

Iowa Medicaid Enterprise Revisions to the Iowa Medicaid Preferred Drug List (PDL)

Abilify Tablet Splitting Requirement Effective January 1, 2013

Notification Date: November 26, 2012

The Iowa Medicaid Enterprise (IME) would like to inform providers that effective **January 1, 2013** tablet splitting will be required for all strengths of Abilify.

- Quantities above 15 tablets per 30 days will require prior authorization.
- Existing users of the 2mg, 20mg, and 30mg tablets will be grandfathered.
- Existing users of 5mg, 10mg, and 15mg tablets will be required to tablet split to obtain the required dose.

Members will need to transition to the corresponding half tablet dose of Abilify.

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

Please refer to the website at www.iowamedicaidpdl.com to view all recent changes to the PDL. If you have any questions, please contact the Pharmacy Prior Authorization Provider Hotline at 877-776-1567 or 515 -256-4607 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.