Clinical Policy Title:	aripiprazole orally disintegrating tablet
Policy Number:	RxA.338
Drug(s) Applied:	aripiprazole orally disintegrating tablet
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All Line of Business

Background

Aripiprazole orally disintegrating tablet (ODT) is an atypical antipsychotic. Aripiprazole ODT is indicated:

- For the treatment of schizophrenia.
- For the acute treatment of manic and mixed episodes associated with bipolar I disorder.
- For the adjunctive treatment of major depressive disorder.
- For the treatment of irritability associated with autistic disorder.
- For the treatment of Tourette's disorder.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
aripiprazole ODT	Schizophrenia	Adults: 10 to 15 mg orally once daily Adolescents: Initial: 2 mg once daily; Target: 10 mg once daily	30 mg/day
	Bipolar mania	Adults, as monotherapy: 15 mg once daily Adults, as adjunct to lithium or valproate: 10 to 15 mg once daily Pediatric, as monotherapy or as an adjunct to lithium or valproate: Initial: 2 mg once daily; Target: 10 mg once daily	30 mg/day
	Major depressive Disorder	Adults, as adjunct to antidepressants: Initial: 2 to 5 mg once daily; Target: 2 to 15 mg once daily	15 mg/day
	Irritability associated with autistic disorder	Pediatric: Initial: 2 mg once daily; Target: 5 to 10 mg once daily	15 mg/day
	Tourette's disorder	Weight less than 50 kg: Initial: 2 mg once daily; target: 5 mg once daily Weight 50 kg or greater:	Weight less than 50 kg: 10 mg/day Weight 50 kg or

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
		Initial: 2 mg once daily; Target: 10 mg once daily	greater: 20 mg/day

**Known CYP2D6 poor metabolizers: half of the usual dose.

Dosage Forms

- Orally disintegrating tablets: 10 mg, 15 mg.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Schizophrenia (must meet all):

1. Diagnosis of Schizophrenia;
2. Age 13 years of age or older;Member meets DSM- III/IV criteria;
3. Documentation supports that member is unable to swallow, unable to absorb medications through the GI tract
4. Dose does not exceed 30 mg per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

B. Bipolar Disorder (must meet all):

1. Diagnosis of bipolar disorder;
2. Age ≥ 10 years;
3. Member meets DSM-IV criteria;
4. Documentation supports that member is unable to swallow, unable to absorb medications through the GI tract;
5. Dose does not exceed 30 mg per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

C. Major Depressive Disorder (must meet all):

1. Diagnosis of major depressive disorder;
2. Age ≥ 18 years;
3. Member meets DSM-IV criteria;
4. Aripiprazole ODT will be used concurrently with an antidepressant;
5. Documentation supports that member is unable to swallow, unable to absorb medications through the GI tract;

6. Dose does not exceed 15 mg per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

D. Autistic Disorder (must meet all):
1. Diagnosis of autistic disorder;
2. Age 6 - 17 years;
3. Member meets DSM-IV criteria;
4. Documentation supports that member is unable to swallow, unable to absorb medications through the GI tract;
5. Dose does not exceed 15 mg per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

E. Tourette's Syndrome (must meet all):
1. Diagnosis of Tourette's syndrome;
2. Age 6 - 18 years;
3. Member meets DSM-IV criteria;
4. Documentation supports that member is unable to swallow, unable to absorb medications through the GI tract;
5. Dose does not exceed one of the following (a or b):
   a. Weight less than 50 kg: 10 mg per day;
   b. Weight 50 kg or greater: 20 mg per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all)**:**
1. Member meets one of the following (a or b):
   a. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
   b. Documentation supports that member is currently receiving aripiprazole ODT for bipolar disorder or schizophrenia and has received this medication for at least 30 days.
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed one of the following (a, b or c):
   a. Schizophrenia, bipolar disorder: 30 mg per day;
   b. Major depressive disorder, autistic disorder: 15 mg per day;
   c. Tourette's syndrome (i or ii):
      i. Weight less than 50 kg: 10 mg per day;
      ii. Weight 50 kg or greater: 20 mg per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
ODT: orally disintegrating tablet
DSM: diagnostic and statistical manual of mental disorders

