



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
 KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 479

To: Iowa Medicaid Participating Providers
From: Iowa Department of Human Services
Date: December 15, 2005
Subject: The purpose of this Informational Letter is to inform providers of major changes to the Preferred Drug List (PDL). For all other changes, refer to the PDL.
Effective: **January 16, 2006 except for Oxycodone ER (ENDO) change April 16, 2006.**

Newly Preferred	Newly Non-preferred	Newly Recommended	Newly Non-recommended
Actonel w/Ca	Aceon	Focalin XR	Kogenate
Actoplus met	Alocril	Megace ES	
Ammonul	Alomide		
Aricept ODT	Ambien & Ambien CR		
Arixtra (PA still required)	Amerge		
Asmanex	Avalide		
Avelox ABC Pack	Avapro		
Beconase AQ	Axert		
Benicar HCT	Balacet 325		
Cilostazol	BiDil		
Cipro XR	Clarithomycin & ER		
Clarinex & Redi-tab ^l	Clozaril-brand ⁱⁱⁱ		
Clozapine	Dynacirc & Dynacirc CR ^{iv}		
Cubicin	Emadine		
Emend	Estradiol TD		
Equetro	Floxin		
Eskalith	Floxin Otic Singles		
Estraderm Patches	Foritcal		
Fluarix	Glucagen		
Fosrenol	Innopran XL		
Gammagard Liq & SD Inj	Itraconazole		
Gamunex	Kytril		
Humira	Levaquin ^v		
Inderal LA 120mg & 160mg	Livostin		
Isopto Hyoscine	Locoid & Lipocream		
Lunesta	Mobic		
Lyrica	Nevanac		
Mycamine	Nexium		
Naglazyme	Noroxin		
Nuvaring	Omacor		
Oxycodone ER (Endo only) ⁱⁱ	OxyContin ⁱⁱ		
Protonix	Pancrease		
Raptiva	Panocaps		
Triglide	Pancrecarb MS-4		
Tygacil	Parcopa		
ZMAX	Polygam S/D Sol 2.5gm		
Zyrtec & Zyrtec D ⁱ	Rozerem		
	Sertraline		
	Tequin		
	Terconazole Vaginal Cream		
	Vanos		
	Xibrom		

We would encourage providers to go 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 877-776-1567 or 515-725-1106 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.

ⁱ PA criteria still applies including a loratadine trial

ⁱⁱ Effective **April 16, 2006** only the Endo brand (NDC# 60951) of oxycodone ER will be preferred. This allows pharmacies to utilize their existing stock of OxyContin.

ⁱⁱⁱ All existing Clozaril users will be grandfathered, new starts must use generic.

^{iv} All existing Dynacirc and Dynacirc CR users will be grandfathered.

^v Levaquin is non-preferred except for continuation of a verified course of therapy started in the hospital. An in-patient hospital stay must be verified by reviewing the member's hospital discharge order. Then the pharmacy may override the non-preferred status with a **Medical Certification= Code 2 and a PA Type Code= 6.**