



Carrier

636 Grand Avenue  
Des Moines, Iowa 50307  
515/245-4500

July 12, 1979

For Social Services use only

GENERAL LETTER NO. 8-A-Ap(II)-8

SUBJECT: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two.

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 79-1

Subject: Prescribed Drugs Manual, Chapters E & F, new.

This Manual Letter transmits Chapters E and F of the new Provider Manual. These Chapters outline coverage policies for services and instructions pertaining to billing and payment.

Date Effective

October 1, 1979.

Additional Information



System Development Corporation

Post Office Box 10394  
Des Moines, IA 50306  
Telephone (515) 265-7717

July 1, 1980

For Social Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-40

SUBJECT: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 80-1

Subject: Prescribed Drugs Manual, Table of Contents, Pages 4 and 5 revised.

Chapter E, Pages 2, 3, 4, 6, 7, 8, 9 and 10 revised; Pages 4a, 8a, 9a and 9b new.

Chapter F, Pages 5 and 6 revised.

The above two Chapters have been revised to incorporate information previously released to all providers of service in Informational Release - General No. 60 relating to the cost containment measures in the program which became effective July 1, 1980 and the change in Fiscal Agents.

Date Effective

July 1, 1980

Material Superseded

Prescribed Drugs Manual, Table of Contents, Pages 4 and 5 dated October 1, 1979.

Chapter E, Pages 2, 3, 4, 6, 7, 8, 9 and 10 dated October 1, 1979.

Chapter F, Pages 5 and 6 dated October 1, 1979.

The material superseded should be removed from the Manual and destroyed.



System Development Corporation

December 1, 1980

Post Office Box 10394  
Des Moines, IA 50306  
Telephone (515) 265-7717

For Social Services Use Only

GENERAL LETTER NO. 8-A-AP (II)- 52

SUBJECT: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 80-2

Subject: Prescribed Drugs Manual, Chapter E.  
Drugs Classified as Ineffective and Possibly Effective by the  
Food and Drug Administration, revised.

In accordance with the requirements of the Iowa Administrative Code, 770-78.1(2)a.(3), the list of drugs classified as ineffective and possibly effective by the Food and Drug Administration is being revised to reflect recent additions to the listing. Any drug shown on this listing does not qualify for Medicaid reimbursement.

Date Effective

January 1, 1981

Material Superseded

Previous listing of Drugs Classified as Ineffective and Possibly Effective by the Food and Drug Administration, dated 7-79.

Additional Information

If any of this material is not clear please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Social Services.



System Development Corporation

Post Office Box 10394  
Des Moines, IA 50306

July 1, 1981

For Social Services Use Only

GENERAL LETTER NO. 8-A-AP (II)-66

SUBJECT: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 81-1

SUBJECT: Prescribed Drugs Manual, Chapter E.  
Drugs Classified as Ineffective and Possibly Effective by the Food  
and Drug Administration, revised January 1981

In accordance with the requirements of the Iowa Administrative Code, 770-78.1(2)(a)(3), the list of drugs classified as ineffective and possibly effective by the Food and Drug Administration is being revised to reflect recent additions to the listing. Only those drugs which lack adequate evidence of effectiveness for all indications are restricted for Medicaid reimbursement. Any drug listed with an asterisk which is less than effective for only certain indications is not restricted for Medicaid payment.

Date Effective

August 1, 1981

Material Superseded

Previous listing of Drugs Classified as Ineffective and Possibly Effective by the Food and Drug Administration, dated August 1980.

Additional Information

If any of this material is not clear please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Social Services.



System Development Corporation

April 19, 1982

Post Office Box 10394  
Des Moines, IA 50306

For Social Services Use Only

GENERAL LETTER NO. 8-A-AP (II)-91

SUBJECT: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 82-1

SUBJECT: Prescribed Drugs Manual, Chapter F, "Billing and Payment", Page 3 revised.

Item 5 on page 3 (Other Third Party Coverage), has been revised for clarification concerning billing when there is third party coverage of prescribed drugs. It will also be noted that the co-payment amount (although not considered a third party resource) is to be entered in box 31 and/or 47.

Date Effective

April 1, 1982

Material Superseded

Prescribed Drugs Manual, Chapter F, Page 3 dated October 1, 1979.



System Development Corporation

October 26, 1982

Post Office Box 10394  
Des Moines, IA 50306

For Social Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-105

SUBJECT: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 82-2

SUBJECT: Prescribed Drugs Manual, Chapter E, "Coverage and Limitations",  
Pages 7 and 8 revised.

