



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 413

To: Iowa Medicaid Participating Prescribers
From: Iowa Department of Human Services
Date: April 27, 2005
Subject: The purpose of this Informational Letter is to provide prescribers with the complete Nonprescription Drug payable list.
Effective: **May 1, 2005**

The following is the nonprescription drug payable list by therapeutic category. Please consider prescribing these drugs if they are appropriate for your Iowa Medicaid patient(s).

The notation of an X on the list indicates nonprescription drugs that require a prior authorization. For the prior authorization request form(s) and the prior authorization criteria chart visit the Iowa Medicaid website at www.iowamedicaidpdl.com or call the Provider Help Desk at 877-776-1567.

Attachments (1)



Department of Human Services
 Approved PDL for IOWA Medicaid Program
FINAL
OTC DRUG LIST BY THERAPEUTIC
CATEGORY
REVISED 5-01-2005

PDL IMPLEMENTATION DATE 01-15-05

The following nonprescription drugs are payable, and may be subject to prior authorization requirements stated below and as specified in the preferred drug list published by the department pursuant to 2003 Iowa Acts, chapter 112 section 3.

Payment will be made for the following nonprescription products when prescribed by a practitioner legally qualified to prescribe the item. Payment for the following listed drugs will be made in the same manner as prescription drugs, except the maximum allowable cost (MAC) is established at the median of the average wholesale price of the chemically equivalent products available. No exceptions for higher reimbursement will be approved.

Oral solid forms of these items shall be prescribed and dispensed in a minimum quantity of 100 units per prescription, except when dispensed via a unit-dose system. When used for maintenance therapy, all of these items may be prescribed and dispensed in 90-day quantities.

| Drug Name | P = Preferred N = Non-Preferred | X Indicates Prior Authorization Required |
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ANALGESICS - MISC.

| | | |
|------------------------------------|---|--|
| acetaminophen elixir 120 mg/5ml | P | |
| acetaminophen elixir 160 mg/5ml | P | |
| acetaminophen soln 100 mg/ml | P | |
| acetaminophen suppos 120 mg | P | |
| acetaminophen tab 325 mg | P | |
| acetaminophen tab 500 mg | P | |
| aspirin buffered tab 325 mg | P | |
| aspirin chew tab 81 mg | P | |
| aspirin tab 325 mg | P | |
| aspirin tab 650 mg | P | |
| aspirin tab 81 mg | P | |
| aspirin tab delayed release 325 mg | P | |
| aspirin tab delayed release 650 mg | P | |
| aspirin tab delayed release 81 mg | P | |

| Drug Name | P = Preferred N = Non-Preferred | X Indicates Prior Authorization Required |
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| ANTIASTHMATIC - MISC. RESPIRATORY INHALANTS |
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| | | |
|--------------------------------|---|--|
| sodium chloride aero soln 0.9% | P | |
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| ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC |
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| | | |
|------------------------------|---|--|
| meclizine hcl chew tab 25 mg | P | |
| meclizine hcl tab 12.5 mg | P | |
| meclizine hcl tab 25 mg | P | |

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| ANTIHISTAMINES - NON-SEDATING |
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| | | |
|---------------------------|---|--|
| loratadine syrup 5 mg/5ml | P | |
| loratadine tab 10 mg | P | |

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| ANTIHISTAMINES - OTHER |
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| | | |
|--|---|--|
| chlorpheniramine maleate tab 4 mg | P | |
| diphenhydramine hcl cap 25 mg | P | |
| diphenhydramine hcl elixir 12.5 mg/5ml | P | |
| diphenhydramine hcl liquid 12.5 mg/5ml | P | |
| diphenhydramine hcl liquid 6.25 mg/5ml | P | |
| diphenhydramine hcl syrup 12.5 mg/5ml | P | |

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| COUGH/COLD - ANTITUSSIVE-EXPECTORANT |
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| | | |
|--|---|--|
| guaifenesin,100mg/5ml with dextromethorphan liq,10mg/5ml | P | |
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| COUGH/COLD - SYSTEMIC DECONGESTANTS |
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| | | |
|-------------------------------------|---|--|
| pseudoephedrine hcl syrup 30 mg/5ml | P | |
| pseudoephedrine hcl tab 30 mg | P | |
| pseudoephedrine hcl tab 60 mg | P | |

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| DIABETIC - INSULIN |
|---------------------------|

| | | |
|------------------------|---|---|
| HUMULIN 50/50 | N | X |
| HUMULIN 70/30 | N | X |
| HUMULIN L | N | X |
| HUMULIN N | N | X |
| HUMULIN R | N | X |
| HUMULIN U | N | X |
| ILETIN II NPH/PORK | P | |
| ILETIN II REGULAR/PORK | P | |
| NOVOLIN 70/30 | P | |
| NOVOLIN N | P | |
| NOVOLIN R | P | |
| RELION 70/30 | P | |
| RELION N | P | |
| RELION R | P | |

