



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
 CHARLES J. KROGMEIER, DIRECTOR

## INFORMATIONAL LETTER NO. 903

**TO:** Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, 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 and Community Based ICF/MR Providers

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

**DATE:** April 30, 2010

**SUBJECT:** Iowa Medicaid Pharmacy Program Changes

**EFFECTIVE:** May 24, 2010

### 1. Changes to the Preferred Drug List (PDL)<sup>1</sup> Effective May 24, 2010

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Recommended</u>
Alprazolam Intensol	Actemra® <sup>1</sup>	Folotyn™
Azithromycin 100mg/5cc Suspension	Actigall®	
Benzoyl Peroxide 5% Cleanser & Gel <sup>4</sup>	Azelastine	
Benzoyl Peroxide 10% Cleanser & Gel <sup>4</sup>	Benzotropine Injection	
Butisol Sodium	Bepreve™	
Colestipol	Cleocin® 2% Vaginal	
Diazepam Intensol	Colestid®	
Diazepam Oral Solution	Deferoxamine	
Divalproex ER	Depakote® ER <sup>3</sup>	
Doral®	Dialyvite® 5000 <sup>1</sup>	
Imitrex® Injection <sup>1</sup>	Dihydroergotamine Mesylate Injection	
Imitrex® Nasal Spray <sup>1</sup>	Dilantin® 100mg Capsules <sup>3</sup>	
Imitrex® STATdose <sup>1</sup>	Dysport™	
Mebaral®	Fosphenytoin	
Nitrofurantoin Macrocrystals	Intuniv™ <sup>1</sup>	
Ortho-Cyclen®	Isradipine	
Ortho Tri-Cyclen®	Ketorolac 0.4% Ophthalmic Solution	
Restoril™ 7.5mg & 22.5mg	Lansoprazole <sup>1</sup>	
Risperidone Oral Solution	Lithobid® 300mg Tablets <sup>2</sup>	
Terconazole 0.8% Vaginal Cream	Luminal®	
Yasmin®	Metozolv™ ODT <sup>1</sup>	
	Mirtazapine ODT	
	Oxcarbazepine Suspension	
	Percodan®	
	Perindopril	
	Phenobarbital Sodium	
	Piperacillin/Tazobactam	

	Pramipexole	
	Risperdal® Oral Solution	
	Seconal®	
	Somnote®	
	Stelara™ <sup>1</sup>	
	Tranlycypromine	
	Triaz® Cloth <sup>1</sup>	
	Twynsta® <sup>1</sup>	
	Valacyclovir	
	Vibativ™	
	Xyrem®	
	Zithromax 100mg/5cc Suspension	

<sup>1</sup>Clinical PA Criteria Apply

<sup>2</sup>Grandfather Existing Users

<sup>3</sup>Preferred through 7-31-10 and Grandfather Existing Users for Seizure Disorder

<sup>4</sup>Temporary Status Change

**2. New Drug Prior Authorization Criteria-** See prior authorization criteria posted at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Prior Authorization Criteria tab.

- **Duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™):** Use Chronic Pain Syndromes PA Form (*Replaces the current Pregabalin (Lyrica®) PA*)

Prior authorization is required for duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™). Payment will be considered under the following conditions:

1. A diagnosis of fibromyalgia (Cymbalta®, Lyrica®, and Savella™)
  - a. a trial and therapy failure at a therapeutic dose with three drugs from three distinct therapeutic classes from the following: tricyclic antidepressant, muscle relaxant, SSRI/SNRI, tramadol, or gabapentin, **WITH**
  - b. documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**
  - c. documentation of a previous trial and therapy failure at a therapeutic dose with Savella™ when Cymbalta® and Lyrica® are requested.
2. A diagnosis of post-herpetic neuralgia (Lyrica®)

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, valproate, carbamazepine, or gabapentin.
3. A diagnosis of diabetic peripheral neuropathy (Cymbalta® and Lyrica®)

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin.
4. A diagnosis of partial onset seizures, as adjunct therapy (Lyrica®)
5. A diagnosis of major depressive disorder or generalized anxiety disorder (Cymbalta®)

3. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective May 24, 2010. A comprehensive list of all quantity limit edits appears on our website at: [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, “Quantity Limits”.

