INFORMATIONAL LETTER NO. 487

To: Iowa Medicaid Participating Providers
From: Iowa Department of Human Services
Date: February 17, 2006
Subject: Drug Prior Authorization Updates
Effective: March 20, 2006

1. Drug Prior Authorization

A. New Prior Authorization Drugs and/or Categories of Drugs

I. Effective March 20, 2006, the following drugs and/or categories of drugs will require prior authorization:

- Sedative/Hypnotics-Non-Benzodiazepine
- Pulmonary Arterial Hypotension Agents (Flolan®, Revatio®, Ventavis®, Tracleer®)
- Strattera®

II. The PA Criteria for these drugs and/or categories of drugs are attached (refer to attachment 1). The new PA forms and updated PA Criteria Chart are available at www.iowamedicaidpdl.com. Providers may also call the PA Provider Help Desk at 877-776-1567 or 515-725-1106 (locally in Des Moines).

B. Changes To Existing Drug Prior Authorization Categories

I. Effective March 20, 2006, the following category of drugs will have changes applied to the prior authorization criteria:

- Erythropoiesis Stimulating Agents: Hemoglobin values will be evaluated interchangeably with hematocrit for initiation and/or continuation of erythropoiesis therapy.
- Isotretinoin: The new name of this category is Oral Isotretinoin. Patients and providers must be registered in, and meet all requirements of the iPLEDGE (www.ipledgeprogram.com) risk management program.
- Narcotic Agonist-Antagonist Nasal Sprays: A PA is required starting on day 1 of treatment. Quantities are limited to 5 milliliters/50mg per 30 days.
- Proton Pump Inhibitors: Prior authorization is not required for Prevacid Granules® for oral suspension for children 12 years old or younger. Prior authorization is required for Prevacid Granules® for oral suspension for patients over 12 years of age. Authorization will be considered for those patients who cannot tolerate a solid oral dosage form.
- Psychostimulants: The new name of this category is ADD/ADHD/Narcolepsy Agents

II. The new criterion for this category of drugs is attached (refer to attachment 1).
2. **ProDUR Edits**

   **A. New proDUR Edits with a Maximum Allowed Ratio of One (Quantity/Day)**
   
   - Premarin® 0.625mg
   - Abilify® 5mg
   - Crestor® 5mg, 10mg, 20mg
   - Lescol® 20mg
   - Paxil® (including paroxetine) 10mg, 20mg
   - Pravachol® 40mg
   - Xanax XR® 0.5mg, 1mg
   - Zocor® 5mg

   **B. New proDUR Edit with a Maximum Allowed Ratio of 1.5 (Quantity/Day)**
   
   - Celexa® (including citalopram) 10mg, 20mg

Please call the Pharmacy Prior Authorization provider PA Hotline at 877-776-1567 or 515-725-1106 (local in Des Moines or email info@iowamedicaidpdl.com if you have any questions about this Informational Letter or if you need more additional information. Thank you.

**ATTACHMENT:**

1) PA Criteria Chart Additions/Changes