



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 552

To: Iowa Medicaid Providers
From: Iowa Department of Human Services, Iowa Medicaid Enterprise
Date: November 30, 2006
Subject: The purpose of this Information Letter is to inform providers of changes to the Preferred Drug List (PDL) and the addition of coverage of smoking cessation drugs by Iowa Medicaid. For all other changes, refer to the PDL.
Effective Date: January 1, 2007

1. Changes to the Preferred Drug List (PDL)

Preferred	Preferred	Non-Preferred	Recommended	Non-Recommended
Advair HFA®	Parcopa®	Actonel®	Atripla®	Metadate CD®
Ambien CR®	Polyethylene Glycol (PEG) ¹	Actonel® w/ Calcium	Daytrana Patch®	Revlimid®
Avalide®	Prevacid® Solutab ²	Altoprev®		
Avapro®	Protopic®	Avelox®		
Boniva®	Sanctura®	Avelox ABC Pak®		
Boniva Kit®	Simvastatin	Azilect®		
Bupropion SR 150mg Tabs ³	Terbutaline	Beconase AQ®		
Campral®	Viokase®	Betimol®		
Cedax®	Viokase 8®	Canasa®		
Ceftin®	Viokase 16®	Cesamet®		
Effexor®		Cipro XR®		
Enbrel® Sureclick		Clopidogrel		
Exubera® ⁴		Ditropan XL® ⁵		
Floxin Otic® Singles		Equetro®		
Lamisil®		Exelon®		
Levaquin®		Metadate ER®		
Levaquin Leva-Pak®		Meloxicam		
Levaquin Premix®		Nasarel®		
Lovastatin		Orapred ODT®		
Morphine Sulfate SR 12hr Tabs		Quixin®		
Nasacort AQ®		Seasonique™		
Nicotine Gum		Teveten®		
Nicotine Transdermal Patches		Teveten HCT®		
Nutropin AQ®		Venlafaxine		
Nutropin AQ Pen®		Xalatan® ⁶		
Nutropin® Inj.		Zocor® ⁷		

¹ Preferred ONLY for children 12 years of age and under

² Preferred ONLY for children 12 years of age and under for the first 60 days of therapy; PA Criteria still apply

³ FDA indicated for smoking cessation

⁴ Preferred with conditions by POS look-back; Must be 18 years old or older, fail at least two potent oral antidiabetic medications, no concurrent nicotine replacement, no concurrent inhaled COPD or asthma medications

⁵ Effective 4/1/07 Ditropan XL® will become nonpreferred, begin transitioning users during this extended 90 day timeframe

⁶ Established users who have tried other preferred ophthalmic prostaglandins will be grandfathered by POS look-back