Chapter F, "Billing and Payment", Page 6 revised; Page 6a new.

Legislation enacted by the 1982 session of the General Assembly provides that in addition to the usual professional dispensing fee reimbursement, a special professional dispensing fee of 50¢ will be made for the dispensing of equivalent drug products which are less expensive than those prescribed by the physician and which result in a cost savings to the Medicaid program of at least \$1.50 per prescription. The above material, which is effective for drug products dispensed on and after November 1, 1982, has been revised as follows:

Chapter E, page 7 - V. BASIS OF PAYMENT FOR DRUGS AND SUPPLIES - This material has been revised to add policy relating to the incentive dispensing fee for equivalent drug products.

Chapter F, pages 6 and 6a, BILLING AND PAYMENT, provides special instructions for the completion of the pharmacy claim form in connection with the dispensing of equivalent lower cost drug products. Please note the changes in instructions for items 35 through 50 on the claim form.

Please note that when dispensing a generic drug for a brand name drug the first line of the form is used to report the generic drug. The second line of the claim is used to report the brand name drug prescribed entering only National Drug Code, ingredient cost and total charge. Both lines may be used when reporting two separate prescriptions where no substitution took place.

Tape to tape submitters will have to submit hard copy claims to claim the additional fee for substitution.

Date Effective

November 1, 1982

Material Superseded

Prescribed Drugs Manual, Chapter E, Pages 7 and 8 dated July 1, 1980.  
Chapter F, Page 6 dated July 1, 1980.

Additional Information

If any of this material is not clear please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Social Services.



System Development Corporation

Post Office Box 10394  
Des Moines, IA 50306  
Telephone [REDACTED]

WATS Number: (800) 372-6045

July 26, 1983

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-140

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 83-1

SUBJECT: Prescribed Drugs Manual, Table of Contents, Page 4 revised; Chapter E, Pages 4 and 10 revised; Less Than Effective Drug List, dated January 25, 1983

Iowa Medicaid has in the past restricted payment for FDA classified ineffective and possibly effective drugs in accordance with a Departmental rule published in the Iowa Administrative Code. In October 1982 the Federal Health Care Financing Administration implemented a provision of federal law prohibiting Federal financial participation in Medicaid for certain drugs considered less than effective. These are drugs that the FDA has proposed in a notice of opportunity for hearing to withdraw from the market because they lack substantial evidence of effectiveness for all labeled indications and for which the Secretary of Health and Human Services has not determined there is a compelling justification for their medical need. Also included is any identical, similar or related drug.

In order to make Iowa Medicaid policy consistent with Federal policy we have rescinded our previous rule and adopted the Federal rule. Attached is the list of drugs currently considered less than effective and for which payment is prohibited.

Also attached is a list of products regarded by FDA to be identical, related or similar to the drugs classified as less than effective. These are likewise prohibited from Medicaid reimbursement.

Date Effective

August 1, 1983

Material Superseded

Prescribed Drugs Manual, Table of Contents, page 4 dated July 1, 1980; Chapter E, pages 4 and 10 dated July 1, 1980; and all previous ineffective or possibly effective drug lists. This material should be removed from the Manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Human Services.





System Development Corporation

Post Office Box 10394  
Des Moines, IA 50306  
Telephone [REDACTED]

WATS Number: (800) 372-6045

October 28, 1983

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-151

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 83-2

SUBJECT: Less Than Effective Drug List Supplement

Attached is a list of additional drugs which have been classified less than effective by the Food and Drug Administration. In accordance with Federal and State regulations Medicaid reimbursement for these drugs is prohibited. Please insert this list in your Manual with the Less Than Effective Drug List, dated January 25, 1983.

Isosorbide dinitrate manufactured by Bolar has been determined to be effective by the FDA. Please strike this item from page 5, Less Than Effective Drug List, dated January 25, 1983.

Date Effective

November 1, 1983

Material Superseded

None

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Human Services.



System Development Corporation

Post Office Box 10394  
Des Moines, IA 50306  
Telephone [REDACTED]

WATS Number: (800) 372-6045

February 21, 1984

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-164

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 84-1

Subject: Prescribed Drugs Manual, Table of Contents, page 4; Chapter E, "Coverage and Limitations", pages 7, 8, 8a, 9, and 10 revised.  
List of Drugs Subject to State Maximum Allowable Cost Limitation, added.  
Chapter F, "Billing and Payment, page 6a, deleted.

