



Iowa Department of Human Services

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Governor

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Director

INFORMATIONAL LETTER NO.1361

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: February 24, 2014

SUBJECT: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: April 1, 2014

1. New Drug Prior Authorization Criteria- See prior authorization criteria posted at the [Iowa Medicaid PDL](#)¹ under the Prior Authorization Criteria tab.

- **Apixaban (Eliquis®):** Prior authorization is required for apixaban (Eliquis®). Payment will be considered for patients under the following conditions:
 1. Patient has a diagnosis of non-valvular atrial fibrillation; and
 2. Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and
 3. Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥1; and
 4. Patient does not have a mechanical prosthetic heart valve; and
 5. Patient does not have active bleeding; and
 6. Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.

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

2. Changes to Existing Prior Authorization Criteria- *Only changes are indicated and italicized.* See complete prior authorization criteria posted at the [Iowa Medicaid PDL](#) under the Prior Authorization Criteria tab.

- **Hepatitis C Protease Inhibitors:** Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:
 5. HCV-RNA results are required at treatment week 8, 12 and 24 (including lead in period) for boceprevir (Victrelis™). Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels. Prior authorizations will be approved for a maximum of 24, 32, or 44 weeks of therapy with boceprevir (Victrelis™) based on response.
- **Proton Pump Inhibitors:**
Prior authorization is not required for preferred proton pump inhibitors (PPI) for *doses within the established quantity limits of one unit per day.*

¹ <https://www.iowamedicaidpdl.com/>

Requests for twice daily dosing for a diagnosis of *Helicobacter pylori* will be considered for up to 14 days of treatment with documentation of an active infection.

- **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:
 5. *Patients with and without history of substance abuse have been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence.*
 6. *Requests for patients with concurrent use with a sedative hypnotic or a semialdehyde dehydrogenase deficiency will not be considered.*
 7. *The prescriber must review the patient's use of controlled substances on the [Iowa Prescription Monitoring Program](#)² prior to requesting prior authorization.*

3. Point of Sale (POS) Billing Issues:

- a. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective **April 1, 2014**. A comprehensive list of all quantity limit edits appears on the [Iowa Medicaid PDL](#) under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply
Albenza	4	30

- b. **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 2, PA Number 1** as a POS override. The 72-hour provision may only be used one time per member per drug, in an emergency situation.

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 available under the [DUR Newsletters](#)³.

We encourage providers to go to the [Iowa Medicaid PDL](#) 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 <https://pmp.iowa.gov/IAPMPWebCenter/Login.aspx?ReturnUrl=%2fIAPMPWebCenter%2fdefault.aspx>

³ <http://www.iadur.org/newsletters>