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
aripiprazole (Abilify®) tablet or oral solution	**Bipolar Disorder and Schizophrenia** Adults: 10 to 15 mg orally once daily **Major Depressive Disorder, Autistic Disorder, and Tourette's Disorder** 5 to 10 mg orally once daily	Bipolar Disorder and Schizophrenia: 30 mg/day Major Depressive Disorder, Autistic Disorder: 15 mg/day Tourette's Disorder: 20 mg/day

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings
- Contraindication(s):
  - Known hypersensitivity to aripiprazole.

- Boxed warning(s):
  - Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Aripiprazole is not approved for the treatment of patients with dementia-related psychosis.
  - Increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants. Monitor for worsening and emergence of suicidal thoughts and behaviors.

APPENDIX D: General Information
- Aripiprazole ODT may cause extrapyramidal and/or withdrawal symptoms in neonates with third trimester exposure.
- The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

References
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Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy updated. 1. Formatting updated. 2. References updated. 3. Lines of business updated. 4. Continued therapy criteria was rephrased to "Currently receiving medication that has been authorized by RxAdvance…".	06/15/2020	09/14/2020
Policy was reviewed: 1. Clinical Policy Drugs Applied was updated to remove unavailable brand name drug Abilify Discmelt. 2. Dosing Information dosing regimen for indication Major depressive disorder was updated from "Target: 5 to 10mg once daily" to "Target: 2 to 15 mg once daily". 3. Initial Approval Criteria I.A.1 was updated to remove sub-criteria b-e; "bipolar disorder", "major depressive disorder", "autistic disorder", and "Tourette's disorder"; respectively.	07/15/2021	09/14/2021

4. Initial Approval Criteria I.A.2 was updated from “Member meets one of the following (a, b, c, d, or e)” to “Member meets DSM-III/IV criteria”. 5. Initial Approval Criteria I.A.2 was updated to remove sub-criteria a-e; “schizophrenia…”, “bipolar disorder…”, “major depressive disorder…”, “autistic disorder…”, and “Tourette’s disorder…”; respectively. 6. Initial Approval Criteria I.A.3 was updated to remove “Medical justification supports inability to use generic aripiprazole tablet and/or oral solution” due to brand-name drug inactivity (generic available only). 7. Initial Approval Criteria I.A.3 was updated to include “Documentation supports that member is unable to swallow, unable to absorb medications through the GI tract”. 8. Initial Approval Criteria I.A.4 was updated to remove “For major depressive disorder, aripiprazole ODT will be used concurrently with an antidepressant”. 9. Initial Approval Criteria I.A.4 was updated to include “Dose does not exceed 30mg per day”. 10. Initial Approval Criteria I.A.5 was updated to remove “dose does not exceed…”. 11. Initial Approval Criteria I.A.5 was updated to remove sub-criteria a-c; “Schizophrenia, bipolar disorder…”, “Major depressive disorder, autistic disorder…”, and “Tourette’s syndrome…”; respectively. 12. Initial Approval Criteria I.B was updated to include indication “Bipolar Disorder”. 13. Initial Approval Criteria I.C was updated to include indication “Major Depressive Disorder”. 14. Initial Approval Criteria I.D was updated to include indication “Autistic Disorder”. 15. Initial Approval Criteria I.E was updated to include indication “Tourette’s Syndrome”. 16. Continued Therapy Approval Criteria II.A.1.a was rephrased to "Member is		

currently receiving medication that has been authorized by RxAdvance...". 17. Appendix A was updated to include abbreviation DSM. 18. Therapeutic Alternatives verbiage was rephrased to "Below are suggested therapeutic alternatives based on clinical guidance..". 19. Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only". 20. Appendix C boxed warnings was updated to include “Increased risk of suicidal thinking and behavior in children, adolescents, and young adults…”. 21. Appendix D was updated to include “Aripiprazole ODT may cause extrapyramidal and/or withdrawal…” and “The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the handbook…”. 22. References were reviewed and updated.		