Chapter E, pages 7, 8, 8a, 9, 10 - V. Basis of Payment For Drugs and Supplies - This material has been revised to add policy establishing maximum reimbursement for equivalent drug products at the average wholesale price of the upper range of the available equivalents (generics) of the brand name legend drug. The list of those drugs affected is included. The brand name product is the one considered to be the "innovator" product. All other equivalents are considered to be generics including "branded" generics. The maximum allowable cost is the average wholesale price (AWP) of the company product listed.

Chapter F, page 6a - Billing and Payment - This change deletes this page making reference to the 50 cent incentive fee for substitution of lower cost equivalent products. The rule providing for this policy has been rescinded. A modified incentive program will be established at a later date.

Date Effective

February 27, 1984

Material Superseded

Prescribed Drugs Manual, Table of Contents, page 4, dated August 1, 1983; Chapter E, pages 7 and 8 dated November 1, 1982, pages 8a and 9 dated July 1, 1980, page 10 dated August 1, 1983; Chapter F page 6a dated November 1, 1982.

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Human Services.



System Development Corporation

Post Office Box 10394  
Des Moines, IA 50306  
Telephone [REDACTED]

WATS Number: (800) 372-6045

July 1, 1984

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-179

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 84-2

Subject: Prescribed Drugs Manual, Chapter E, "Coverage and Limitations," pages 8 and 8a revised; Chapter F, "Billing and Payment", page 6a new.

Legislation enacted by the 1984 session of the General Assembly provides that the physician prior authorization requirement for exceptions to the state maximum allowable cost be rescinded. The same procedure for exceptions as in the Federal MAC program are now applicable.

Also the recently rescinded rule allowing for a \$.50 additional fee reimbursement for use of less expensive generic drugs is being reinstated.

Chapter E, pages 8, 8a, and 9 - Basis of Payment for Drugs and Supplies - these pages have been revised to include the changes described above.

Chapter F, page 6a - Billing and Payment - This page has been added to show changes in claim form instructions if dispensing lower cost equivalent drug products.

Please note that when dispensing a generic drug for a brand name drug the first line of the form is used to report the generic drug. The second line of the claim is used to report the brand name drug prescribed entering only National Drug Code, ingredient cost and total charge. Both lines may be used when reporting two separate prescriptions where no substitution took place.

Tape to tape submitters will have to submit hard copy claims to claim the additional fee for substitution.

Date Effective

July 1, 1984

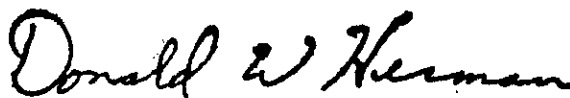
Material Superseded

Prescribed Drugs Manual, Chapter E, pages 8 and 8a dated February 27, 1984, shall be removed from the manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D.

A handwritten signature in cursive script that reads "Donald W. Herman".

Don Herman, Chief  
BUREAU OF MEDICAL SERVICES



November 26, 1984

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-189

Subject: Employee's Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 84-3

Subject: Prescribed Drugs Manual, Chapter E, page 9, revised.

House File 2580, Acts of the 68th Assembly provided that the pharmacist's usual and customary charge to Medicaid shall not exceed the lowest total cost (ingredient cost plus professional fee) of a prescription drug or insulin charged to any private third party payer, prescription drug insurance or benefit plan, or person participating in such a plan. Senate File 2351 passed during the 1984 General Assembly directed that this provision be deleted. Therefore, the reference is being removed from the Manual.

Date Effective

Immediately

Material Superseded

Prescribed Drugs Manual, Chapter E, page 9 dated February 27, 1984. This page should be removed from the Manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D., Commissioner

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES



System Development Corporation

P.O. Box 10394, Des Moines, IA 50306, Iowa Wats (800) 372-6045

A Burroughs Company

November 26, 1984

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-190

Subject: Employee's Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 84-4

Subject: Prescribed Drugs Manual, Chapter E, pages 7 and 10, revised;  
Facsimile Form XIX (Pharm-2), deleted.

For a number of years the Medicaid program has had an optional provision for physician authorization for the pharmacist to enter the physician's name on oral prescriptions and authorized renewals. Since this provision is little used and is not required by either Medicaid rules or State law, the provision and the form are being deleted from the Medicaid program.

Date Effective

January 1, 1985

Material Superseded

Prescribed Drugs Manual, Chapter E, pages 7 and 10 dated February 27, 1984; Facsimile Form XIX (Pharm-2) dated February, 1974. This material should be removed from the Manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, Fiscal Agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D., Commissioner

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES



System Development Corporation

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P.O. Box 10394, Des Moines, IA 50306, Iowa Wats (800) 372-6045

July 30, 1985

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-201

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 85-2

Subject: Prescribed Drug Manual, Table of Contents, page 4, revised; Chapter E, page 1, 2, 3, 4, and 4a. revised; page 1a, new.

