Department of HUMAN SERVICES

INFORMATIONAL LETTER NO. 2140-MC-FFS

DATE: June 1, 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: July 2020 Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: July 1, 2020

The following changes will be implemented effective July 1, 2020.

1. **Changes to Existing Prior Authorization Criteria- *Changes are italicized or stricken*.** See complete prior authorization criteria under the Prior Authorization Criteria tab[1].

   - **Hepatitis C Treatments:**
     Prior authorization (PA) is required for hepatitis C treatments. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:
     1. Patient has a diagnosis of chronic hepatitis C; and
     2. Patient's age and/or weight is within the FDA labeled age and/or weight; and
     3. Patient has had testing for hepatitis C virus (HCV) genotype; and
     4. Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and
     5. Patient has been tested for hepatitis B (HBV) prior to initiating treatment of HCV and individuals with active HBV infection are treated (either at same

[1] http://www.iowamedicaidpdl.com/pa_criteria

time as HCV therapy or before HCV therapy is started); and

~~6. Patient has advanced liver disease corresponding to a Metavir score of 2 or greater fibrosis as confirmed by one of the following:~~
   ~~a. Liver biopsy confirming Metavir score ≥ F2; or~~
   ~~b. Transient elastography (FibroScan) score ≥ 7.5kPa; or~~
   ~~c. FibroSURE (FibroTest) score ≥ 0.48; or~~
   ~~d. APRI score > 0.7; or~~
   ~~e. Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); or~~
   ~~f. Physical findings or clinical evidence consistent with cirrhosis; or~~
   ~~g. Patients at highest risk for severe complications: organ transplant, type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), proteinuria, nephritic syndrome, or membranoproliferative glomerulonephritis.~~

7. Patient's prior treatment history is provided (treatment naïve or treatment experienced); and
8. If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and
9. Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and

~~10. For regimens containing sofosbuvir, patient does not have severe renal impairment (creatinine clearance < 30ml/min) or end stage renal disease requiring hemodialysis; and~~

11. HCV treatment is prescribed by or in consultation with a digestive disease, liver disease, or infectious disease provider practice; and.
12. For patients on a regimen containing ribavirin, the following must be documented on the PA form:
    a. Patient is not a pregnant female or male with a pregnant female partner; and
    b. Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and
    c. Monthly pregnancy tests will be performed during treatment; and
13. Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication.
14. Documentation is provided for patients who are ineligible to receive ribavirin.
15. Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved.
16. Patient does not have limited life expectancy (less than 12 months) due to non-liver related comorbid conditions.
17. If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation

of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on length of therapy for the particular treatment.

18. Lost or stolen medication replacement requests will not be authorized.
19. The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.

Only one treatment attempt will be allowed per calendar year, regardless of compliance.

2. **DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website[2] under the "Newsletters" link.

We encourage providers to go to the PDL website[3] 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.

[2] http://www.iadur.org/
[3] http://www.iowamedicaidpdl.com/