Mass General Brigham
Health Plan

Abilify MyCite ® (aripiprazole tablets with sensor)
Effective 01/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	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. It is indicated for the:

- Treatment of adults with schizophrenia
- Treatment of bipolar I disorder
    - Acute treatment of adults with manic and mixed episodes as monotherapy and as adjunct to lithium or valproate
    - Maintenance treatment of adults as monotherapy and as adjunct to lithium or valproate
- Adjunctive treatment of adults with Major Depressive Disorder

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following criteria are met:

1. The member has ONE of the following diagnoses:
    a. Schizophrenia
    b. Bipolar I disorder
    c. 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 aripiprazole
3. Documentation member meets ONE of the following:
    a. Inadequate response or intolerance to a long-acting injectable aripiprazole formulation
    b. Clinical rationale that a long-acting injectable aripiprazole formulation is not medically appropriate for the member

4. Member has employed all of the following strategies to improve patient adherence have been tried without success:
    a. Use of pillboxes
    b. Setting reminder alarms
    c. **If member is taking additional daily medications:** 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

Continuation of Therapy

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

Limitations

1. Initial and reauthorization approvals will be approved for 12 months.
2. The following quantity limits apply:

Drug Name and Strength	Quantity Limit
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; February 2023.

Review History

11/20/2019 – Reviewed at P&T
11/18/2020- Reviewed at P&T
10/09/2024 – Reviewed at October P&T. Removed age and adjunctive treatment requirements for MDD diagnosis. Updated adherence strategies requirement to specify that timing with other medications applies to members taking other agents requiring daily administration. Effective 1/1/2025.