This transmittal describes new Medicaid coverage for a limited number of nonlegend drugs. This coverage was authorized by the Legislature in 1984 Iowa Acts, Senate File 2351, Section 3.

Date Effective

July 1, 1985

Material Superseded

Prescribed Drugs Manual, Table of Contents, page 4, dated March 25, 1985; Chapter E, page 1 dated October 1, 1979, pages 2 & 3 dated July 1, 1980, page 4 dated August 1, 1983. This material should be removed from the Manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D.

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES



System Development Corporation

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December 23, 1985

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-216

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 85-3

Subject: Prescribed Drug Manual, Table of Contents, page 4, revised. Chapter E, Coverage and Limitations, page 10, revised, Drugs Subject to State Maximum Allowable Cost Limitation, pages 23 through 28, revised, Drugs Subject to Federal Maximum Allowable Cost Limitation, pages 29 and 30, added.

Please note the revisions in the State Maximum Allowable Cost Drug List. A number of new drugs have been added and two Schedule II controlled drugs have been deleted. Also note the addition of the Federal Maximum Allowable Drug Cost List which is established by the Health Care Financing Administration. Please insert the Federal List directly behind the State List in your manual.

Date Effective

January 1, 1986

Material Superseded

Prescribed Drugs Manual, Table of Contents, page 4, dated July 1, 1985; Chapter E, page 10, dated January 1, 1985; old State Maximum Allowable Drug Cost List. These pages should be removed and replaced with the new material.

Additional Information

If you have questions regarding this material, please direct your inquiries to System Development Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D.

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES





**System Development  
Corporation**  
A Burroughs Company

System Development Corporation  
PO Box 10394  
Des Moines IA 50306  
Iowa Wats 800 372 6045

May 9, 1986

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-240

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 86-1

Subject: Prescribed Drugs Manual, Chapter E, "Coverage and Limitations", pages 3 and 4 revised.

This material changes the reference to the dealer claim form. Effective July 1, 1986, medical supply item suppliers must use the national HCFA-1500 claim form.

Additional changes on the two pages are wording changes regarding prior authorizations. This is the result of the settlement of a lawsuit.

Date Effective

July 1, 1986

Material Superseded

Prescribed Drugs Manual, Chapter E, pages 3 and 4, dated July 1, 1985, shall be removed from the Manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to System Development Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D.

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES

**UNISYS**

April 15, 1987

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-259

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PREScribed DRUG MANUAL TRANSMITTAL NO. 87-2

SUBJECT: Prescribed Drug Manual, Chapter E, "Coverage and Limitations", Drugs Subject to State Maximum Allowable Cost Limitation, pages 23 through 28, revised, pages 28a, 28b, new.

This transmittal adds six additional drugs to the state maximum allowable cost list. These are clonidine hydrochloride, disopyramide phosphate, flurazepam, haloperidol, ibuprofen 800 mg., and temazepam.

Date Effective

May 1, 1987

Material Superseded

Prescribed Drug Manual, Chapter E, pages 23 through 28 dated January 1, 1986. These pages should be removed from the Manual and destroyed.

Additional Information

If you have questions regarding this material, please direct your inquiries to Unisys, fiscal agent for the Iowa Department of Human Services

IOWA DEPARTMENT OF HUMAN SERVICES  
Nancy A. Norman, Commissioner



Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES



June 30, 1987

For Human Services Use Only

GENERAL LETTER NO.8-A-APC(II)-266

Subject: Employee's Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 87-4

Subject: Prescribed Drugs Manual, Chapter E, "Coverage and Limitations", pages 1, 1a, 7 and 8 revised.

This transmittal describes changes in reimbursement methodology for prescribed drugs under Medicaid. This change is in accordance with intent language of the Legislature in the Department of Human Services fiscal 1988 appropriations bill. The change returns the allowance for drug product cost to average wholesale price. The maximum allowable professional fee is reduced to \$3.78. The 6.35% reduction of the allowable professional fee on each prescription remains in effect.

Date Effective

July 1, 1987

Material Superseded

Prescribed Drug Manual, Chapter E, page 1 dated March 1, 1987, and pages 1a, 7, and 8, dated February 1, 1987. This material should be removed from the Manual and discarded.

Additional Information

If any portion of this material is not clear, please direct your inquiries to Unisys, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Nancy A. Norman, Commissioner

A handwritten signature in cursive script that reads "Donald W. Herman".

