



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
 PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
 CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 842

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 MH, Family Planning, Residential Care Facility, ICF MR State, Community Based ICF/MR Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

DATE: October 5, 2009

SUBJECT: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: November 1, 2009

1. Changes to the Preferred Drug List (PDL)¹ Effective November 1, 2009

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Recommended</u>	<u>Non-Recommended</u>
Cefdinir	Calcitonin-Salmon Spray	Mycophenolate	Bicalutamide
Isotretinoin ¹	Carbamazepine ER	Stavudine	CellCept® ^{2,4}
Omeprazole ¹ Capsules (legend)	Cimzia® ¹ (prefilled syringe)		Neoral® ^{2,4}
	Lamictal®XR™ ¹		Retrovir® ²
	Liothyronine		Zerit® ²
	LoSeasonique™		
	Malathion		
	NextChoice		
	Nucynta™		
	Nuvigil™ ¹		
	Risperidone ODT ¹		
	Samsca™		
	Savella™		
	Simponi™ ¹		
	Symbyax® ³		
	Ulesfia™		
	Vectical™		

¹Clinical PA Criteria Apply

² Selected Brand Name Drug PA Required

³ Grandfather Existing Users

⁴ Additional monitoring may be necessary

2. Synagis® Coverage 2009-10 RSV Season

Prior authorization requests for Synagis® may now be submitted to the Iowa Medicaid Pharmacy Prior Authorization Unit. Approved Synagis® prior authorizations will have a start date of **November 16, 2009**. Prior authorizations will be approved for a **maximum of five doses per member**. No allowances will be made for a sixth dose. Please refer to the Palivizumab (Synagis®) Prior Authorization criteria and form located at www.iowamedicaidpdl.com.

3. **New Drug Prior Authorization Criteria-** See prior authorization criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.
- **Febuxostat (Uloric®):** Prior authorization is required for febuxostat (Uloric®). Payment for febuxostat (Uloric®) will only be considered for cases in which symptoms of gout still persist while currently using 300mg per day of a preferred allopurinol product unless documentation is provided that such a trial would be medically contraindicated.
 - **Thrombopoietin Receptor Agonists:** Payment for a preferred thrombopoietin receptor agonist will only be considered for cases in which there is a diagnosis for chronic immune thrombocytopenic purpura (ITP) including documentation of an insufficient response to a corticosteroid, an immunoglobulin, or the member has undergone a splenectomy. Payment for a non-preferred thrombopoietin receptor agonist will be considered following documentation of a recent trial and therapy failure with a preferred thrombopoietin receptor agonist unless such a trial would be medically contraindicated.
4. **Noncoverage of Prilosec OTC®:** Effective **November 1, 2009**, prescription omeprazole (generic Prilosec®) capsules will become preferred with conditions. Prilosec OTC® will no longer be covered and will be removed from the Preferred Drug List (PDL). National Drug Code (NDC) numbers on existing Prilosec OTC® prior authorizations will be changed by the IME pharmacy staff to reflect a preferred legend omeprazole product. Prior authorizations in place for Prilosec OTC® for **Medicare Part D eligible members** will be end-dated on October 31, 2009. Because Prilosec OTC will no longer be an Iowa Medicaid payable drug, requests for proton pump inhibitors for Medicare Part D members must be submitted to the member's Medicare Part D Prescription Drug Plan.
5. **Coverage of Prevacid SoluTabs:** The state of Iowa recently conducted a cost savings analysis looking at the utilization of Prevacid® SoluTabs™ and Prevacid® capsules. It was found that considerable cost savings could be achieved if members used Prevacid® capsules versus Prevacid® SoluTabs™. The current prior authorization criteria for Prevacid® SoluTabs™ reads as follows:
Prior authorization is NOT required for Prevacid SoluTabs for children age 12 years old or younger for the first 60 days of therapy. Prior authorization is required for Prevacid SoluTabs for patients over 12 years of age beginning day one of therapy. Authorization for Prevacid SoluTabs will be considered for those patients who cannot tolerate a solid oral dosage form.
- It is requested all Iowa Medicaid members be transitioned to Prevacid® capsules, if appropriate. Per the Prevacid® package insert, if a member has difficulty swallowing capsules, the capsules can be opened and sprinkled into 1/4 cup of apple, tomato or orange juice, or onto a tablespoon of applesauce, Ensure® pudding, cottage cheese, yogurt, or strained pears.
6. **OTC Drug Payable List:** Please refer to the OTC Payable List by NDC located at www.iowamedicaidpdl.com for a complete listing of payable ndcs for OTC drugs covered by Iowa Medicaid.
7. **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 515-725-1107 (local) to request an override for the non-preferred brand name drug with a recent status change.

8. 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 515-725-1106 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.