## Ability MyCite® (aripiprazole tablets with sensor)
**Effective February 1, 2020**

<table>
<thead>
<tr>
<th>Plan</th>
<th>☒ MassHealth</th>
<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☒ Quantity Limit</th>
<th>☒ Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>☒ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Specialty Limitations
N/A

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Plans</td>
<td>MassHealth</td>
<td>Commercial</td>
</tr>
<tr>
<td></td>
<td>Phone: 866-814-5506</td>
<td>Phone: 877-433-7643</td>
<td>Phone: 800-294-5979</td>
</tr>
<tr>
<td></td>
<td>Fax: 866-249-6155</td>
<td>Fax: 866-255-7569</td>
<td>Fax: 888-836-0730</td>
</tr>
</tbody>
</table>

### 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.

### 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 antipsychotics, 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:

<table>
<thead>
<tr>
<th>Abilify MyCite 15mg, 20mg, &amp; 30mg</th>
<th>30 tablets per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilify MyCite 2mg, 5mg, &amp; 10mg</td>
<td>60 tablets per month</td>
</tr>
</tbody>
</table>

References
1. Abilify MyCite package insert Otsuka Pharmaceutical Co., Ltd., Tokyo, 101-8535 Japan 2017

Review History
11/20/2019 – Reviewed at P&T

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.