



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1174

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 Mental Health, Family Planning, Residential Care Facility, ICF MR State and Community Based ICF/MR Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

DATE: September 21, 2012

SUBJECT: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: October 22, 2012

1. Changes to the Preferred Drug List (PDL)¹ Effective October 22, 2012

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Recommended</u>	<u>Non-Recommended</u>
Atorvastatin	Cerezyme [®]	Jakafi [®]	Nevirapine
Clopidogrel 75mg	Clopidogrel 300mg		
Femcon [®] Fe	Concerta ^{®1}		
Fluticasone Propionate Lotion	Desloratadine ¹		
Methylphenidate SA Tablets (generic Concerta [®]) ¹	Dificid		
Montelukast	Dymista [™]		
	Elelyso [®]		
	Gabapentin 600mg & 800mg Tablets		
	Korlym [®]		
	Lipitor [®]		
	Norethindrone & Ethinyl Estradiol-FE Chew Tablet 0.4mg-35mcg		
	Olanzapine/Fluoxetine		
	Omontys ^{™1}		
	Plavix [®] 75mg		
	Potiga [®]		

	Qnasl [®]		
	Rectiv [™] Ointment		
	Ropinirole ER ¹		
	Singulair [®] Tablets & Chewable Tablets		
	Sklice [®]		
	Sorilux [™] Foam		
	Subsys ^{™1}		
	Terbutaline 1mg/ml Injection		
	Tolterodine		
	Vpriv [®]		
	Zetonna [®]		

¹Clinical PA Criteria Apply

2. Point of Sale (POS) Billing Issues:

a. ProDUR edits: Singulair[®] Granules will only be payable for members less than two years of age without prior authorization.

b. Proper Billing of Synagis[®] and flu vaccines: As a reminder, Synagis[®] 50mg Injection and most flu vaccines should be billed as 0.5ml

3. Specialty Drug List: Several additions to the Specialty Drug List will be effective October 22, 2012. Please refer to the complete Specialty Drug List located at www.iowamedicaidpdl.com under the heading Specialty Drug List.

4. 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.

5. DUR Update: The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, www.iadur.org under the "Newsletters" link.

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 515-256-4607 (local in Des Moines) or email at info@iowamedicaidpdl.com.