

INFORMATIONAL LETTER NO. 2019-MC-FFS

DATE: May 24, 2019

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

EFFECTIVE: July 1, 2019

1. **Changes to Existing Prior Authorization Criteria- *Changes are italicized or stricken.*** See complete prior authorization criteria under the [Prior Authorization Criteria tab](#)¹.
 - **Buprenorphine/Naloxone:**

Prior authorization is required for *transmucosal* buprenorphine or buprenorphine/naloxone. *Requests will be considered for FDA approved dosing, including induction and maintenance dose.* Requests for doses above 24mg per day ~~or greater than once daily dosing~~ will not be considered. Initial requests will be considered for up to 3 months. Requests for maintenance doses above 16mg per day will not be considered on a long-term basis. *After the initial 3 month prior authorization, renewal requests for doses ≤ 16mg per day may be considered for 12 month renewals as long as the member meets all other prior authorization criteria.* ~~Concomitant use with opioids or tramadol will be prohibited.~~ Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent, unless evidence is provided that use of these agents would be medically contraindicated. Requests for surgically implanted buprenorphine *or buprenorphine depot injection* products will not be

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

considered through the pharmacy benefit and should be directed to the member's medical benefit. Payment will be considered for patients when the following is met:

1. Patient has a diagnosis of opioid dependence and meets the FDA approved age: AND
2. Prescriber meets qualification criteria to prescribe buprenorphine/naloxone for opioid dependence and has a "X" DEA number (*provide X DEA number*); AND
- ~~3. Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND~~
4. Documentation the Iowa Prescription Monitoring Program (*PMP*) website has been reviewed for the patient's use of controlled substances; AND
- ~~5. A projected treatment plan is provided, including:
 - a. ~~Anticipated induction/stabilization dose,~~
 - b. ~~Anticipated maintenance dose,~~
 - c. ~~Expected frequency of office visits, and~~
 - d. ~~Expected frequency of counseling/psychosocial therapy visits.~~~~
- ~~6. A treatment plan is provided for patients taking buprenorphine in combination with a benzodiazepine or central nervous system (CNS) depressant, including:
 - a. ~~Documentation patient has been educated on the serious risks of combined use;~~
 - b. ~~A plan to taper the benzodiazepine or CNS depressant to discontinuation, if possible;~~
 - c. ~~Consideration of alternate anxiety or insomnia treatment options when the benzodiazepine or CNS depressant is used for anxiety or insomnia; and~~
 - d. ~~Other prescribers involved in the care of the patient are aware of the patient's use of buprenorphine; AND~~~~
7. Documentation is provided that transmucosal buprenorphine will not be used concomitantly with the buprenorphine implant *or depot injection*.
8. Requests for single ingredient buprenorphine will only be considered for pregnant patients.

Requests for renewal must include:

- ~~1. An updated treatment plan, documenting the following:
 - a. ~~Consideration of a medical taper to the lowest effective dose based on a self-assessment scale and~~
 - b. ~~Assessment of concomitant benzodiazepine or CNS depressant use (if applicable) as outlined above, AND~~~~
2. Documentation the Iowa Prescription Monitoring Program *PMP* website has been reviewed for the patient's use of controlled substances since the last prior authorization request, AND
3. *Patient does not have documentation of concomitant use of an opioid or tramadol with the requested buprenorphine product, as seen in paid pharmacy claims, AND*
- ~~4. Documentation of a current, negative drug screen,~~

- ~~5. Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.~~
6. Documentation the p-Patient is not using transmucosal buprenorphine with the buprenorphine implant *or depot injection*.

▪ **Hepatitis C Treatments:**

Prior authorization 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:

- ~~6. Viral load will be submitted by prescriber 12 weeks after completion of therapy; and~~

▪ **Long Acting Opioids:**

Prior authorization is required for all non-preferred long-acting opioids. *Prior authorization (PA) is also required for members when the total daily opioid dose (combined across all opioids) exceeds the set morphine milligram equivalent (MME) threshold (include High Dose Opioids PA form with request).*

Payment will be considered under the following conditions:

9. *For patients taking concurrent benzodiazepines, the prescriber must document the following:*
 - a. *The risks of using opioids and benzodiazepines concurrently has been discussed with the patient; and*
 - b. *Documentation as to why concurrent use is medically necessary is provided; and*
 - c. *A plan to taper the benzodiazepine is provided, if appropriate.*

If criteria for coverage are met, an initial authorization will be given for 3 months. Additional approvals will be considered if the following criteria are met:

3. *For patients taking concurrent benzodiazepines, the prescriber must document the following:*
 - a. *The risks of using opioids and benzodiazepines concurrently has been discussed with the patient; and*
 - b. *Documentation as to why concurrent use is medically necessary is provided; and*
 - c. *A plan to taper the benzodiazepine is provided, if appropriate.*

▪ **Short Acting Opioids:**

Prior authorization is required for all non-preferred short acting opioids. *Prior authorization (PA) is also required for members when the total daily opioid dose (combined across all opioids) exceeds the set morphine milligram equivalent (MME) threshold (include High Dose Opioids PA form with request).*

Payment will be considered under the following conditions:

7. *For patients taking concurrent benzodiazepines, the prescriber must document the following:*
 - a. *The risks of using opioids and benzodiazepines concurrently has been discussed with the patient; and*
 - b. *Documentation as to why concurrent use is medically necessary is provided; and*
 - c. *A plan to taper the benzodiazepine is provided, if appropriate.*

If criteria for coverage are met, an initial authorization will be given for 3 months. Additional approvals will be considered if the following criteria are met:

3. *For patients taking concurrent benzodiazepines, the prescriber must document the following:*
 - a. *The risks of using opioids and benzodiazepines concurrently has been discussed with the patient; and*
 - b. *Documentation as to why concurrent use is medically necessary is provided; and*
 - c. *A plan to taper the benzodiazepine is provided, if appropriate.*

▪ **Sodium Oxybate (Xyrem):**

Prior authorization is required for sodium oxybate (Xyrem[®]). Payment will be considered ~~for patients 18 years of age or older~~ under the following conditions:

3. *Patient meets the FDA approved age; and*
4. *Is prescribed within the FDA approved dosing; and*
5. *Patient and provider are is enrolled in the Xyrem[®] REMS Program; and*
7. ~~Patients with and without a history of substance abuse have~~ *has been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence; and*

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/>