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|---|------------------------------------|--|
| DIABETIC - INSULIN - Category Continued - | | |
| VELOSULIN BR | P | |
| DIABETIC - INSULIN PENFILLS | | |
| HUMULIN 70/30 PEN | N | X |
| HUMULIN N U-100 PEN | N | X |
| NOVOLIN 70/30 INNOLET | P | X |
| NOVOLIN 70/30 PENFILL | P | X |
| NOVOLIN N INNOLET | P | X |
| NOVOLIN N U-100 PENFILL | P | X |
| NOVOLIN R INNOLET | P | X |
| NOVOLIN R U-100 PENFILL | P | X |
| ELECTROLYTES/ NUTRITIONALS | | |
| *oral electrolyte solution*** | P | |
| GI - ANTI - FLATULENTS / GI STIMULANTS | | |
| senna tab 187 mg | P | |
| sennosides granules 15 mg/tsp (15 mg/3gm) | P | |
| sennosides tab 8.6 mg | P | |
| sennosides-docusate sodium tab 8.6-50 mg | P | |
| GI - ANTIDIARRHEAL / ANTACID - MISC. | | |
| magnesium oxide cap 140 mg (85 mg elemental mg) | P | X |
| magnesium oxide tab 400 mg | P | X |
| sodium bicarbonate tab 325 mg | P | X |
| sodium bicarbonate tab 650 mg | P | X |
| GI - ANTIPERISTALTIC AGENTS | | |
| loperamide hcl liq 1 mg/5ml (0.2 mg/ml) | P | |
| loperamide hcl tab 2 mg | P | |
| GI - PROTON PUMP INHIBITOR | | |
| omeprazole magnesium delayed release tab 20 mg (base equiv) | P | X if > 60 days |
| MINERALS | | |
| calcium carbonate chew tab 1250 mg (500 mg elemental ca) | P | X |
| calcium carbonate susp 1250 mg/5ml | P | X |
| calcium carbonate tab 600 mg | P | X |
| calcium carbonate-vitamin d tab 500 mg-200 unit | P | X |
| calcium carbonate-vitamin d tab 600 mg-200 unit | P | X |
| calcium citrate tab 950 mg (200 mg elemental ca) | P | X |
| calcium citrate-vitamin d tab 1500 mg-200 unit | P | X |
| calcium gluconate tab 650 mg | P | X |

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| MINERALS | - Category Continued - |
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| | | |
|---|---|---|
| calcium lactate tab 650 mg | P | X |
| ferrous fumarate tab 300 mg | P | |
| ferrous fumarate tab 325 mg | P | |
| ferrous gluconate elixir 300 mg/5ml | P | |
| ferrous gluconate tab 320 mg | P | |
| ferrous gluconate tab 325 mg | P | |
| ferrous sulfate elixir 220 mg/5ml | P | |
| ferrous sulfate soln 75 mg/0.6ml (15 mg/0.6ml elemental fe) | P | |
| ferrous sulfate tab 300 mg | P | |
| ferrous sulfate tab 325 mg | P | |

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| NSAIDS |
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|---------------------------|---|--|
| ibuprofen susp 100 mg/5ml | P | |
| ibuprofen tab 200 mg | P | |

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| OP. MISC |
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|--|---|--|
| *artificial tear ophth ointment*** | P | |
| *artificial tear ophth solution*** | P | |
| sodium chloride hypertonic ophth oint 5% | P | |
| sodium chloride hypertonic ophth soln 5% | P | |

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| TOPICAL - ACNE PREPARATIONS |
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| | | |
|-----------------------------|---|--|
| benzoyl peroxide gel 10% | P | |
| benzoyl peroxide gel 5% | P | |
| benzoyl peroxide lotion 10% | P | |
| benzoyl peroxide lotion 5% | P | |
| benzoyl peroxide wash 10% | P | |
| benzoyl peroxide wash 5% | P | |

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| TOPICAL - ANTIBIOTIC |
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| | | |
|--|---|--|
| *neomycin-bacitracin-polymyxin oint*** | P | |
| bacitracin oint 500 unit/gm | P | |

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| TOPICAL - ANTIFUNGALS |
|------------------------------|

| | | |
|-----------------------------|---|--|
| miconazole nitrate cream 2% | P | |
| tolnaftate cream 1% | P | |
| tolnaftate powder 1% | P | |
| tolnaftate soln 1% | P | |

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| TOPICAL - EMOLLIENTS |
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| | | |
|---|---|--|
| lactic acid (ammonium lactate) lotion 12% | P | |
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| TOPICAL - ENZYMES / KERATOLYTICS / UREA |
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|--|-------------------------------|
| TOPICAL - ENZYMES / KERATOLYTICS / UREA | - Category Continued - |
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| | | |
|---------------------------|---|--|
| salicylic acid liquid 17% | P | |
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| TOPICAL - SCABICIDES AND PEDICULICIDES |
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|---|---|--|
| permethrin creme rinse 1% | P | |
| pyrethrins-piperonyl butoxide liq 0.33-4% | P | |
| pyrethrins-piperonyl butoxide shampoo 0.3-3% | P | |
| pyrethrins-piperonyl butoxide shampoo 0.33-4% | P | |

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| VAGINAL - ANTI FUNGALS |
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| | | |
|--|---|--|
| clotrimazole vaginal cream 1% | P | |
| miconazole nitrate vaginal cream 2% | P | |
| miconazole nitrate vaginal suppos 100 mg | P | |

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| VITAMINS |
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| | | |
|-------------------|---|--|
| niacin tab 100 mg | P | |
| niacin tab 250 mg | P | |
| niacin tab 50 mg | P | |
| niacin tab 500 mg | P | |