individual has responded to a generic immediate release formulary medication, but requires the brand name extended release formulation to maintain adherence.

#### **Additional Requirements:**

If BHR preference interferes with compliance to generic formulation, brand name request will be reviewed on a case by case basis.

If a BHR has been stabilized in another setting on a brand only medication for which there is no generic equivalent, then the brand name medication will be approved.

#### **Coverage is Not Authorized for:**

1. Indications that have not received FDA approval.
2. Doses greater than FDA recommended maximum daily dosage without meeting prior authorization guidelines for exceeding maximum daily dosage.

#### **References:**

1. ADHS/DBHS: [Provider Manual Section 3.15: Psychotropic Medication: Prescribing and Monitoring](#)
2. Manufacturer Product Information