



15 Earhart Drive, Suite 101, Amherst, NY 14221

ABILIFY MAINTENA AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:			Today's Date:		
Date of birth:	Sex:	Weight:	Prescriber:	Specialty:	
Home Phone Number: ()			Phone Number: ()	Fax Number: ()	
Home Address: City: State: Zip:			Address: City: State: Zip:		
Member's Insurance ID:			Office Phone :		Office Fax Number:
Allergies:			Office Contact:		

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: _____

ICD10 Code: _____

- Documentation submitted showing patient tolerability of oral aripiprazole.
- Patient has a documented compliance problem with oral therapy.