Drug Product	Quantity	Days Supply	Comments
Adderall XR <sup>®</sup> 5mg	30	30	
Adderall XR <sup>®</sup> 10mg	30	30	
Adderall XR <sup>®</sup> 15mg	30	30	
Adderall XR <sup>®</sup> 20mg	60	30	
Adderall XR <sup>®</sup> 25mg	60	30	
Adderall XR <sup>®</sup> 30mg	60	30	
amphetamine salt combo tab 5mg	60	30	
amphetamine salt combo tab 7.5mg	60	30	
amphetamine salt combo tab 10mg	60	30	
amphetamine salt combo tab 12.5mg	120	30	
amphetamine salt combo tab 15mg	60	30	
amphetamine salt combo tab 20mg	120	30	
amphetamine salt combo tab 30mg	60	30	
clindamycin 2% vaginal cream	40 grams	30	
clonidine tab 0.1mg	120	30	
clonidine tab 0.2mg	60	30	
clonidine tab 0.3mg	30	30	
estazolam 1mg	30	30	
estazolam 2mg	30	30	
flurazepam 30mg	30	30	
guaifenesin-codeine 100-10mg/5ml	900	30	PA required for doses exceeding 30ml per day
guanfacine 1mg	90	30	
guanfacine 2mg	60	30	
Intuniv <sup>™</sup> 1mg	30	30	
Intuniv <sup>™</sup> 2mg	30	30	
Intuniv <sup>™</sup> 3mg	30	30	
Intuniv <sup>™</sup> 4mg	30	30	
metronidazole vaginal gel 0.75%	70 grams	30	
Niaspan <sup>®</sup> 500mg	30	30	
Niaspan <sup>®</sup> 750mg	60	30	
Niaspan <sup>®</sup> 1000mg	60	30	
Nucynta <sup>™</sup> 50mg	180	30	
Nucynta <sup>™</sup> 75mg	180	30	
Nucynta <sup>™</sup> 100mg	180	30	
Ryzolt <sup>™</sup> 100mg	30	30	
Ryzolt <sup>™</sup> 200mg	30	30	
Ryzolt <sup>™</sup> 300mg	30	30	
Singulair <sup>®</sup> 4mg Granules	30	30	
Singulair <sup>®</sup> 4mg Chew Tablets	30	30	
Singulair <sup>®</sup> 5mg Chew Tablets	30	30	
Singulair <sup>®</sup> 10mg Tablets	30	30	

temazepam 7.5mg	30	30	
temazepam 15mg	30	30	
temazepam 22.5mg	30	30	
temazepam 30mg	30	30	
terconazole vaginal cream 0.4%	45 grams	30	
terconazole vaginal cream 0.8%	20 grams	30	
Vyvanse <sup>®</sup> 20mg	30	30	
Vyvanse <sup>®</sup> 30mg	30	30	
Vyvanse <sup>®</sup> 40mg	30	30	
Vyvanse <sup>®</sup> 50mg	30	30	
Vyvanse <sup>®</sup> 60mg	30	30	
Vyvanse <sup>®</sup> 70mg	30	30	
Zonalon <sup>®</sup> 5% cream	45 grams	30	
Zovirax <sup>®</sup> 5% ointment	15 grams	30	

**4. Centers for Medicare and Medicaid Services (CMS) Changes in Drug Status**

Several over-the-counter and legend medications have been recently removed from the Centers for Medicare and Medicaid Services' (CMS) Medicaid Drug Rebate File because they do not meet the Food and Drug Administration's (FDA) definition of an outpatient drug under Section 505 or 507 of the Food, Drug, and Cosmetic Act . Other drugs have had their Drug Efficacy Study Implementation (DESI) status changed by the FDA. These drugs, which have been reclassified as DESI-5 or 6 drugs, are no longer eligible for Federal Financial Participation (FFP), and are therefore no longer eligible for coverage by state Medicaid programs. As these changes are communicated to the State of Iowa by CMS, notifications will be posted to our website at: [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com), under the link, *CMS Updates/FDA Updates*.

**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 515-256-4608 (local) to request an override for the non-preferred brand name drug with a recent status change.

**6. DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website at: [www.iadur.org](http://www.iadur.org) under the "Newsletters" link.

We 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 questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or e-mail [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com).