

Abilify Maintena® (aripiprazole) for Schizophrenia [3756]

Ordering Restrictions for Schizophrenia:

1. Abilify Maintena® is restricted to psychiatry service lines only.
2. Each injection must be administered by a health care professional.
3. Oral aripiprazole (10 mg to 20 mg) should be administered for 14 consecutive days after the first Abilify Maintena® injection.
4. For patients already stable on another oral antipsychotic (and known to tolerate aripiprazole), continue treatment with the antipsychotic for 14 consecutive days after the first Abilify Maintena® injection.
5. Each dose cannot be given sooner than 26 days after the previous injection.
6. The maximum monthly dose is 400 mg
7. Please allow 2 to 3 days for product shipment and availability.

Medications

Provider attestations (All three conditions MUST be met) (Single Response) (Selection Required)

1. I attest that the patient has previously tolerated oral aripiprazole prior to initiating treatment with Abilify Maintena® or is actively receiving treatment with Abilify Maintena®.
2. I attest that the patient's insurance provider has given financial approval to continue Abilify Maintena® therapy after hospital discharge.
3. I attest that the patient will have adequate access to medical treatment for continuation of Abilify Maintena® therapy after hospital discharge.

Yes, all three conditions have been met. (Single Response) (Selection Required)

Initiation Dosing of Abilify Maintena® for Schizophrenia (Single Response)

<input type="radio"/> ARIPIprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	300 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia. Do you attest that this restriction has been met?
---	--

<input type="radio"/> ARIPIprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	400 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia. Do you attest that this restriction has been met?
---	--

Monthly Maintenance Dosing of Abilify Maintena® for Schizophrenia (Single Response)

<input type="radio"/> ARIPIprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	300 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one?
---	---

<input type="radio"/> ARIPIprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	400 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one?
---	---

No, all three conditions have not been met. (Single Response)

Initiation Dosing of Abilify Maintena® for Schizophrenia (Pharmacy Consult Included) (Single Response)

<input type="radio"/> ARIPIprazole ER (ABILIFY MAINTENA) 300 mg syringe (RESTRICTED) + Pharmacy Consult	"And" Linked Panel
---	---------------------------

<input type="checkbox"/> ARIPIprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	300 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia. Do you attest that this restriction has been met?
--	--

<input type="checkbox"/> Pharmacy consult to complete financial approval for Long-Acting Antipsychotic	Routine, Until discontinued, Starting S For Until specified
--	---

<input type="radio"/> ARIPIprazole ER (ABILIFY MAINTENA) 400 mg syringe (RESTRICTED) + Pharmacy Consult	"And" Linked Panel
---	---------------------------

[] ARIPiprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	400 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia. Do you attest that this restriction has been met?
[] Pharmacy consult to complete financial approval for Long-Acting Antipsychotic	Routine, Until discontinued, Starting S For Until specified
() Monthly Maintenance Dosing of Abilify Maintena® for Schizophrenia (Pharmacy Consult Included) (Single Response)	
() ARIPiprazole ER (ABILIFY MAINTENA) 300 mg syringe (RESTRICTED) + Pharmacy Consult	"And" Linked Panel
[] ARIPiprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	300 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia. Do you attest that this restriction has been met?
[] Pharmacy consult to complete financial approval for Long-Acting Antipsychotic	Routine, Until discontinued, Starting S For Until specified
() ARIPiprazole ER (ABILIFY MAINTENA) 400 mg syringe (RESTRICTED) + Pharmacy Consult	"And" Linked Panel
[] ARIPiprazole ER (ABILIFY MAINTENA) syringe (RESTRICTED)	400 mg, intramuscular, every 28 days, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia. Do you attest that this restriction has been met?
[] Pharmacy consult to complete financial approval for Long-Acting Antipsychotic	Routine, Until discontinued, Starting S For Until specified