

March, 2013

Dear Doctor:

**IMPORTANT INFORMATION ABOUT CHANGES IN MISSISSIPPI DIVISION OF MEDICAID
COVERAGE FOR ABILIFY®**

In a recent meeting the Division of Medicaid (DOM) Pharmacy and Therapeutics Committee made a recommendation that tablet splitting be required in order to keep Abilify® the preferred drug for this class and to continue providing coverage for all needed and medically acceptable doses while reducing costs for Medicaid. The purpose of this letter is to inform you that as of February 22, 2013, the DOM requires tablet splitting for prescriptions of Abilify® at doses that can be achieved by splitting a higher strength tablet.

Abilify® prescriptions will be electronically processed at the time of pharmacy dispensing and will automatically receive prior authorization (PA) approval if they adhere to the guidelines for tablet splitting. Although labeling indicates QD dosing, DOM recognizes that special situations regarding pharmacokinetics with children and elderly occur where BID dosing may be desired and that some patients and/or their caregivers may be unable to split tablets. In these situations, the electronic PA process will issue a denial and a PA request will have to be submitted to DOM by fax or Web Portal.

The enclosed Provider Summary Sheet includes a table to help you when writing Abilify® prescriptions using tablet splitting. First determine the daily dosing needed, then select the daily dosing schedule desired. The table will then provide the dosing, strength tablet and number of tablets you should write on the prescription.

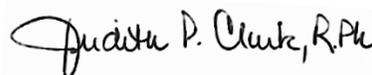
We have prepared the Provider Summary Sheet to assist you in writing Abilify® prescriptions because we understand that tablet splitting does make prescriptions somewhat more complicated. However, the DOM is committed to working with all providers to continue delivering the highest quality of care possible to Medicaid beneficiaries while at the same time minimizing the costs to the state when possible. If you encounter any problems with the approval of prescriptions you believe meet the guidelines for electronic PA approval, please contact the Division of Medicaid Prior Authorization Unit at 877-537-0722.

Additional copies of the Provider Summary Sheet can be obtained at the MS-DUR website – www.pharmacy.olemiss.edu/cpmm/msdurresourcesforproviders.html.

Sincerely,



Kyle D. Null, Pharm.D.
Clinical Director
MS-DUR



Judith P. Clark, R.Ph.
Director, Pharmacy Bureau
Division of Medicaid

Enclosure: Abilify® Provider Summary Sheet



ABILIFY® DOSING AND TABLET SPLITTING Provider Summary Sheet

In a recent meeting the Division of Medicaid (DOM) Pharmacy and Therapeutics Committee made a recommendation that tablet splitting be required in order to keep Abilify® the preferred drug for this class and to continue providing coverage for all needed and medically acceptable doses while reducing costs for Medicaid. Effective February 22, 2013, the Division of Medicaid (DOM) requires tablet splitting for prescriptions of Abilify® at doses that can be achieved by splitting a higher strength tablet. Abilify® prescriptions will be electronically processed and will automatically receive prior authorization (PA) approval if they adhere to the following guidelines. Although labeling indicates QD dosing, DOM recognizes that special situations will occur requiring BID dosing or where patients are unable to split tablets. These prescriptions will require PAs be submitted by fax or Web Portal.

Division of Medicaid Criteria for Abilify®

- Any doses of Abilify® that can be achieved by splitting a higher strength tablet must be dispensed with dosing instructions for tablet splitting.
- To facilitate tablet splitting, DOM will cover one tablet splitter per year for beneficiaries living at home and taking doses requiring tablet splitting.
- Pharmacies please note that at least one claim for a tablet splitting dose must be processed before the claim for a tablet splitter is submitted
- Tablet splitters are reimbursed as an OTC and do not count toward the service limit of 5 prescriptions/month.

This table provides guidance on how to write Abilify® prescriptions with tablet splitting:

- 1 Determine daily dose needed,
- 2 Determine daily dosing schedule desired,
- 3 Write prescription for strength, dosing schedule and number of tabs indicated

Example 30 day prescription			
		2 → Daily dosing schedule desired	
		QD DOSING	BID DOSING
Daily dose needed <i>(bold doses are commercially available)</i>	2 mg →	2 mg QD - qty 30	2 mg 1/2 BID - qty 30
	2.5 mg →	5 mg 1/2 QD - 15 tabs	NA
	4 mg →	2 mg 2 QD - qty 60	2 mg BID - qty 60
	5 mg →	10 mg 1/2 QD - 15 tabs	5 mg 1/2 BID - qty 30
	7.5 mg →	15 mg 1/2 QD - 15 tabs	NA
	10 mg →	20 mg 1/2 QD - 15 tabs	10 mg 1/2 BID - qty 30
	15 mg →	30 mg 1/2 QD - 15 tabs	15 mg 1/2 BID - qty 30
	20 mg →	20 mg QD - qty 30	20 mg 1/2 BID - qty 30
	30 mg →	30 mg QD - qty 30	30 mg 1/2 BID - qty 30

 Electronic PA approval

 Manual PA required (fax or Web Portal)

Prepared by:



Ver. 04/05/2013

Medicaid PA Unit: Phone 877-537-0722

Fax 877-537-0720

Copies of this Summary Sheet are available at:

www.pharmacy.olemiss.edu/cpmm/msdurresourcesforproviders.html