

STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 501

To: Iowa Medicaid Participating Providers **From:** Iowa Department of Human Services

Date: June 19, 2006

Subject: The purpose of this Information Letter is to inform providers of major changes to the Preferred

Drug List (PDL). For all other changes, refer to the PDL.

Effective: July 17, 2006

1. Major Changes to the Preferred Drug List (PDL)

Preferred	Non-preferred	Recommended	Non-Recommended
Atrovent® HFA	Amitzia ®	Sutent®	Feiba VH
Maxair® Autohaler	Boniva® Injection		
Mebendazole	Cefprozil		
	Climara Pro®		
	Fluticasone Nasal Spray		
	Loestrin 24 Fe®		
	Mimyx Cream®		
	NeoBenz Micro ®		
	OptiNate TM		
	Polyethylene Glycol (PEG)		
	Ranexa ®		
	RibaPak ®		
	Taclonex ®		
	U-Kera®		
	Vivaglobin ®		
	Vusion Ointment ®		
	Zegerid® Capsules		

2. New Prior Authorization Category: Polyethylene Glycol 3350 (Single Ingredient)

Prior authorization is required for single ingredient polyethylene glycol 3350 products. Payment for single ingredient polyethylene glycol 3350 products will be authorized only for cases in which there is documentation of a previous trial and failure with a preferred OTC payable senna product used for constipation.

3. Release of Iowa Medicaid PDL on ePocrates

Effective August 1st, 2006, the Iowa Medicaid Preferred Drug List will be available on Personal Data Assistants (PDAs) using ePocrates software. The Recommended Drug List will not be available as part of this software package. Searches for drugs on the RDL while using ePocrates will be referenced to the website.

We would encourage providers to go to the website at **www.iowamedicaidpdl.com** to view all recent changes to the PDL. If you have any questions, please contact the Pharmacy Prior Authorization Provider Hotline at 877-776-1567 or 515-725-1106 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.