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES



December 14, 1987

For Human Services Use Only

GENERAL LETTER NO. 8-A-AP(II)-280

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 87-5**

Subject: Prescribed Drug Manual, Table of Contents, page 4, revised. Chapter E, "Coverage and Limitations", Pages 7, 8, and 8a, revised. Drugs Subject to State Maximum Allowable Cost Limitation, pages 23 through 28, revised. Drugs Subject to Federal Maximum Allowable Cost Limitation, pages 29 and 30, revised, pages 31 - 42, new.

This transmittal reflects changes initiated by the Federal Health Care Financing Administration relative to maximum reimbursement limits to multiple source drugs. The Department of Human Services has adopted these limits. Also included are new limits for items on the State Maximum Allowable Cost List. These limits are based on the same method of calculation as the Federal limits. Also on page 8a, the package size listing for price calculation has been revised.

Date Effective

February 1, 1988

Material Superseded

Prescribed Drug Manual, Table of Contents, page 4, dated January 1, 1986; Chapter E, pages 7 and 8, dated July 1, 1987; page 8a dated July 1, 1984; pages 23 through 28b dated May 1, 1987; and pages 29 and 30 dated January 1, 1986. These pages should be removed from the Manual and discarded.

Additional Information

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Nancy A. Norman, Commissioner

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES

**UNISYS**

For Human Services Use Only

General Letter No. 8-A-AP(II) -305

Subject: Employees' Manual, Title VII, Chapter A, Appendix, Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL 88-1**

Subject: Prescribed Drug Manual, Chapter F, "Billing and Payment," Pages 1 through 6a, revised.

This transmittal describes changes in instructions for completing the pharmacy claim form. These changes are necessary due to a revision of the form by the National Council for Prescription Drug Programs.

The most significant change is the addition of a DAW box for the MAC override. This box should now be used for that purpose as described on page F6.

The other change relates to entry of third party payment information if included in the deductible in box 30 or 47. This should be entered in boxes 33 and 50.

You may continue to submit your old forms until your supplies are exhausted.

Date Effective

Immediately

Material Superseded

Prescribed Drug Manual, Chapter F, pages 1, 2, and 4, dated October 1, 1979; Page 3, dated April 1, 1982; page 5, dated July 1, 1980; page 6, dated February 1, 1987; and page 6a, dated July 1, 1984. These pages should be removed from the manual and discarded.

Additional Information

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Nancy A. Norman, Commissioner



Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES

**UNISYS**

July 15, 1988

For Human Services Use Only

General Letter No. 8-A-AP(II)-312

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL 88-2**

Subject: Prescribed Drug Manual, Table of Contents, Page 4, revised; Chapter E, "Coverage and Limitations," pages 6 and 10, revised; Chapter F, "Billing and Payment," page 5, revised.

This transmittal describes procedures for obtaining additional reimbursement for dispensing oral solid medications to nursing home patients in unit-dose packaging prepared by the pharmacist. This additional reimbursement was authorized by the 1988 session of the Iowa General Assembly.

This transmittal also deletes two obsolete pages of the manual relating to copayment.

Date Effective

July 1, 1988

Material Superseded

Prescribed Drug Manual, Table of Contents, page 4, dated February 1, 1988; Chapter E, page 6 dated July 1, 1980; page 9a dated March 15, 1987; page 9b dated July 1, 1980; page 10 dated January 1, 1986.

Chapter F, page 5 dated January 1, 1988. These pages should be removed from the manual and discarded.

Additional Information

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Nancy A. Norman, Commissioner



Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES

**UNISYS**

August 4, 1988

For Human Services Use Only

General Letter No. 8-A-AP(II)-313

Subject: Employees' Manual, Title VII, Chapter A, Appendix, Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 88-3

Subject: Prescribed Drug Manual, Chapter E, "Coverage and Limitations," pages 23 through 42, revised, pages 43 and 44, new.

This transmittal contains revised lists of state and federal maximum allowable costs for drugs. Most prices have been revised on the federal list with some products being deleted and some new products added.

Date Effective

August 1, 1988

Material Superseded

Prescribed Drug Manual, Chapter E, pages 23 through 42, dated February 1, 1988. These pages should be removed from the manual and discarded.

Additional Information

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Nancy A. Norman, Commissioner



Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES

**UNISYS**

May 20, 1989

For Human Services Use Only

GENERAL LETTER NO.8-A-AP(II)- 328

Subject: Employees' Manual, Title VIII, Chapter A, Appendix,  
Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 89-1

SUBJECT: Prescribed Drug Manual, Chapter E, "Coverage and  
Limitations, "pages 23 through 44, revised, pages 45  
and 46, new.

