Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

ABILIFY (aripiprazole)

GPI CODING:

592500150003**
592500150020**
592500150072**

DESCRIPTION:

Abilify is an atypical antipsychotic approved for use in adults and adolescents, 13 years of age or older, with schizophrenia, in the treatment of acute manic or mixed episodes associated with bipolar I disorder in adults and pediatric patients aged 10 to 17 years, in adults with major depressive disorder (MDD), and in the treatment for irritability with autistic disorder in children aged 6-17 years. Abilify is available in tablets and orally disintegrating tablets, which may be useful for patients that may be unwilling or unable to swallow traditional tablets.

APPROVAL DURATION:

Approval duration: lifetime

CRITERIA FOR ABILIFY

I. Criteria applies to new starts only
II. Abilify and Abilify Discmelts may be approved based on the following FDA-approved indications:
    A. Major depressive disorder after a trial and failure of at least three antidepressants
    B. Schizophrenia
    C. Bipolar disorder, manic or mixed type
    D. Irrability associated with autistic disorder
III. Abilify Discmelts will be covered for members unable to take tablets or capsules orally or at high risk for noncompliance