Aripiprazole (Abilify Maintena®)	**Place of Service** **Office Administration** **Home Infusion Administration** **Outpatient Facility Administration** **Infusion Center Administration** **HCPCS**: **J0401** per 1 mg

Condition listed in policy *(see criteria for details):*

- Bipolar disorder
- Schizophrenia

AHFS therapeutic class: Atypical Antipsychotic

Mechanism of action: Efficacy of aripiprazole may be mediated through a combination of partial agonist activity at D2 and 5-HT1A receptors and antagonist activity at 5-HT2A receptors.

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Abilify Maintena® (aripiprazole) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Diagnoses other than schizophrenia or bipolar

- Regimen is a continuation of inpatient hospital therapy

Covered Doses
Cover up to 400mg IM injection monthly

Coverage Period
Indefinite

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Abilify Maintena® (aripiprazole) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Bipolar disorder or Schizophrenia

Covered Doses
Cover up to 400 mg IM injection monthly

ICD-10:
F20.0-F29
F30.10-F30.9,
F31.0-F31.9,
F33.8, F34.8, F34.9

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How Supplied:
300 mg/vial and 400 mg/vial of lyophilized powder for reconstitution
300 mg and 400 mg prefilled, dual-chamber syringes

(6) References

- Abilify Maintena® (aripiprazole) [Prescribing information]. Rockville, MD: Otsuka America Pharmaceutical, Inc. 6/2020.
- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Keepers GA, Fochtmann LJ, Anzia JM, Benjamin S, Lyness JM, Mojtabai R, Servis M, Walaszek A, Buckley P, Lenzenweger MF, Young AS, Degenhardt A, Hong SH; (Systematic Review). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. Am J Psychiatry. 2020 Sep 1;177(9):868-872. https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841
- McClellan J, Stock S, American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). Practice Parameter for the Assessment and Treatment of Children and Adolescents With Schizophrenia. J Am Acad Child Adolescent Psychiatry 2013;52:976-90.

(7) Policy Update

Date of last revision: 2Q2021
Date of next review: 1Q2022
Changes from previous policy version:

- No clinical change to policy following revision.