

## Priority Health Medicare Prior Authorization Criteria (Part D)

# Aripiprazole

### Products affected

- Aripiprazole
- Aripiprazole ODT

### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	N/A
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	For diagnosis of bipolar disorder or schizophrenia, patient must have a therapeutic trial and clinical failure with one generic atypical antipsychotic. For diagnosis of major depressive disorder, patient must be taking an antidepressant concurrently with aripiprazole.