

FAQ Regarding Tablet Splitting and Step Therapy Edits

- 1. Is prior authorization (PA) required for patients established on Abilify doses of 20mg daily or greater?** No PA will be required if the patient has a paid claim from Iowa Medicaid in the past 12 months. If the member does not have a history of Abilify in the Medicaid paid claims system, a PA will be required. PA forms are located at www.iowamedicaidpdl.com.
- 2. Is prior authorization (PA) required for Abilify for doses less than 20mg daily for patients established on Abilify?** No PA will be required for patients already established on Abilify for doses less than 20mg if tablet splitting (using one-half tablet per day) is used. Please see the chart above for tablet splitting guidelines.
- 3. Is prior authorization (PA) required for new starters of Abilify when tablet splitting (using one-half tablet per day) is used?** No PA will be required for Abilify doses less than 20mg when tablet splitting is used if the required preferred generic trial is found in the member's pharmacy claims history in the past 12 months. If the member does not have a history of a preferred generic atypical antipsychotic in the Medicaid paid claims system, a PA will be required. PA forms are located at www.iowamedicaidpdl.com.
- 4. Is prior authorization (PA) required for new starters of Abilify for doses of 20mg daily or greater?** PA is required for new starters of Abilify for doses of 20mg per day and higher.
- 5. Is prior authorization (PA) required for preferred brand name atypical antipsychotics?** No PA will be required for preferred brand name atypical antipsychotics when a preferred generic atypical antipsychotic trial is found in the member's pharmacy claims history in the past 12 months. If the member does not have a history of a preferred generic atypical antipsychotic in the Medicaid paid claims system, a PA will be required. PA forms are located at www.iowamedicaidpdl.com.
- 6. Is prior authorization (PA) required for non-preferred atypical antipsychotics?** Yes. PA will be required for non-preferred atypical antipsychotics. Trials must include a preferred generic and preferred brand atypical antipsychotic prior to consideration for patients not established on the requested drug.
- 7. What prior authorization (PA) form do I use to request an atypical antipsychotic for a member established on therapy with no claims in the Iowa Medicaid payment system?** The Non-Preferred Drug PA form should be used to request atypical antipsychotics for members established on therapy with no paid claims in the Iowa Medicaid pharmacy payment system.
- 8. Is the fifteen (15) day supply on initial prescriptions still required?** Yes.