



CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
 EUGENE I. GESSOW, DIRECTOR

INFORMATIONAL LETTER NO. 794

To: Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, Clinic, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community Mental Health, Family Planning, Residential Care Facility, Intermediate Care Facility for Mental Retardation (ICF/MR), Community Based ICF/MR Providers

From: Iowa Department of Human Services, Iowa Medicaid Enterprise

Date: April 1, 2009

Subject: Iowa Medicaid Pharmacy Program Changes

Effective: Varies

1. Changes to the Preferred Drug List (PDL)¹ Effective April 20, 2009

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Recommended</u>	<u>Non-Recommended</u>
Albuterol Sulfate Inhalation Solution 0.63mg/ml	Accuneb®	Reyataz®	Stavudine
Azithromycin 200mg/5ml Suspension	Altace®		
Calcitriol ¹	Alvesco®		
Cefprozil 250mg/5ml Suspension	Amoxil® 400mg/5ml Suspension		
Cetirizine 1mg/ml Liquid (OTC) ³	Amoxil® 500mg Tablets		
Cetirizine 5mg Tablets (OTC) ³	Astepro™ ¹		
Cetirizine 10mg Tablets (OTC) ³	Atrovent® Solution		
Clarithromycin 500mg Tablets	Bactroban Ointment®		
Desmopressin Acetate ¹	Banzel™		
Epinephrine Racemic Solution 2.25% ³	Bleph® 10		
Epoprostenol ¹	Budesonide		
Flavoxate	Ceftin® Tablets		
Levonorgestrel-Ethinyl Estradiol	Cefzil® 250mg/5ml Suspension		
Mefloquine HCL	Cogentin® Tablets		
Midodrine	DDAVP® ¹		
Mometasone Furoate Cream	Diprosone® Cream		
Mupirocin Ointment	Divalproex ER		
Neomycin-Polymyxin-HC Ophthalmic Suspension	Dorzolamide		
Nitrostat® 0.4mg SL Tablets	Durezol™		

¹ Clinical PA Criteria Apply

² Grandfather for seizure disorder- Automatic POS look-back for existing users

³ Quantity Limits

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Recommended</u>	<u>Non-Recommended</u>
Ortho Micronor®	Elimite®		
Prochlorperazine Inj 5mg/ml	Elocon Cream®		
Promacta® ¹	Flolan® ¹		
Ramipril ³	Humatin®		
Risperidone Tablets ³	Levetiracetam		
Seasonale®	Lotrisone® Cream		
Sodium Citrate & Citric Acid	Nplate™		
Toprol XL™ ³	Prevacid® Prevpac® ¹		
Zonisamide	Prialt®		
	Proamatine®		
	Remeron® Tablets		
	Reprexain®		
	Risperdal® Tablets		
	Risperidone Solution		
	Sumatriptan ¹		
	Trilipix™		
	Twinject®		
	Venlafaxine ER		
	Veripred™		
	Vistaril® 50mg		
	Xodol™		
	Zithromax® 200mg/5ml Suspension		
	Zithromax® Z-Pak		
	Zmax®		
	Zonegran® ²		

2. OTC Drug Coverage

a). OTC Addition: Effective *February 27, 2009*, OTC cetirizine 1mg/ml liquid, cetirizine 5mg tablets, and cetirizine 10mg tablets were added to the OTC Drug List as preferred drugs. OTC cetirizine will not require prior authorization but will have Quantity Limits and a Nonprescription Drug Maximum Allowable Cost (MAC) rate.

Drug Product	OTC MAC Rate
Cetirizine 1mg/ml Liquid (OTC)	\$0.06969
Cetirizine 5mg Tablet (OTC)	\$0.14392
Cetirizine 10mg (OTC)	\$0.19363

b). OTC MAC Rate Decreases: The following changes will be implemented *April 20, 2009* to the following OTC MAC Rates.

Drug Product	OTC MAC Rate
Loratadine 1mg/ml Syrup	\$0.06969
Loratadine 10mg Tablet	\$0.19363

3. POS Billing Issues:

a). ProDUR Quantity Limits: The following quantity limit edits will be implemented effective *April 20, 2009*. A comprehensive list of all quantity limit edits appears on our website, www.iowamedicaidpdl.com under the heading, “Quantity Limits”.

Drug Product	Quantity	Days Supply
Cetirizine 1mg/ml Liquid (OTC)	300ml	30
Cetirizine 5mg Tablet (OTC)	30	30
Cetirizine 10mg (OTC)	30	30

b). Proper Billing of Bactroban®: Bactroban® Cream should be billed in increments of 15 grams and mupirocin ointment should be billed in increments of 22 grams. Please refer to the Common Billing Errors Table located at www.iowamedicaidpdl.com under the Billing link.

c). Point of Sale (POS) Date of Birth Verification: Effective *April 27, 2009*, POS will edit for the exact date of birth from the eligibility file for Iowa Medicaid members. For discrepancies, pharmacies may call the Eligibility Verification System (ELVS) at 1-800-338-7752 or 323-9639 (local). Pharmacies may also call the POS Helpdesk at 877-463-7671 or 725-1107 (local) for additional assistance.

5. 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 515-725-1107 (local) to request an override for the non-preferred brand name drug with a recent status change.

6. Synagis® Coverage 2008-09 RSV Season: Prior authorization requests for Synagis® may be submitted to the Iowa Medicaid Pharmacy Prior Authorization Unit. Approved Synagis® prior authorizations will have a start date of October 30, 2008. Prior authorizations will be approved for a maximum of five doses through March 31, 2009. An additional sixth dose may be required based on variations in season patterns.

7. Preferred Drug List (PDL) Effective June 15, 2009: Non-preferred drugs in the chart below will require prior authorization for **new users only**. *Established users will be grandfathered by the point of sale (POS) system.* The POS system will look back 180 days for paid claims for the specific drug and allow members to continue to get the same drug without restrictions. This grandfathering process will remain in place for the duration of the member’s eligibility. Prior Authorization Criteria is currently being developed for these non-preferred drugs and will be included in an upcoming informational letter.

<u>Preferred</u>	<u>Non-Preferred</u>
Abilify® ²	Abilify Discmelt® ^{1,2}
Adderall XR® ¹	Invega® ^{1,2}
Amoxapine	Luvox CR® ¹
Concerta® ^{1,2}	Metadate CD® ^{1,2}
Cymbalta® ²	Pexeva®
Daytrana™ ^{1,2}	Pristiq™ ^{1,2}
Effexor XR® ²	Risperdal® M Tab® ^{1,2}

<u>Preferred</u>	<u>Non-Preferred</u>
Emsam®	Ritalin LA® ^{1,2}
Focalin® ¹	Seroquel XR™ ¹
Focalin® XR ^{1,2}	Zyprexa® Zydys® ^{1,2}
Geodon® ²	
Lexapro® ²	
Maprotiline	
Moban®	
Nardil®	
Parnate®	
Paxil® Oral Suspension	
Provigil® ^{1,2}	
Risperdal® Consta® ²	
Seroquel®	
Strattera® ^{1,2}	
Surmontil®	
Tofranil-PM®	
Vivactil®	
Vyvanse™ ¹	
Wellbutrin XL® ²	
Zyprexa® ²	

¹ Clinical PA Criteria Apply

² Quantity Limits

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