This transmittal contains revised lists of state and federal  
maximum allowable costs for drugs. A number of new products have  
been added to the federal list.

Date Effective

June 1, 1989

Material Superseded

Prescribed Drug Manual, Chapter E, pages 23 through 44, dated  
August 1, 1988, These pages shall be removed from the manual and  
discarded.

Additional Information

If you have any questions regarding this material, please direct  
your inquiries to Unisys Corporation, fiscal agent for the Iowa  
Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

*Donald W. Herman*

Donald W. Herman, Chief  
BUREAU OF MEDICAL SERVICES



**UNISYS**

January 24, 1990

For Human Services Use Only

General Letter No. 8-A-AP(II)-352

Subject: Employees' Manual, Title VIII, Chapter A, Appendix  
Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 90-1

Subject: Prescribed Drug Manual, Contents (page 4), revised,  
Chapter E, "Coverage and Limitations," page 10 and Less  
Than Effective Drug List, revised.

This transmittal contains an updated list of less than effective drugs for which a Notice of Opportunity for a Hearing (NOOH) has been published in the Federal Register by the Food and Drug Administration. Also included are products regarded by the FDA to be identical, related or similar to the products classified as less than effective. No Medicaid payment can be made for these drugs.

Please note that this list has been extensively expanded from the previous list due to Office of the Inspector General audits and transmittals from the Health Care Financing Administration. Many commonly used drugs are included.

Date Effective

January 29, 1990

Material Superseded

Prescribed Drug Manual, Contents (page 4), dated July 1, 1988, Chapter E, pages 10-22, including page 10, dated July 1, 1988, and the Less Than Effective Drug List, dated September 17, 1984 (12 pages). This material should be removed from the manual and discarded.

Additional Information

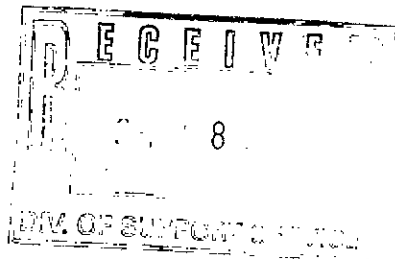
If any portion of this material is not clear, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

*Donald W. Herman*

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

**UNISYS**



Unisys Corporation  
PO Box 10394  
Des Moines IA 50306

Telephone  
Iowa WATS  
800 776 6045

September 14, 1990

For Human Services Use Only

General Letter No. 8-A-AP(II)-373

Subject: Employees' Manual, Title VIII, Chapter A, Appendix  
Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO.90-2**

Subject: Prescribed Drug Manual, Table of Contents, pages 4 and 5, revised; Chapter E, "Coverage and Limitations, : pages 77 through 97, new.

This transmittal contains revised lists of state and federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the lists. The pages are renumbered because of the expansion of the list of drugs classified as ineffective.

Date Effective

September 1, 1990

Material Superseded

Prescribed Drug Manual, Table of Contents, page 4, dated January 29, 1990, and page 5, dated July 1, 1990; and Chapter E, pages 23 through 46, dated June 1, 1989. These pages should be removed from the manual and discarded.

Additional Information

If you have any questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

A handwritten signature in cursive script that reads "Donald W. Herman".

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

September 7, 1992

**PARAMAX**  
A Unisys Company

FOR HUMAN SERVICES USE ONLY

General Letter No.: 8-A-AP(II) - 433

Subject: Employees' Manual, Title VIII, Chapter A, Appendix Part  
Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 92-1

Subject: Prescribed Drug Manual, Table of Contents page 5,  
revised, and Chapter F, "Billing and Payment," pages 1 through  
14, revised.

Effective for dates of service October 1, 1992, and after,  
recipient copayment should not be indicated in the "DED AMT" area  
of the claim form. The recipient copayment will automatically be  
deducted by the computer when appropriate.

If the recipient is pregnant, copayment should not be deducted.  
The "other" box in the "Relationship to Cardholder" area of the  
claim form must indicate "Y" if the recipient is pregnant.

Date Effective

October 1, 1992

Material Superseded

Prescribed Drug Manual, Table of Contents, page 5, dated  
September 9, 1980 and Chapter F, pages 1-6a dated January 1, 1988  
and pages 7-14 dated October 1, 1979 shall be removed from the  
manual and discarded.

