



INFORMATIONAL LETTER NO. 2454-MC-FFS

DATE: April 28, 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, Physician Assistants

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

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

RE: June 2023 Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: June 1, 2023

I. Changes to the preferred drug list (PDL) effective June 1, 2023. Refer to the [PDL website](#)¹ to review the complete PDL.

Preferred	Non-Preferred	Non-Recommended
Fynetra ¹	Adapalene / BPO Pad 0.1-2.5% ¹	Lytgobi ¹
Insulin Glargine Pen & Vial ²	Auvelity ¹	Rezlidhia ¹
Lurasidone ³	Clonidine ER Tab	Sunlenca Tabs
Roflumilast ¹	Diclofenac Oral Packet ¹	
Vilazodone	Entadfi	
	Ermeza Oral Solution	
	Estradiol Gel	
	Fingolimod ¹	
	Humalog Tempo	

¹ <http://www.iowamedicaidpdl.com/>

	Hyftor Gel	
	Insulin Degludec Pen & Vial	
	Lyumjev Tempo	
	Methoxsalen Capsules	
	Methylphenidate OSM Tabs 45mg & 63mg ¹	
	PEG 3350-KCl-NaCl-Na Sulf-Na Ascorbate-C for Solution	
	Penciclovir Cream	
	Pheburane Oral Pellet	
	Relexxii ¹	
	Rolvedon ¹	
	Ryaltris	
	Sodium Oxybate Oral Solution ¹	
	Sotyktu ¹	
	Stimufend ¹	
	Tadliq Oral Suspension ¹	
	Tafluprost	
	Tasimelteon ¹	
	Trimipramine ⁴	
	Verkazia	
	Vivjoa ¹	
	Xaciatto 2% Vaginal Gel	
	Xelstrym ¹	
	Ziextenzo ¹	
	Ztalmy	

¹ Clinical prior authorization (PA) criteria apply

² Labeler 00955 only

³ Step 1

⁴ Grandfather existing users

2. Pharmacy Benefit Policy Changes: Effective June 1, 2023, coverage for the drugs listed below will be removed under the pharmacy benefit. However, coverage will still be available through the medical benefit for the following injections and IV solutions: Aldurazyme,

Caldolor, calcitriol, Carnitor, chlorothiazide sodium, cyclophosphamide, Fabrazyme, levothyroxine sodium, Melphalan, Naglazyme, nitroglycerin in D5W, Regonol, and Triostat.

3. 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 [quantity limits chart](#)².

Drug Product	Quantity	Days' Supply
Clorazepate 3.75mg, 7.5mg & 15mg	120	30

- b. **ProDUR Cumulative Quantity Limit for Oral Benzodiazepines:** A cumulative quantity limit of four units per day across the benzodiazepine class for solid oral dosage forms will be implemented June 1, 2023. Using the [Request for Quantity Limit Override](#)³ form, PA would be required for use beyond the established quantity limit.

- c. **15-Day Initial Prescription Supply Limit List:** Effective June 1, 2023, the initial 15-day prescription limit list will be updated. Please refer to the [PDL](#)⁴ website.

- 4. **DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest can be found on the [Iowa Medicaid Drug Utilization Review Commission](#)⁵ website under the “Newsletters” link.

We encourage providers to visit the [PDL](#)⁶ website to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 1-877-776-1567, in Des Moines at 515-256-4607, or at info@iowamedicaidpdl.com.

² http://www.iowamedicaidpdl.com/billing_quantity_limits

³ http://iowamedicaidpdl.com/sites/default/files/ghs-files/prior-authorization-forms/2010-10-06/quantity-limit-override-form-npi-june-10_0.pdf

⁴ http://iowamedicaidpdl.com/preferred_drug_lists

⁵ <https://iadur.org/>

⁶ <http://www.iowamedicaidpdl.com/>