

**Abilify MyCite® (aripiprazole tablets with sensor)**  
**Effective 11/18/2020**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Abilify MyCite is a drug-device combination product comprised of aripiprazole tablets embedded with an Ingestible Event Marker (IEM) sensor intended to track drug ingestion.

### Coverage Guidelines

Authorization may be granted for members who are  $\geq$  age 18 currently receiving treatment with Abilify MyCite excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is diagnosed with schizophrenia, Bipolar I disorder, or medication will be used as adjunctive treatment for adults ( $\geq$  age 18) with Major Depressive Disorder (MDD)
2. Member has a history of poor adherence (<80%) with at least two oral second generation anti-psychotics, one of which must be Abilify® (aripiprazole)
3. Documentation of treatment failure with or intolerance to a long acting injectable aripiprazole formulation, or documentation of clinical rationale that a long acting injectable aripiprazole formulation is not medically appropriate for the member
4. All of the following strategies (if applicable to the patient) to improve patient adherence have been tried without success
  - a. Use of pillboxes
  - b. Setting reminder alarms
  - c. Coordinating timing of dose to coincide with dosing of another daily medication.

5. Prescriber agrees to provide documentation of a comprehensive treatment plan which will track and document adherence of Abilify MyCite through software provided by the manufacturer.

**For MassHealth only:** Subject to the Mass Health Pediatric Behavioral Health Medication Initiative for members < 18 years of age.

**Continuation of Therapy**

Reauthorization requires physician documentation of improvement of member’s condition including stability and adherence.

**Limitations**

1. Initial approvals will be approved for up to 12 months.
2. Reauthorizations will be for 12 months
3. The following quantity limits apply:

Abilify MyCite 15mg, 20mg, & 30mg	30 tablets per month
Abilify MyCite 2mg, 5mg, & 10mg	60 tablets per month

**References**

1. Abilify MyCite (aripiprazole) [prescribing information]. Rockville, MD: Otsuka America Pharmaceutical Inc; June 2020

**Review History**

11/20/2019 – Reviewed at P&T

11/18/2020- Reviewed at P&T