Additional Information

If any portion of this material is not clear, please direct  
your inquiries to Paramax Corporation, fiscal agent for the Iowa  
Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

*Donald W. Herman*

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

September 18, 1992

**PARAMAX**  
A Unisys Company

FOR HUMAN SERVICES USE ONLY

General Letter No.: 8-A-AP(II) - 435

Subject: Employees' Manual, Title VIII, Chapter A, Appendix Part  
Two

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 92-2**

Subject: Prescribed Drug Manual, Table of Contents, pages 4 and 5, revised; Chapter E, "Coverage and Limitations," pages 1, 1a, 2-4, 4a, 5-8, 8a, and 9, revised, and pages 4b, 4c, 4d, 4e and 8b, new; Chapter F, "Billing and Payment" pages 1-14 reprinted and pages 15-20, new.

Based on 1992 Iowa Acts, Senate File 2393, an expanded prescribed drug prior authorization program is being implemented effective October 1, 1992. Prior authorization is required for the following additional prescribed drug categories:

- o Histamine H-2 receptor antagonists and sucralfate at full therapeutic dose levels for longer than a 90-day period.
- o Omeprazole, at full therapeutic dose levels for longer than a 60-day period.
- o Misoprostol, when a nonsteroidal anti-inflammatory drug is not prescribed concurrently for longer than a 90-day period.
- o Single-source nonsteroidal anti-inflammatory drugs.
- o Single-source benzodiazepines.
- o Growth hormones.

Prior authorization can be submitted by mail, by FAX, or by phone (via the toll-free number).

Instructions on how to process form 470-2961 (10/92), Request for Medicaid Drug Prior Authorization, are found in Chapter F. No other forms can be used for drug prior authorization.

This transmittal also contains changes resulting from the Omnibus Budget Reconciliation Act of 1990 regarding coverage of prescribed drugs.

Date Effective

October 1, 1992

PRESCRIBED DRUG MANUAL TRANSMITTAL NO.  
October 1, 1992  
Page Two

**PARAMAX**  
A Unisys Company

Material Superseded

Prescribed Drug Manual, Table of Contents, page 4, dated September 1, 1990; page 5, dated October 1, 1992; pages 1 and 1a dated July 1, 1987; page 2, dated July 1, 1985; pages 3 and 4, dated July 1, 1986; page 4a, dated July 1, 1985; page 5, dated October 1, 1979; page 6, dated July 1, 1988; pages 7, 8 and 8a dated February 1, 1988; page 9, dated November 26, 1984, shall be removed from the manual and discarded.

Additional Information

Pages 1 through 14 are being reissued to correct a printing error.

If any portion of this material is not clear, please direct your inquiries to Paramax Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director



Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

September 28, 1992

**PARAMAX**  
A Unisys Company

FOR HUMAN SERVICES USE ONLY

General Letter No.: 8-A-AP(II) - 442

Subject: Employees' Manual, Title VIII, Chapter A, Appendix Part  
Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 92-3

Subject: Prescribed Drug Manual, Chapter F, "Billing and Payment,"  
pages 9-14 and 17, revised.

These revisions reflect current remittance statement examples and  
the updated drug prior authorization form showing the appropriate  
phone numbers to use.

Date Effective

Immediately

Material Superseded

Prescribed Drug Manual, Chapter F, pages 9-14 and 17 dated October  
1, 1992.

Additional Information

If any portion of this material is not clear, please direct your  
inquiries to Paramax Corporation, fiscal agent for the Iowa  
Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

*Donald W. Herman*

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

November 12, 1992

For Human Services Use Only

General Letter No. VIII-A-AP(II)-452

Subject: Employees' Manual, Title VIII, Chapter A, Appendix,  
Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 92-4

Subject: Prescribed Drug Manual, Table of Contents, page 4,  
revised; Chapter E, "Coverage and Limitations," pages 77  
through 97, revised; pages 98 through 110, new.

This transmittal contains a revised list of federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the list. The state maximum allowable cost list is superseded by the new federal list and has been deleted.

Date Effective

December 1, 1992

Material Superseded

Prescribed Drug Manual, Table of Contents, page 4, dated January 1, 1990; Chapter E, pages 77 through 97, dated September, 1 1990, shall be removed and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to PARAMAX, fiscal agent for the Department of Human Services.

DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

*Donald W. Herman*

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

December 18, 1992

**PARAMAX**  
A Unisys Company

For Human Services Use Only

General Letter No. 8-A-AP(II)- 459

Subject: Employees' Manual, Title VIII, Chapter A, Appendix  
Part Two

PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 92-5

Subject: Prescribed Drug Manual, Chapter F, "Billing and Payment,"  
pages 4 and 5, revised.

