

INFORMATIONAL LETTER NO. 2092-MC-FFS

DATE: January 23, 2020

TO: Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Nursing Facilities-Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Service, Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community Based ICF/ID Providers, and Physician Assistants

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

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

RE: Iowa Medicaid Pharmacy Program Changes February 2020

EFFECTIVE: February 1, 2020

1. Medication Assisted Treatment (MAT): To comply with [House File \(H.F.\) 623](#)¹, Iowa Administrative Code (IAC) 441 Chapters 78.1, 78.2 and 78.28 have been amended regarding prior authorization (PA) requirements for MAT. The following pharmacy benefit changes will be implemented:

a. PA Criteria: Clinical PA criteria will be removed for MAT and PA form 470-5142 Buprenorphine/Naloxone will no longer be required. PA will continue to be required for nonpreferred medications through the Preferred Drug List (PDL) using PA form [470-4108 Nonpreferred Drug](#).²

b. Prospective Drug Utilization Review (proDUR) Edits: Utilization edits, consistent with Iowa Medicaid rules and other state and federal laws, will be enforced.

i. ProDUR Quantity Limits: The following quantity limit edits will be implemented. A comprehensive list of all quantity limit edits appears on the [Quantity Limit Chart](#)³.

¹ <https://www.legis.iowa.gov/legislation/BillBook?ga=88&ba=HF623>

² <http://www.iowamedicaidpdl.com/sites/default/files/ghs-files/prior-authorization-forms/2011-06-16/non-preferred-drug-pa-form-npi-july-111.pdf>

³ http://www.iowamedicaidpdl.com/billing_quantity_limits

| Drug Product | Quantity | Days' Supply |
|--------------------------------|-----------------|---------------------|
| Buprenorphine 2mg | 90 | 30 |
| Buprenorphine 8mg | 90 | 30 |
| Buprenorphine/Naloxone 2-0.5mg | 90 | 30 |
| Buprenorphine/Naloxone 8-2mg | 90 | 30 |

- ii. **ProDUR Age Edit:** Buprenorphine and buprenorphine/naloxone will only be payable for members 18 years of age and older.

We encourage providers to go to the [PDL website](#)⁴ 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.

⁴ <http://www.iowamedicaidpdl.com/>