



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

(PLEASE PRINT – ACCURACY IS IMPORTANT)

**Is patient adherence to generic aripiprazole tablets less than 80% within the past 6 months?**

Yes (provide previous 6 months of pharmacy claims documenting non-adherence)  No

**Have the following strategies to improve patient adherence been tried without success?**

Utilization of pill box  Yes  No

Utilization of a reminder device (e.g., alarm, application, or text reminder)

Yes Device used: \_\_\_\_\_  No

Involving family members or friends to assist  Yes  No

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?**  Yes  No

**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 through the web based portal?**

Yes Adherence rate: \_\_\_\_\_  No

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
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**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.