



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 Needed:		
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.