



# Iowa Department of Human Services

Terry E. Branstad  
Governor

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## INFORMATIONAL LETTER NO.1075

**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)

**DATE:** November 21, 2011

**SUBJECT:** Iowa Medicaid Pharmacy Program Changes

**EFFECTIVE:** Varies

### 1. Changes to the Preferred Drug List (PDL)<sup>1</sup> Effective January 1, 2012

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Non-Recommended</u>
Adderall <sup>®1</sup>	Alfuzosin	Complera <sup>™</sup>
Asmanex <sup>®</sup> 30 110mcg	Azor <sup>®1</sup>	Zelboraf <sup>™</sup>
Byetta <sup>®1</sup>	Brilinta <sup>™</sup>	
Eliphos <sup>™</sup>	Bromfenac	
Focalin XR <sup>®</sup> 25mg & 35mg <sup>1</sup>	Clarithromycin 250mg & 500mg Tablets	
Incivek <sup>™1</sup>	Commit <sup>®</sup> Lozenges <sup>1</sup>	
Latanoprost	Enalaprilat Injection	
Maxalt <sup>®1</sup>	Fanapt <sup>®</sup> Pak	
PegIntron <sup>®</sup>	Gralise <sup>™1</sup>	
Tracleer <sup>®1</sup>	Levemir <sup>®</sup> Vials	
Tradjenta <sup>™1</sup>	LoSeasonique <sup>™</sup>	
Veregen <sup>®</sup>	Metronidazole Vaginal Gel	
Victrelis <sup>™1</sup>	Nicoderm <sup>®</sup> Patches <sup>1</sup>	
Xarelto <sup>®3</sup>	Nicorette <sup>®</sup> Gum <sup>1</sup>	
	Nucynta ER <sup>®</sup>	
	Nystatin Cream	
	Pancreaze <sup>®1</sup>	
	Potassium Chloride 8mEq & 10mEq Capsules	

	Prenatal 19	
	Pulmicort Flexhaler <sup>®</sup>	
	Revatio <sup>®1,2</sup>	
	Venlafaxine ER Tablets	

<sup>1</sup>Clinical PA Criteria Apply

<sup>2</sup>Grandfather Existing Users

<sup>3</sup>Preferred only for post surgery DVT prophylaxis

Venlafaxine er capsules and tablets are currently preferred. **Effective January 1, 2012, the venlafaxine er tablets will become non-preferred.** To promote a smooth transition, please consider changing members to the preferred capsule formulation prior to January 1, 2012. The department will identify users of the tablet formulations and contact pharmacies to assist in this process.

## 2. Synagis<sup>®</sup> Coverage 2011-12 RSV Season

Prior authorization (PA) requests for Synagis<sup>®</sup> 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<sup>®</sup> prior authorizations will have a start date of November 28, 2011, and should be administered every 30 days. 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<sup>®</sup>) Prior Authorization criteria and form located at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com).

## 3. Point of Sale (POS) Billing Issues:

**a. Fifteen (15) Day Initial Prescription Supply Limit List:** Effective **December 2, 2011**, the initial fifteen (15) day prescription limit will be removed from the following drugs: citalopram, fluoxetine, mirtazapine, immediate release paroxetine, sertraline, trazodone, immediate release oxybutynin, and immediate release methylphenidate tablets. Please refer to the updated list located at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading Preferred Drug Lists.

**b. ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective **January 1, 2012**. A comprehensive list of all quantity limit edits appears on our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply
Viibryd 10mg	30	30
Viibryd 20mg	30	30
Viibryd 40mg	30	30
Zavesca	90	30

- c. 340B Drug Pricing Program:** The 340B Program is a federal program administered by Health Resources and Services Administration (HRSA). Designated 340B facilities are able to purchase prescription medications at discounted prices. Any provider purchasing drugs through the 340B program is required to bill Medicaid the actual acquisition cost plus the dispensing fee.
- d. Proper Billing of Synagis<sup>®</sup> and flu vaccines:** As a reminder, Synagis<sup>®</sup> 5mg Injection and all flu vaccine injections should be billed as 0.5ml.
- 4. Non-Drug Product List:** Several additions to the Non-Drug List were effective November 1, 2011. Please refer to the complete Non-Drug Product List located at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading Preferred Drug Lists.
- 5. Review of Federal Upper Limit (FUL) Drugs:** The Centers for Medicare and Medicaid Services (CMS) is in the process of reviewing FUL reimbursement for multi source drugs. In the interim, Iowa Medicaid is reviewing these medications for possible Preferred Drug List (PDL) status changes. As a result, nystatin cream, clarithromycin tablets, metronidazole topical cream, and potassium chloride 10mEq capsules will change to non-preferred status. Future interim changes will be posted on the website [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading Latest News. In the event a brand name drug changes to preferred, the pharmacy may request an override for the in-stock generic by calling the POS Helpdesk at 877-463-7671 or 515-256-4608 (local).
- 6. 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.
- 7. DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, [www.iadur.org](http://www.iadur.org) under the "Newsletters" link.

We encourage providers to go to the website at [www.iowamedicaidpdl.com](http://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](mailto:info@iowamedicaidpdl.com).