



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO. 1244

**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

**DATE:** May 22, 2013

**SUBJECT:** Iowa Medicaid Pharmacy Program Changes

**EFFECTIVE:** July 1, 2013

1. **Changes to Existing Prior Authorization Criteria-** *Changes are italicized.* See complete prior authorization criteria posted at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Prior Authorization Criteria tab.

- **Multiple Sclerosis Agents-Oral:** Prior authorization is required for fingolimod (Gilenya™) or *teriflunomide (Aubagio®)*. Payment will be considered *for patients 18 years of age or older* under the following conditions:
  1. A diagnosis of relapsing forms of multiple sclerosis, and
  2. A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

*For patients initiating therapy with fingolimod (Gilenya™), documentation of the following must be provided:*

- *Patient does not have a recent (within the past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III/IV heart failure.*
- *Patient does not have a history or presence of Mobitz Type II 2<sup>nd</sup> degree or 3<sup>rd</sup> degree AV block or sick sinus syndrome, unless the patient has a pacemaker.*
- *Patient does not have a baseline QTc interval ≥ 500ms.*
- *Patient is not being treated with Class Ia or Class III anti-arrhythmic drugs.*

For patients initiating therapy with teriflunomide (Aubagio®), documentation of the following must be provided:

- Patient does not have severe hepatic impairment.
- A negative pregnancy test for females of childbearing age.
- Use of a reliable form of contraception for females of childbearing age.
- Patient is not taking leflunomide.

- **Sodium Oxybate (Xyrem®):** Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:
  1. A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.
  2. Patient is enrolled in the Xyrem® Success Program.
  3. A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.
  4. Patient has been instructed to not drink alcohol when using Xyrem®.
  5. Requests for patients with a prior history of substance abuse, concurrent use with a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

## 2. Point of Sale (POS) Billing Issues:

- a. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective **July 1, 2013**. A comprehensive list of all quantity limit edits appears on our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply
Alora	8	28
Metadate CD 10mg	30	30
Metadate CD 20mg	30	30
Metadate CD 30mg	30	30
Metadate CD 40mg	30	30
Metadate CD 50mg	30	30
Metadate CD 60mg	30	30

- b. **Coverage of Colgate Products:** Due to the manufacturer's voluntary withdrawal from the drug rebate program, the following products will no longer be covered **effective July 1, 2013**:
  - Periogard
  - Phos-Flur Gel
  - Prevident

c. **Fifteen (15) Day Initial Prescription Supply Limit List:** Effective **July 1, 2013**, select oral oncology drugs will be added to the initial fifteen (15) day prescription limit list. In addition, several drugs previously on the list will be removed. Please refer to the updated list located at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Preferred Drug Lists link.

d. **Overrides for Lost, Stolen and Destroyed Medications:** Effective **July 1, 2013**, Non-controlled medications that are lost, stolen, or destroyed are limited to a one time override allowance per 12 month period. Overrides for the first occurrence of a lost, stolen, or destroyed medication can be obtained by contacting the POS Helpdesk at 877-463-7671 or locally at 256-4608.

Replacement of lost, stolen, or destroyed controlled substances and tramadol containing products will not be approved. In addition, no allowances will be provided for patients residing in a long term care (LTC) facility.

Requests exceeding the one time override allowance for non-controlled lost, stolen and destroyed medications may be considered with additional documentation. Requests for stolen medications must include a copy of a police report.

e. **72-Hour Emergency Supply:** As a reminder, a 72-hour supply of a medication may be dispensed while prior authorization is being obtained. The claim may be submitted using **PA Type Code 1** as a POS override. The 72-hour provision may only be used one time per member per drug, in an emergency situation.

## 6. Preferred Brand Name Drugs on the Preferred Drug List (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.

7. **DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, [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).