



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

INFORMATIONAL LETTER NO. 994

DATE: March 25, 2011

TO: Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community Mental Health, Family Planning, Residential Care Facility, ICF MR State and Community Based ICF/MR Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: April 25, 2011

1. Changes to the Preferred Drug List (PDL)¹ Effective April 25, 2011

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Non-Recommended</u>
Cefepime	Amturnide™	Gemcitabine
Kombiglyze™ XR ¹	Asmanex® 7 110mcg	
Metronidazole Topical Gel ¹	Atelvia™	
Pancreaze™ ¹	Bactroban® Cream	
Pantoprazole ¹	Beyaz™	
Pramipexole	Bromday™	
	Butrans™ ¹	
	Clonidine Transdermal Patch	
	Cuvposa™	
	Dialyvite® Supreme D ¹	
	Donepezil	
	Ertaczo®	
	Gilenya™	
	Glassia™	
	Hizentra®	
	Kapvay™ ¹	
	Lastacaft™	
	Latuda™	
	Levocetirizine ¹	

	Levofloxacin Ophthalmic Solution	
	Lo Loestrin™ FE	
	Metrogel® (topical) ¹	
	Mirapex®	
	Olepto™ ¹	
	Ovace® Wash	
	Oxymorphone ¹	
	Phenelzine	
	Pradaxa®	
	Protonix® ¹	
	Suboxone® Sublingual Tablets ¹	
	Veletri® ¹	
	Zafirlukast	
	Zolpidem ER ¹	
	Zolpimist™ ¹	
	Zuplenz® ¹	

¹Clinical PA Criteria Apply

- 2. Updated Preferred Drug List (PDL):** A new version of the PDL has been implemented. This updated version includes linked prior authorization (PA) forms and hover comments. Please be aware, not all drugs requiring prior authorization will have a linked PA form. Notably, the biologicals, non-preferred drugs without clinical PA criteria, and non-preferred brand name drugs will not have the required PA form(s) linked but the hover comment indicates PA required. All PA forms will continue to be available on the website www.iowamedicaidpdl.com under the PA Forms link.
- 3. Point of Sale (POS) Billing Issues:**

- a) ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective *April 25, 2011*. A comprehensive list of all quantity limit edits appears on our website, www.iowamedicaidpdl.com under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply
Omeprazole 40mg	30	30
Pantoprazole 40mg	30	30
Prevacid® 30mg	30	30

- b) Colcrys®:** Members may receive up to 3 tablets of Colcrys® per 60 days without prior authorization. Prior authorization is required for quantities exceeding this limit.

- c) **Duplicate NSAIDs:** Concurrent use of multiple nonsteroidal anti-inflammatory drugs (NSAIDs) is considered duplicate therapy. After 60 days of concomitant use, prior authorization will be required.

4. Preferred Brand Name Drugs on the PDL-Pharmacy Clarification

- When a status change occurs for a previously preferred brand name drug to non-preferred status, up to a *minimum* of 30 days transition period is given to pharmacies to help utilize existing brand name product in stock in an effort to decrease a pharmacy's remaining brand name drug inventory (see PDL comment section regarding transition periods exceeding 30 days).
- If additional stock remains beyond this time period, pharmacies may call the POS Helpdesk at 877-463-7671 or 515-256-4608 (local) to request an override for the non-preferred brand name drug with a recent status change.

- 5. DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, www.iadur.org under the "Newsletters" link.

We encourage providers to go to the website at www.iowamedicaidpdl.com to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.