



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1071

TO: Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Community Mental Health, Family Planning, Residential Care Facilities, ICF MR State and Community Based ICF/MR Providers

DATE: October 28, 2011

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

SUBJECT: Iowa Medicaid Pharmacy Program Changes
(Replacement Text is Highlighted Below)

EFFECTIVE: Varies

***** This letter replaces Informational Letter No. 1061 dated October 26, 2011*****

1. **Prior Authorization (PA) criteria changes effective November 1, 2011.** See complete PA criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.
 - a. **Nicotine Replacement Therapy:** Legend nicotine nasal spray and oral inhaler products will be covered by Medicaid. These two nicotine replacement therapies (NRTs) are non-preferred. The existing prior authorization (PA) criteria is amended as follows, changes are italicized:

Prior authorization is required for over-the-counter nicotine replacement patches, nicotine gum, or nicotine lozenges, and prescription nicotine nasal spray or nicotine inhaler. Requests for non-preferred nicotine replacement products will be considered after documentation of previous trials and intolerance with a preferred oral and preferred topical nicotine replacement product. A maximum quantity of 168 nicotine inhalers or 40ml nicotine nasal spray may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at 336 nicotine inhalers or 80ml of nicotine nasal spray.

- b. **Palivizumab (Synagis®):** The existing prior authorization (PA) criteria is amended as follows, changes are italicized:

Prematurity

-Patient is less than 12 months of age at start of therapy with a gestational age less than 29 weeks

-Patient is less than 6 months of age at start of therapy with a gestational age of 29 weeks through 31 weeks

-Patient is less than 3 months of age at start of therapy or born during the RSV season with a gestational age of 32 weeks through 34 weeks and has one of two risk factors. Risk factors include: day care attendance or siblings less than 5 years of age in household. Doses will be limited to a maximum of 3 doses or until patient reaches 90 days of age, whichever comes first.

Severe Neuromuscular Disease or Congenital Abnormalities

Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital abnormalities of the airway that compromises handling of respiratory secretions.

2. Synagis® Coverage 2011-12 RSV Season

- Prior authorization (PA) requests for Synagis® may now be submitted to the Iowa Medicaid Pharmacy Prior Authorization Unit.
- Requests must be submitted from prescribers, not the pharmacy, manufacturer, or any other third party entity.
- Inpatient doses received must be documented on the PA form.
- Approved Synagis® prior authorizations will have a **start date of November 28, 2011**, and should be administered every thirty (30) days. Administering every thirty days extends the member's coverage for the RSV season.
- Prior authorizations will be approved for a maximum of five doses per member. Some members may receive a maximum of three doses, dependent on gestational and chronological age at the start of the RSV season. No allowances will be made for a sixth dose.
- Please refer to the Palivizumab (Synagis®) Prior Authorization criteria and form located at www.iowamedicaidpdl.com.
- **NOTE ON START DATE:** The IME continually monitors the Centers for Disease Control and Prevention (CDC) National Respiratory and Enteric Virus Surveillance System (NREVSS) and the Iowa Influenza Surveillance Network (IISN) specific to RSV epidemiology in Iowa. The PA start date will be adjusted to an earlier date, if needed, based on information from these sites and updated information will be posted under the PA forms section at the link above.

3. Prior Authorization (PA) Criteria changes effective November 14, 2011. See complete PA criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.

a. New PA criteria

(1) Hepatitis C Protease Inhibitors-Oral (Incivek™ & Victrelis™): Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:

- 1) A diagnosis of hepatitis C genotype 1.
- 2) Patient is 18 years of age or older.
- 3) Administered in combination with peginterferon alfa and ribavirin.
- 4) HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with

documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™). 5) HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™) and patient must not be a prior null responder to standard treatment, measured by HCV-RNA levels. Prior authorizations will be approved for a maximum of 24, 32, or 40 weeks of therapy with boceprevir (Victrelis™) based on response.

b. **Changes to Existing PA criteria.** Changes are italicized.

(1) Oxycodone ER/CR (OxyContin®): Extended release oxycodone/OxyContin® is non-preferred except for patients being treated for cancer related pain. Prior authorization at any dose twice daily for cancer related pain will be approved. For all other diagnoses, *payment will be considered under the following conditions:*

1. *There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as morphine sulfate ER and methadone) at therapeutic doses, and*
2. *A trial and therapy failure with fentanyl patch at maximum tolerated dose, and*
3. *A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization.*
4. *The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/> prior to requesting the prior authorization.*
5. *Requests will only be considered for 12 hour dosing. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.*

4. Point of Sale (POS) Billing Issues:

a. Proper Billing of Synagis® and flu vaccines: As a reminder, Synagis® 50mg Injection and all flu vaccine injections should be billed as 0.5ml.

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 email info@iowamedicaidpdl.com.