



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Abilify Maintena™ (aripiprazole)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age
- Member must have diagnosis of either Bipolar I or Schizophrenia
- Member must have clinical rationale that oral therapy cannot be used
- Tolerability with corresponding oral molecule must be established prior requesting approval for injectable therapy
- Approval granted in one-year intervals