



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL LETTER NO. 629

**To:** All Iowa Medicaid Physician, Dentist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community MH, Family Planning, Residential Care Facility, ICF MR State, Community Based ICF/MR Providers

**From:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**Date:** July 3, 2007

**Subject:** The purpose of this Information Letter is to inform providers of changes to the Preferred Drug List (PDL). For all other changes, refer to the PDL.

**Effective:** July 30, 2007

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

Preferred	Non-Preferred	Recommended	Non-Recommended
Coreg CR <sup>TM</sup>	Amlodipine		Tykerb <sup>TM</sup>
Ethinodiol Diacetate & Ethinyl Estradiol Tab	Benziq <sup>TM</sup>		
Sertraline	Brovana <sup>TM</sup>		
Zolpidem <sup>2</sup>	Desonate <sup>TM</sup> Gel		
	Janumet <sup>TM</sup>		
	Lialda <sup>TM</sup>		
	Ondansetron (Tabs, ODT, Soln)		
	Oxandrolone		
	Oxybutynin ER		
	Tekturna <sup>®</sup>		
	Trandolapril		
	Zoloft <sup>®3</sup>		

### 2. Changes to Existing Drug Prior Authorization Categories

- Sedative/Hypnotic Nonbenzodiazepine – Added criteria that concurrent use of nonbenzodiazepine sedative/hypnotic medications with stimulant products will only be considered in cases where the dose of the stimulant is first reduced or changed to a short acting stimulant product.
- Topical Tretinoin – Added criteria that requests for the combination products will only be considered after the member has documented, unsuccessful separate trials with tretinoin and topical benzoyl peroxide (OTC), and topical or oral antibiotics.

### 3. Clarification on Policy Regarding Early Refills Due To Vacation/Travel

Iowa Medicaid allows for early refills for travel. These early refills are limited to a 30 day supply of medication. If a greater than 30 day supply is required to be dispensed to accommodate extended travel, the early refill request needs to be processed through Exceptions to Policy. Instructions for how to file an Exception to Policy are posted on our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com). If the member is leaving the country, proof of return to the State of Iowa must be included as part of the Exception to Policy request.

<sup>1</sup> Zelnorm has been removed from the PDL in response to FDA Release P07-55 dated March 30, 2007; Pergolide and Permax have also been removed from the PDL after being removed from the market on March 29, 2007

<sup>2</sup> Zolpidem will become preferred effective July 1, 2007. Clinical PA Criteria still apply.

<sup>3</sup> After 60 days, only the generic will be preferred

#### **4. ProDUR Edits**

- A. The following age edits have been implemented effective July 30, 2007:
- Drugs that are FDA indicated for the treatment of Alzheimer's Dementia, (donepezil, galantamine, memantine, and rivastigmine) will only be payable for members 40 years of age and older. A prior authorization will be required for those patients with Alzheimer's Dementia under 40 years of age.
  - Aldara® will only be payable for members who are 12 years of age and older per FDA label instructions. A prior authorization will be required for those patients younger than 12.
- B. Beginning July 30, 2007, the refill tolerance for all controlled substances, tramadol-containing products, and carisoprodol-containing products will be 85%. For example, based on a 30-day supply for morphine sulfate, a refill may be provided on the 26<sup>th</sup> day. The refill tolerance for all other non-controlled drugs will remain at 75%

#### **5. Requirement of Proper Reporting of NDCs**

The Iowa Medicaid Program can only cover drugs from manufacturers who have signed national Medicaid Drug Rebate Agreements with the Centers for Medicare and Medicaid Services (CMS). Drug companies sign the agreements for specific drug manufacturer codes called National Drug Codes (NDC). Since rebates are determined by Iowa Medicaid's utilization data, it is **imperative** that pharmacies and providers bill Iowa Medicaid using the correct NDC number of the drug actually dispensed or administered. If a provider is dispensing or administering one drug and billing for a different NDC than the drug being dispensed or administered, this is considered fraud, which can result in claims being recouped, sanctions, and termination of provider agreements. Surveillance and Utilization Review Services (SURS) will be monitoring for this in their reviews.

#### **Future ProDUR Edits for Implementation October 2007**

Recent enhancements have been made to the list of dose consolidation edits. A comprehensive list of all ProDUR edits now appears on our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, "Billing". New dose consolidation edits will go into effect in **October, 2007** (specific date of implementation will be provided in subsequent Informational Letters). It is recommended that this list be reviewed and medications prescribed outside of these dose consolidation edits be adjusted prior to the implementation in **October, 2007**.

We would 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 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](mailto:info@iowamedicaidpdl.com).