OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Abilify® tablet Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

- ❑ Adjunctive treatment of major depressive disorder
- ❑ Bipolar disorder – treatment of manic episodes
- ❑ Bipolar disorder – treatment of mixed episodes
- ❑ Other diagnosis: _____ ICD-10 Code(s): _____
- ❑ Irritability associated with autistic disorder
- ❑ Schizophrenia
- ❑ Tourette's syndrome

Select the medications the patient has a failure, contraindication, or intolerance to:

Adjunctive treatment of major depressive disorder:

- ❑ Aripiprazole orally disintegrating tablet (ODT)
- ❑ Aripiprazole solution
- ❑ Aripiprazole tablet
- ❑ Quetiapine extended- release (ER)

Bipolar disorder – treatment of manic episodes:

- ❑ Aripiprazole ODT
- ❑ Aripiprazole solution
- ❑ Aripiprazole tablet
- ❑ Depakene
- ❑ Depakote
- ❑ Depakote ER
- ❑ Depakote Sprinkles
- ❑ Divalproex
- ❑ Divalproex delayed-release (DR)
- ❑ Divalproex ER
- ❑ Lithium
- ❑ Lithium carbonate
- ❑ Lithium carbonate ER
- ❑ Lithobid
- ❑ Olanzapine
- ❑ Olanzapine ODT
- ❑ Quetiapine ER
- ❑ Risperidone
- ❑ Risperidone ODT
- ❑ Saphris
- ❑ Valproic acid
- ❑ Ziprasidone

Bipolar disorder – treatment of mixed episodes:

- ❑ Aripiprazole ODT
- ❑ Aripiprazole solution
- ❑ Aripiprazole tablet
- ❑ Depakene
- ❑ Depakote
- ❑ Depakote ER
- ❑ Depakote Sprinkles
- ❑ Divalproex
- ❑ Divalproex DR
- ❑ Divalproex ER
- ❑ Olanzapine
- ❑ Olanzapine ODT
- ❑ Quetiapine ER
- ❑ Risperidone
- ❑ Risperidone ODT
- ❑ Saphris
- ❑ Valproic acid
- ❑ Ziprasidone

Irritability associated with autistic disorder:

- ❑ Aripiprazole ODT
- ❑ Aripiprazole solution
- ❑ Aripiprazole tablet
- ❑ Quetiapine ER
- ❑ Risperidone
- ❑ Risperidone ODT

Schizophrenia:

- ❑ Aripiprazole ODT
- ❑ Aripiprazole solution
- ❑ Aripiprazole tablet
- ❑ Fanapt
- ❑ Fanapt Titration Pack
- ❑ Latuda
- ❑ Olanzapine
- ❑ Olanzapine ODT
- ❑ Paliperidone ER
- ❑ Quetiapine
- ❑ Quetiapine ER
- ❑ Rexulti
- ❑ Risperidone
- ❑ Risperidone ODT
- ❑ Saphris
- ❑ Vraylar
- ❑ Ziprasidone

Tourette's syndrome:

- ❑ Aripiprazole ODT
- ❑ Aripiprazole solution
- ❑ Aripiprazole tablet
- ❑ Risperidone
- ❑ Risperidone ODT

Abilify® tablet Prior Authorization Request Form (Page 2 of 2)

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Quantity limit requests:
What is the quantity requested per DAY? _____
What is the reason for exceeding the plan limitations?

- ❑ Titration or loading-dose purposes
- ❑ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- ❑ Requested strength/dose is not commercially available
- ❑ There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. **Please specify**: _____
- ❑ Other: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.