



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1195

TO: Iowa Medicaid Physician, Advanced Registered Nurse Practitioner, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community Mental Health, Residential Care Facility, ICF MR State and Community Based ICF/MR Providers

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

DATE: December 6, 2012

SUBJECT: Pharmacy Program and Atypical Antipsychotic Update

EFFECTIVE: January 1, 2013

Programming Changes for Atypical Antipsychotics Effective January 1, 2013

1. Abilify Quantity Limits:

- Tablet splitting will be required for all strengths of Abilify, which is the most cost effective way to utilize Abilify.
- Quantities above 15 tablets/30 days will require prior authorization (PA).
- Existing users of the 2mg, 20mg, and 30mg tablets daily will be grandfathered.**

PREFERRED: NO PA Required (splitting tabs)						DESIRED DOSE	NON-PREFERRED: PA Required					
2MG	5MG	10MG	15MG	20MG	30MG	MG/DAY	2MG	5MG	10MG	15MG	20MG	30MG
	15					2.5	30					
		15				5		30				
			15			7.5						
				15		10			30			
					15	15				30		
						20					30	
						30						30

2. Step Therapy Edits for Atypical Antipsychotics: Step therapy edits will be implemented for atypical antipsychotics.

Step 1: Preferred generic drugs— No PA required.

Step 2: Preferred brand name drugs— No PA will be required for preferred brand name drugs when a preferred generic trial is found in the member’s pharmacy claims history in the past 12 months.

Step 3: Non-Preferred drugs— PA is required for all non-preferred drugs. **Existing users will be grandfathered.**

Iowa Medicaid PDL; Step Therapy

<u>Preferred Generic Drugs</u> No PA Required	<u>Preferred Brand Name Drugs</u> No PA Required if Preferred Generic is used in past 12 months	<u>Non-Preferred Drugs</u> PA Required
olanzapine	Abilify (with tablet splitting)	Abilify Discmelt (Abilify tablet preferred)
quetiapine	Fanapt	Fanapt Titration Pack (Fanapt preferred)
risperidone	Invega Sustenna	Geodon (ziprasidone preferred)
ziprasidone	Latuda	Invega
	Risperdal Consta	olanzapine tablet disperse (olanzapine tablet preferred)
	Saphris	Risperdal (risperidone preferred)
		Risperdal M-Tab (risperidone oral solution preferred)
		risperidone tablet disperse (risperidone oral solution preferred)
		Seroquel (quetiapine preferred)
		Seroquel XR (quetiapine preferred)
		Zyprexa (olanzapine preferred)
		Zyprexa Zydis (olanzapine tablet preferred)

Established users will be grandfathered by the point of sale (POS) system. The POS system will look back 12 months for paid claims for the specific drug and allow members to continue to get the same drug. This grandfathering process will remain in place for the duration of the member’s eligibility.

Frequently Asked Questions:

- 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.

We encourage providers to go to the website at www.iowamedicaidpdl.com to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or email info@iowamedicaidpdl.com.