



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
 KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 589

To: Iowa Medicaid Participating Providers
From: Iowa Department of Human Services
Date: March 15, 2007
Subject: The purpose of this Information Letter is to inform providers of major changes to the Preferred Drug List (PDL). For all other changes, refer to the PDL.
Effective: April 23, 2007

1. Changes to the Preferred Drug List (PDL)¹

Preferred	Non-Preferred	Non-Preferred	Non-Recommended
Amoxicillin 875mg Tab	Adderall ^{®2,3}	Selsun [®] Shampoo	Abilify [®] Discmelt
Amoxicillin & Clavulanate 400mg Chew	Amoxil [®] 875mg Tab ³	Ultravate [®] Oint.	Invega [™]
Amoxicillin & Clavulanate 600mg Susp.	Atrovent [®] Nasal Spray ³	Verdeso [™] Foam	Zolinza [™]
Amphetamine/Dextroamphetamine ²	Augmentin [®] 400mg Chew ³	Wellbutrin [®] 75mg	
Bupropion ER 100mg	Augmentin [®] ES-600 ³	Xolegel [™] Gel	
Bupropion SR 12hr 150mg & 200mg	Azulfidine [®]	Xylocaine 2% Viscous	
Clindamycin Phosphate 1% Gel ²	Cefzil [®]	Ziana [™] Gel	
Clotrimazole/Betamethasone Lotion	Cleocin-T 1% Gel ^{2,3}	Zithromax [®] 250 & 500mg	
Ditropan XL ⁴	Colestipol		
Fosinopril	Coumadin ⁵		
Halobetasol 0.05% Ointment	Dextrostat [®] 10mg Tabs ²		
Ipratropium Nasal Spray	Diflucan [®]		
Levonorgestrel/ethinyl estradiol 0.10mg/20mcg	Duetact [™]		
Lithium Carbonate CR 300mg Tab	Femcon [™] Fe		
Ofloxacin 0.3% Ophthalmic Soln.	Fentora [™]		
Paroxetine 10mg & 20mg	Hepsera ^{®5}		
Permethrin 5% Cream	Januvia [™]		
Travatan [®] Z	Lotrisone [®] Lotion		
Tyzeka [™]	Monopril ^{®3}		
Urised	MoviPrep [®]		
	Noxafil [®]		
	Paxil [®] 10mg & 20mg		
	Prozac [®] 20mg/5mL		
	Qualaquin [™]		

¹ Quinine Sulfate products have been removed from the PDL in response to FDA News Release P06-195, Dec. 11, 2006.

² Clinical PA Criteria still apply

³ After 60 days, only the generic will be preferred

⁴ Preferred only for children 12 years of age and under

⁵ Established users will be grandfathered

2. Changes to existing Drug Prior Authorization Categories

- **Incretin Mimetic (Byetta®)** –Prior authorization requests will now be considered if the member has concurrent therapy with a thiazolidinedione or a combination of metformin and thiazolidinedione. The member must use Byetta® in combination with metformin, a sulfonylurea, a thiazolidinedione, a combination of metformin and a sulfonylurea, or a combination of metformin and thiazolidinedione.
- **Proton Pump Inhibitors**- Prior authorization is NOT required for Prevacid® SoluTabs for children age 12 years old or younger for the first 60 days of therapy. Prior authorization is required for Prevacid® SoluTabs for patients over 12 years of age beginning day one of therapy. Authorization for Prevacid® SoluTabs will be considered for those patients who cannot tolerate a solid oral dosage form.
- The Prior Authorization Criteria for **Actiq®** has been renamed to *Short Acting Oral Fentanyl Product* so that the new drug, oral fentanyl product, Fentora™, may be added to this prior authorization category. There are no changes to the criteria itself.

3. Centers for Medicare and Medicaid Services (CMS) Changes In Drug Status

Several over-the-counter and legend medications have been recently removed from the Centers for Medicare and Medicaid Services' (CMS) Medicaid Drug Rebate File. Drugs that do not meet the Food and Drug Administration's (FDA) definition of an outpatient drug under Section 505 or 507 of the Food, Drug, and Cosmetic Act have recently been reviewed and identified as non-drug items resulting in their removal from the Medicaid Drug Rebate file. Other drugs have had their Drug Efficacy Study Implementation (DESI) status changed by the FDA. These drugs, which have been reclassified as DESI-5 or 6 drugs, are no longer eligible for Federal Financial Participation, and are therefore no longer eligible for coverage by State Medicaid programs. As these changes are communicated to the State of Iowa by CMS, notifications will be posted to our website, www.iowamedicaidpdl.com, under the link, *CMS Non-Drug Updates*.

4. Warfarin Products

Coumadin will now be considered a non-preferred product for new starters; established users will be grandfathered. As more members begin using generic forms of warfarin, providers need to be aware that the branded product, Jantoven, contains warfarin and is AB rated to Coumadin. Jantoven is preferred on the PDL and may appear more frequently on members' medication profiles.

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 at 877-776-1567 or 515-725-1106 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.