



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Abilify Mycite™ (aripiprazole drug/device combination)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have exhausted ALL other forms of aripiprazole dosing formulation
- Detailed notes are required that establish medical necessity of this dosing form over all other forms
- Approval will be subject to Drug Utilization Review (DUR) Board review on a case-by-case basis