INFORMATIONAL LETTER NO.1757-MC-FFS

Governor

DATE: January 18, 2017

TO: Iowa Medicaid Physicians, Advanced Registered Nurse Practitioners,

Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Nursing Facilities-Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Service, Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community

Lt. Governor

Director

Based ICF/ID Providers

APPLIES TO: Managed Care and Fee-for-Service

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Iowa Medicaid Pharmacy Program Changes Prospective Drug Utilization

Review (ProDUR) Antipsychotic Edits

EFFECTIVE: March 1, 2017

Effective March 1, 2017, the following ProDUR edits will be implemented:

- Age edit on risperidone for members less than five (5) years of age.
- Age edit on all other antipsychotics for members less than six (6) years of age.
- Duplicate therapy edit on all antipsychotics for members 0 through 17 years of age. A 30 day grace period will be allowed to allow transition between antipsychotic medications.
- Quantity limits:

| Drug Product | Quantity | Days Supply |
|-----------------|----------|-------------|
| Olanzapine 15mg | 30 | 30 |
| Olanzapine 20mg | 30 | 30 |
| Risperidone 1mg | 60 | 30 |
| Risperidone 2mg | 60 | 30 |

We encourage providers to visit the <u>PDL website</u>¹ to view the entire PDL and quantity limit list. If you have questions regarding Fee for Service members, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or email <u>info@iowamedicaidpdl.com</u>. Questions regarding Managed Care members should be directed to the specific Managed Care Organization (MCO).

¹ http://www.iowamedicaidpdl.com/