Iowa Medicaid
IOWA HHS

INFORMATIONAL LETTER NO. 2428-MC-FFS

DATE: February 27, 2023

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, Community Based ICF/ID Providers, Physician Assistants

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

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

RE: April 2023 Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: April 1, 2023

1. **New Drug Prior Authorization (PA) Criteria** – See complete PA criteria on the Prior Authorization Criteria[1] website under the PA criteria tab.

   - **Select Topical Psoriasis Agents:**
     PA is required for select topical psoriasis agents. Payment for a non-preferred agent will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following criteria are met:

     1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
     2. Patient has a diagnosis of plaque psoriasis with involvement estimated to affect ≤ 20% of the body surface area; and
     3. Patient has documentation of an adequate trial and therapy failure of combination therapy with a preferred medium to high potency topical

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

corticosteroid and a preferred topical vitamin D analog for a minimum of 4 consecutive weeks.

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

2. **Changes to Existing PA Criteria** – *Changes are italicized or stricken.* See complete PA criteria on the Prior Authorization Criteria[2] website under the PA criteria tab.

- **High Dose Opioids:**
  PA is required for use of high-dose opioids ≥ 90 morphine milligram equivalents (MME) per day (See CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022[3]). Patients undergoing active cancer treatment or end-of-life care will not be subject to the criteria below. Payment will be considered when the following is met:

  8. Chart notes from a recent office visit *or telehealth visit* for pain management *are* included documenting the following:
     a. Treatment plan – including all therapies to be used concurrently (pharmacologic and non-pharmacologic); and
     b. Treatment goals; and
  14. Patient has *documentation of receipt of an opioid reversal agent (e.g., as seen in pharmacy claims or documentation from the Iowa PMP of dispensation [attach documentation]) within the prior 24 months of high dose opioid request* for the emergency treatment of an opioid overdose; and
  16. Patient's household members have been educated on the signs of opioid overdose and how to administer *an opioid reversal agent*; and

  If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of high-dose opioid therapy will be considered every 6 months with the following:

  8. Patient has *documentation of receipt of an opioid reversal agent (e.g., as seen in pharmacy claims or documentation from the Iowa PMP of dispensation [attach documentation]) within 24 months of high dose opioid request* for the emergency treatment of an opioid overdose; and
  10. Patient's household members have been reeducated on the signs of opioid overdose and how to administer *an opioid reversal agent*.

[2] http://www.iowamedicaidpdl.com/pa_criteria
[3] https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1.htm_w

- **Initial Days' Supply Limit Override:**
  Requests for medications exceeding the initial days' supply limit require PA. Payment will be considered under the following conditions:

  1. *Patient has an FDA approved or compendia indication for the requested drug*; and
  2. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
  5. *Requests for benzodiazepines exceeding the 7-day initial supply limit will be considered:*
     a. *For patients with active cancer; end-of-life/palliative care, seizure disorder, or on an individual case-by-case basis based on medical necessity documentation provided; and*
     b. *For patients taking concurrent opioids, the prescriber must document the following:*
        i. *The risks of using an opioid and benzodiazepine concurrently have been discussed with the patient; and*
        ii. *Documentation is provided as to why concurrent use is medically necessary; and*
        iii. *A plan to taper the opioid is provided, if appropriate; and*
     c. *Request must meet all other benzodiazepine requirements (quantity limit, PDL, etc.). If requests do not comply with these requirements, separate, additional PA is required. Please use the following PA forms found on the Iowa Medicaid PDL[4] website where appropriate:*
        i. *Benzodiazepines (non-preferred benzodiazepine)*
        ii. *Quantity Limit Override (as posted on the Iowa Medicaid PDL[5] website under Billing/Quantity Limits); and*
  6. Requests for drugs *or drug classes* subject to the initial days' supply limit *not listed above,* will be considered on an individual case-by-case basis, based on medical necessity documentation provided.

3. **Removal of PA Criteria:** Clinical PA criteria will be removed for the below categories and the PA forms will no longer be required. PA will continue to be required for non-preferred medications through the Preferred Drug List using the Request for Prior Authorization – Non-Preferred Drug[6] form.

   - Nebivolol (Bystolic), form 470-5099
   - Potassium Binders, form 470-5425

[4] http://www.iowamedicaidpdl.com/
[5] http://www.iowamedicaidpdl.com/
[6] http://www.iowamedicaidpdl.com/sites/default/files/ghs-files/prior-authorization-forms/2022-08-22/non-preferred-drug-pa-form-npi-oct-22.pdf

4. **Point-of-Sale Billing Updates:**

   a. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented. A comprehensive list of all quantity limit edits appears on the Billing/Quantity Limits[7] website.

Drug Product	Quantity	Days' Supply
Bystolic 2.5 mg, 5 mg, 10 mg (nebivolol)	30	30
Bystolic 20 mg (nebivolol)	60	30
Lokelma 5 g, 10 g	34 packets	30
Veltassa 8.4 g, 16.8 g, 25.2 g	30 packets	30
Vtama 1% (tapinarof)	60 g (1 tube)	30

   b. **ProDUR Age Edit:** Potassium binders, Lokelma and Veltassa, will be considered for members 18 years of age and older.

   c. **ProDUR Initial Days' Supply Limit for Benzodiazepines:** A 7-day initial limit on all benzodiazepines for new users will be implemented. The ProDUR POS edit would limit to an initial 7 days' supply for a benzodiazepine if the requested benzodiazepine is not found in pharmacy claims in the preceding 90 days. Exceptions to this edit include nasal and rectal diazepam, nasal midazolam and clobazam. PA, using the Request for Prior Authorization – Initial Days' Supply Limit Override[8] form, would be required for use beyond the 7-day allowance.

   d. **15-Day Initial Prescription Supply Limit List:** Effective April 1, 2023, the initial 15-day prescription limit list will be updated. Please refer to the updated list located on the Iowa Medicaid PDL[9] website under the Preferred Drug List tab.

[7] http://www.iowamedicaidpdl.com/billing_quantity_limits
[8] http://iowamedicaidpdl.com/sites/default/files/ghs-files/prior-authorization-forms/2023-02-02/initial-days-supply-limit-override-form-npi-april-23.pdf
[9] http://www.iowamedicaidpdl.com/

5. **DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa Medicaid DUR Commission[10] website under the "Newsletters" link.

We encourage providers to visit the Iowa Medicaid PDL[11] website to view all recent changes to the PDL. If you have questions, please contact the Iowa Medicaid pharmacy PA help desk at 1-877-776-1567, 515-256-4607 (Des Moines), or info@iowamedicaidpdl.com.

[10] https://iadur.org/
[11] http://www.iowamedicaidpdl.com