

**ABILIFY MYCITE (aripiprazole, oral tablet with sensor)**

**Diagnosis Considered for Coverage:**

- Schizophrenia
- Major depressive disorder
- Bipolar disorder

**Coverage Criteria:**

**For diagnosis listed above:**

- Patient is at least 18 years old, **and**
- Dose does not exceed FDA label maximum, **and**
- Patient is unable to use non-sensor aripiprazole formulations.

**Coverage Duration:** one year

Effective: 3/28/2023