



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 490

To: Iowa Medicaid Participating Providers
From: Iowa Department of Human Services
Date: March 31, 2006
Subject: The purpose of this Information Letter is to inform providers of major changes to the Preferred Drug List (PDL). For all other changes, refer to the PDL.
Effective: May 1, 2006

1. Major Changes to the Preferred Drug List (PDL)

A. Drugs With Change in PDL Status

Newly Preferred	Newly Non-preferred	Newly Recommended	Newly Non-Recommended
Avandaryl®	Aczone®	Arranon® Injection	Nexavar®
Cilostazol	Albuterol CFC MDI	Kaletra®	Retrovir®
Clozapine 200mg	Amaryl®	Zidovudine	
Flexbumin®	Angeliq®		
Glimepiride	Arava®		
Leflunomide	Axid® Oral Solution		
Levemir® ¹	Azithromycin		
Xopenex® HFA ²	Ceftriaxone		
	Citalopram ODT		
	Exjade®		
	Foradil® Aerolizer		
	Gatifloxacin		
	Glumetza®		
	Increlex®		
	iPlex®		
	Lantus®		
	Lantus® OptiClick ³		
	Maxair® Autohaler		
	Mobic® Oral Suspension		
	Mupirocin Ointment		
	Orencia®		
	Pletal®		
	Proquin XR®		
	Synera®		
	Tramadol Extended Release		
	Zonisamide		

¹ Levemir® replaces Lantus® as the preferred basal insulin. Levemir® multi-dose vials are covered without a Prior Authorization (PA); a PA is required for Levemir® Flexpens. The POS system will automatically recognize patients who are established on Lantus® multi-dose vials and give them a 90 day override to transition to the new preferred product, Levemir® multi-dose vials. During this 90 day transition period, prescribers will need to submit PA requests for Lantus® multi-dose vials for members who cannot change basal insulin products due to a medical contraindication.

² Xopenex® HFA Inhaler is the only preferred rescue inhaler. If a prescriber is not available to authorize a change in therapy to the preferred product, the pharmacy may override the non-preferred status for albuterol CFC inhaler with a **Medical Certification= Code 2 and a PA Type Code= 6**.

³ Prescribers will not be required to submit PA requests for Levemir® Flexpens if a patient already has a PA in place for Lantus® OptiClick.

B. Drug Prior Authorization

- I. Endo Pharmaceutical’s brand (NDC# 60951) of oxycodone ER will no longer be considered an exclusive generic. Any manufacturer’s payable and rebatable generic oxycodone ER may be dispensed

2. Major Changes to the Cough and Cold Products Section on the Preferred Drug List (PDL)

A. Preferred Cough & Cold Products on the Preferred Drug List

- I. Antitussive-Expectorant
 - a. Guaifenesin/Codeine Syrup 100mg/10mg per 5 mL
 - b. Dextromethorphan/Guaifenesin Syrup 10mg/100mg per 5 mL
 - c. Hydrocodone/Potassium Guaiacolsulfonate Syrup 3mg/350mg per 5 mL
- II. Antitussive-Expectorants-Decongestant
 - a. Guaifenesin/Pseudoephedrine/Dextromethorphan 100mg/40mg/15mg per 5 mL
- III. Narcotic-Antitussive-Decongestant
 - a. Hydrocodone/Phenylephrine 2.5mg/5mg per 5 mL
 - b. Hydrocodone/Pseudoephedrine 5mg/60mg per 5 mL
- IV. Non-Narcotic-Antitussive-Decongestant
 - a. Pseudoephedrine/Dextromethorphan 15mg/7.5mg per 5 mL Liquid
 - b. Pseudoephedrine/Dextromethorphan 20mg/10mg per 5 mL Liquid
 - c. Pseudoephedrine/Dextromethorphan 30mg/15mg per 5 mL Liquid
 - d. Pseudoephedrine/Dextromethorphan 20mg/10mg per 5 mL Elixir
 - e. Pseudoephedrine/Dextromethorphan 15mg/5mg per 5 mL Syrup
 - f. Pseudoephedrine/Dextromethorphan 15mg/7.5mg per 5 mL Syrup
 - g. Pseudoephedrine/Dextromethorphan 30mg/15mg per 5 mL Syrup
 - h. Pseudoephedrine/Dextromethorphan 7.5mg/2.5mg per 0.8mL Solution
- V. Systemic Decongestants
 - a. Pseudoephedrine 30mg and 60mg Tab, 30mg per 5 mL Syrup

** A List of all payable Cough & Cold Products is available at www.iowamedicaidpdl.com **

B. New OTC Payable Product Chart With MAC Rate

OTC Product	MAC per mL
Pseudoephedrine/Dextromethorphan 15mg/7.5mg per 5 mL Liquid	\$0.031
Pseudoephedrine/Dextromethorphan 20mg/10mg per 5 mL Liquid	\$0.020
Pseudoephedrine/Dextromethorphan 30mg/15mg per 5 mL Liquid	\$0.012
Pseudoephedrine/Dextromethorphan 20mg/10mg per 5 mL Elixir	\$0.018
Pseudoephedrine/Dextromethorphan 15mg/5mg per 5 mL Syrup	\$0.036
Pseudoephedrine/Dextromethorphan 15mg/7.5mg per 5 mL Syrup	\$0.030
Pseudoephedrine/Dextromethorphan 30mg/15mg per 5 mL Syrup	\$0.030
Pseudoephedrine/Dextromethorphan 7.5mg/2.5mg per 0.8mL Solution	\$0.234

C. All Remaining Cough & Cold Categories

- I. All other Cough & Cold Products on the Preferred Drug List are considered Non-Preferred and will require a PA.
- II. For a complete list of payable and preferred Cough & Cold products, refer to the PDL, or the Preferred Cough and Cold Products for Iowa Medicaid list at www.iowamedicaidpdl.com

3. Pharmacy Prospective Drug Utilization (Pro-DUR) Edit

A. A new edit will be in place for the following:

- **Vytorin** – When a patient is on a stable dose of Zocor® and Zetia®, the pharmacist will be prompted to dispense Vytorin® instead of the two separate active ingredients.

We would encourage providers to go to the website at www.iowamedicaidpdl.com to view all recent changes to the PDL. If you have any questions, please contact the Pharmacy Prior Authorization Provider Hotline at 877-776-1567 or 515-725-1106 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.