Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1902-MC-FFS

DATE: April 26, 2018

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, Nursing Facilities-Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Service, Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community Based ICF/ID Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

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

RE: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: June 1, 2018

1. **Changes to the Preferred Drug List (PDL) Effective June 1, 2018.** Refer to the PDL website[1] to review the complete PDL.

Preferred	Non-Preferred	Recommended	Non-Recommended
Aristada[2]	Admelog	Verzenio[1]	Calquence[1]
Benznidazole[3,6]	Admelog SoloSTAR[1]		Nerlynx[1]
Biktarvy	Atazanavir		
Concerta[1]	Baxdela		
Guanfacine ER[3]	Bydureon BCise[1]		
Hemlibra[4]	CaroSpir		
Lexiva	Clenpiq		
Methylphenidate ER Capsules (CD)[1]	Carvedolol ER[1]		
Methylphenidate ER Tablets (generic Ritalin SR)[1]	Clonidine ER[1]		
Moxifloxacin Ophth Soln	Dapsone Gel[1]		
Restasis Unit Dose[5]	Duzallo		
Reyataz	Efavirenz		
Sustiva	Emflaza[1]		

[1] http://www.iowamedicaidpdl.com/

Tenofovir	Endari		
Victoza[1]	Estradiol Vaginal Cream		
Xyntha	Fiasp		
	Fiasp FlexTouch[1]		
	Fosamprenavir		
	Glatiramer		
	Isentress HD		
	Juluca		
	Methylphenidate ER Tablets (generic Concerta)[1]		
	Methylphenidate ER 72mg Tablets[1]		
	Metoclopramide ODT[1]		
	Nityr		
	Ozempic[1]		
	Paroxetine Mesylate		
	Prevymis		
	Purixan		
	Qtern[1]		
	Qvar RediHaler		
	Rebinyn		
	Segluromet[1]		
	Sodium Phenylbutyrate		
	Solosec		
	Steglatro[1]		
	Steglujan[1]		
	Sumatriptan-Naproxen[1]		
	Symproic[1]		
	Syndros		
	Timolol Maleate Ophth Soln (once daily)		
	Tracleer Soluble Tablet[1]		
	Trelegy Ellipta		
	Trientine		
	Trimipramine		
	Viread		
	Vyzulta		
	Ximino		

[1]Clinical PA Criteria Apply

[2]Step 2
[3]Age Edit
[4] PA Required; Preferred Only for Patients with Inhibitors
[5] Step Through Preferred Artificial Tear Product Required
[6]Days Supply Edit

2. **Changes to Existing Prior Authorization Criteria-** *Changes are italicized.* See complete prior authorization criteria under the [Prior Authorization Criteria tab][2].

- **Anti-Diabetic Non-Insulin Agents:**
  Prior authorization is required for preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions:
  1. A diagnosis of Type 2 Diabetes Mellitus, and
  2. Patient is 18 years of age or older, and
  3. The patient has not achieved HgbA1C goals after a minimum three month trial with metformin at maximally tolerated dose.

  Payment for a non-preferred anti-diabetic, non-insulin agent subject to clinical criteria will be authorized only for cases in which there is documentation of previous trials and therapy failures with metformin, a preferred DPP-4 Inhibitor or DPP-4 Inhibitor Combination, a preferred Incretin Mimetic, *and a preferred SGLT2 Inhibitor* at maximally tolerated doses.

  The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

3. **Point of Sale Billing Issues:**

   a. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective *June 1, 2018*. A comprehensive list of all quantity limit edits appears on the [Quantity Limit Chart][3].

Drug Product	Quantity	Days Supply	Comment
Aristada 441mg	1 syringe	30	
Aristada 662mg	1 syringe	30	
Aristada 882mg	1 syringe	30	
Aristada 1064mg	1 syringe	60	
Benznidazole 12.5mg	360	30	Maximum 60 days
Benznidazole 100mg	120	30	Maximum 60 days

   b. **ProDUR Age Edits:** Effective *June 1, 2018,* an age edit will be implemented on the following medications:
      - Guanfacine ER Tablets: allow use for members 6 through 17 years of age.

[2] http://www.iowamedicaidpdl.com/pa_criteria
[3] http://www.iowamedicaidpdl.com/billing_quantity_limits

- Benznidazole Tablets: allow use for members 2 through 11 years of age.

c. **Fifteen (15) Day Initial Prescription Supply Limit List:** Effective **June 1, 2018,** the initial fifteen (15) day prescription limit list will be updated. Please refer to the updated list located on the PDL website[4] under the Preferred Drug Lists link.

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[5] under the "Newsletters" link.

We encourage providers to go to the PDL website 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.

[4] http://www.iowamedicaidpdl.com/
[5] http://www.iadur.org/