Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Abilify (aripiprazole) Step Therapy***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***April 2008 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *April 2017*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[x] HMO [x] PPO *Products*: [x] Small [x] Indiv. [x] Large *Exchange*: [ ] Shop [ ] Indiv. [ ] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Abilify (aripiprazole).

Abilify (aripiprazole) is indicated for:

- Treatment of schizophrenia in adults and adolescents 13 to 17 years of age
- Acute treatment of manic or mixed episodes associated with bipolar I disorder as monotherapy and as an adjunct to lithium or valproate in adults and pediatric patients 10 to 17 years of age
- Maintenance treatment of bipolar I disorder in adults
- Adjunctive treatment of major depressive disorder in adults
- Treatment of irritability associated with autistic disorder in pediatric patients 6 to17 years of age
- Acute treatment of agitation associated with schizophrenia or bipolar 1 disorder in adults
- Treatment of Tourette's disorder in pediatric patients 6 to 18 years of age

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Abilify (aripiprazole), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

- For automatic coverage, must have a documented claims history of two of the following:
  - SSRI (citalopram, escitalopram, fluoxetine, paroxetine, sertraline)
  - Duloxetine
  - Venlafaxine
  - Quetiapine
  - Risperidone
  - Olanzapine
  - Ziprasidone
- For members without a documented claims history, must have chart documentation of a trial and failure of 2 of the following:
  - SSRI (citalopram, escitalopram, fluoxetine, paroxetine, sertraline)
  - Duloxetine
  - Venlafaxine
  - Quetiapine
  - Risperidone
  - Olanzapine
  - Ziprasidone

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan (if indefinite auth)
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Abilify [package insert]. Tokyo, Japan: Otsuka Pharmaceutical Co.; Feb 2017.
2. Berman RM, Marcus RN, Swanink R, McQuade RD, Carson WH, Corey-Lisle PK, and Khan A.The efficacy and safety of aripiprazole as adjunctive therapy in major depressive disorder: amulticenter, randomized, double-blind, placebo-controlled study. J Clin Psychiatry. 2007:68:843-53.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/16, 02/17*
Criteria Update	*05/16, 12/16, 04/17*