⁷ After 30 days, only the generic product will be preferred

D. Payable Prescription Products

Drug Name	NDC
Buproban 150mg Tab Teva Pharmaceuticals	00093-5703-01

E. Payable OTC Products

Drug Name	NDC	OTC MAC Rate
EQ Nicotine Dis 7mg 14.00 Wal-Mart	00067-4820-14	\$2.98
Nicoderm CQ 7mg/24h Patch 14.00 GlaxoSmithKline	00135-0147-02	\$2.98
Nicoderm CQ Clear 7mg/24h Patch 14.00 GlaxoSmithKline	00135-0196-02	\$2.98
Nicotine Dis 7mg/24hr 14.00 Novartis	00067-0213-14	\$2.98
Nicotine TD Dis 7mg/24hr 14.00 Leader	37205-0363-74	\$2.98
SM Nicotine Dis 7mg/24hr 14.00 Mckesson Valu-Rite	00067-6128-14	\$2.98
Nicoderm CQ Clear 14mg/24h Patch 14.00 GlaxoSmithKline	00135-0195-02	\$2.98
Nicotine Dis 14mg/24h 14.00 Novartis	00067-0214-14	\$2.98
Nicotine TD Dis 14mg/24h 14.00 Leader	37205-0361-74	\$2.98
FP Nicotine Dis 21mg/24h 14.00 Family Pharmacy	52735-0940-52	\$2.98
Nicoderm CQ 21mg/24h Patch 14.00 GlaxoSmithKline	00135-0145-02	\$2.98
Nicoderm CQ Clear 21mg/24h Patch 14.00 GlaxoSmithKline	00135-0194-02	\$2.98
Nicotine Dis 21mg/24h 14.00 Novartis	00067-0215-14	\$2.98
Nicotine Td Dis 21mg/24h 14.00 Leader	37205-0358-74	\$2.98
SM Nicotine Dis 21mg 14.00 Mckesson Valu-Rite	00067-6130-14	\$2.98
Nicorelief Gum 2mg 110.00 Major Pharmaceuticals	00904-5734-11	\$0.39
Nicorelief Gum 2mg 110.00 Major Pharmaceuticals	00904-5736-11	\$0.39
Nicorette Gum 2mg 110.00 GlaxoSmithKline	00135-0157-07	\$0.39
Nicorette Mint Gum 2mg 110.00 GlaxoSmithKline	00135-0170-07	\$0.39
Nicorette Orange Gum 2mg 110.00 GlaxoSmithKline	00135-0197-07	\$0.39
Nicotine Gum 2mg 110.00 Leader Brand Products	37205-0203-77	\$0.39
Nicotine Pol Gum 2mg 110.00 Mckesson Valu-Rite	49348-0573-36	\$0.39
Nicotine Pol Gum 2mg 110.00 Rugby	00536-3106-23	\$0.39
Nicorette Gum 4mg 110.00 GlaxoSmithKline	00135-0158-07	\$0.39
Nicorette Mint Gum 4mg 110.00 GlaxoSmithKline	00135-0171-07	\$0.39
Nicorette Orange Gum 4mg 110.00 GlaxoSmithKline	00135-0198-07	\$0.39
Nicorelief Gum 4mg 110.00 Major Pharmaceuticals	00904-5735-11	\$0.43
Nicorelief Gum 4mg 110.00 Major Pharmaceuticals	00904-5737-11	\$0.43
Nicotine Gum 4mg 110.00 Leader Brand Products	37205-0204-77	\$0.43
Nicotine Pol Gum 4mg 110.00 Mckesson Valu-Rite	49348-0572-36	\$0.43
Nicotine Pol Gum 4mg 110.00 Rugby	00536-3107-23	\$0.43

3. Non-Drug Items

The Centers for Medicare and Medicaid Services' (CMS) has a continuing effort to remove non-drug items from the Medicaid Drug Rebate (MDR) system, which results in the items being noncovered by Medicaid programs. Items that were not approved as a prescription drugs by the Food and Drug Administration (FDA) under Section 505 or 507 of the Federal Food, Drug and Cosmetic Act, and therefore, do not meet the definition of covered outpatient drugs as defined in Section 1927(k)(2) of the Social Security Act, can not be covered by Medicaid Programs. As CMS provides updates on this process, newly classified non-drug items will be posted to our website, www.iowamedicaidpdl.com under the link, *CMS Non-Drug Updates*. The following products will be deleted from the Medicaid Drug Rebate Program's master file of covered drugs effective January 1, 2007. According to the Centers for Medicare and Medicaid Services, they no longer meet the definition of a covered outpatient drug.

00904-5119	Pediatric Electrolyte Bubblegum
00904-7850	Pediatric Electrolyte Bubble Gum Flavor
00904-5118	Pediatric Electrolyte Fruit Flavored
00904-5276	Pediatric Electrolyte Grape Dyed
00904-7660	Pediatric Electrolyte Solution Fruit Flavored
00904-7659	Pediatric Electrolyte Solution Unflavored

Pedialyte is considered a nutritional supplement and providers should bill with a HCPCS. Prior authorization is not required but the provider must have a prescription. Providers should bill **B4103**, enteral formula for pediatrics used to replace fluids and electrolytes. **One unit = 500 mL**

4. New OTC MAC Price on Diphenhydramine Elixir

The new OTC MAC price for Diphenhydramine 12.5mg/5mL elixir is \$0.0105 per mL starting January 1, 2007.

We would encourage providers to go to the website at www.iowamedicaidpdl.com to view all recent changes to the PDL, and to view the Nicotine Replacement Therapy PA Criteria and PA Form. If you have any questions, please contact the Pharmacy Prior Authorization Provider Hotline at 877-776-1567 or 515-725-1106 (local in Des Moines or e-mail info@iowamedicaidpdl.com). Questions regarding the smoking cessation program may also be directed to Quitline Iowa at 1-800-784-8669 or visit their website, www.quitlineiowa.org.