The Iowa Medicaid drug rebate program has encountered some problems which require your assistance. The areas of concern are the NDC number and the quantity.

Claims are being received where the quantity shown appears to be excessive when compared to the days supply. Under the drug rebate program, the manufacturers are invoiced an amount based on the number of units paid. In these instances, the manufacturers are disputing the invoiced amount and reducing their payment. Therefore, we are asking all pharmacies to take extra care in indicating the quantity when submitting claims. Effective January 15, 1993, claims will be denied if an excessive drug quantity is billed.

Most manufacturers will not pay the rebate amount if the package size portion of the NDC is incorrect. Because the Iowa Medicaid Program is losing significant rebate dollars, we are acting to ensure that we pay only pharmacy claims which have the correct NDC, including the package size. As of January 15, 1993, any pharmacy claim which is received by Paramax with an incorrect package size will be denied. The denial message on your remittance statement will be "INVALID PACKAGE SIZE."

Date Effective

January 15, 1993

Material Superseded

Prescribed Drug Manual, Chapter F, pages 4 and 5, dated October 1, 1992, shall be removed from the manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to PARAMAX, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director



Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES



UNISYS

November 24, 1993

For Human Services Use Only

General Letter No. VIII-A-AP(II)-493

Subject: Employees' Manual, Title VIII, Chapter A, Appendix,  
Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 93-1

Subject: Prescribed Drug Manual, Chapter E, "Coverage and  
Limitations," pages 77 through 102, revised.

This transmittal contains a revised list of federal maximum  
allowable costs for drugs. Please note price changes and additions  
or deletions to the list. Pages 103 through 110 are deleted.

Date Effective

December 1, 1993

Material Superseded

Prescribed Drug Manual, Chapter E, pages 77 through 110, dated  
December, 1 1992, shall be removed and destroyed.

Additional Information

If any portion of this material is not clear, please direct your  
inquiries to UNISYS, fiscal agent for the Department of Human  
Services.

DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

*Donald W. Herman*

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

**UNISYS**

June 30, 1994

For Human Services Use Only

General Letter No. 8-A-AP(II)-521

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 94-1

Subject: Prescribed Drug Manual, Chapter E, "Coverage and Limitations," pages 4d, 4e, 5, and 77 through 102, revised, and page 103, new.

Revised page 4d reflects a change in policy on vitamin coverage for recipients age 20 and under to include diagnosed diseases which inhibit the nutrition absorption process secondary to the disease.

This transmittal also contains a revised list of federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the list.

Date Effective

January 1, 1994, for vitamin coverage.

July 1, 1994, for maximum allowable cost.

Material Superseded

Remove from the Prescribed Drug Manual and destroy Chapter E, pages 4d, 4e, and 5, dated October 1, 1992, and pages 77 through 102, dated December 1, 1993.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director



Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

**UNISYS**

December 20, 1994

For Human Services Use Only

General Letter No. 8-A-AP(II)-539

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 95-1**

Subject: Prescribed Drug Manual, Chapter E, "Coverage and Limitations," Contents (page 5), revised, pages 77 through 103, revised, and pages 104 through 106, new.

This transmittal contains a revised list of federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list are:

Atenolol; Chlorthalidone	Methylprednisolone
Benzonatate	Metroprolol Tartrate
Carbidopa; Levodopa	Naphazoline Hydrochloride
Cimetidine	Naproxen Sodium
Cyclopentolate Hydrochloride	Nitrofurazone
Dexchlorpheniramine Maleate	Prednisolone Sodium Phosphate
Estropipate	Prednisolone Sodium Phosphate; Sulfacetamide Sodium
Gemfibrozil	Primidone
Gramicidin; Neomycin Sulfate; Polymyxin B Sulfate	Proparacaine Hydrochloride
Levobunolol Hydrochloride	Tropicamide
Methotrexate Sodium	

Date Effective

January 1, 1995

Material Superseded

Remove from the Prescribed Drug Manual and destroy Contents (page 5), dated October 1, 1992, and Chapter E, pages 77 through 103, dated July 1, 1994.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

A handwritten signature in cursive script that reads "Donald W. Herman".

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

**UNISYS**

June 26, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-553

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 95-2**

Subject: Prescribed Drug Manual, Chapter E, "Coverage and Limitations," pages 77 through 106, revised.

This transmittal contains a revised list of federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list include:

Aspirin; Butalbital; Caffeine Capsules  
Hydrochlorothiazide; Triamterene Capsules  
Methazolamide Tablets  
Triazolam Tablets

**Date Effective**

July 1, 1995

**Material Superseded**

Remove from the Prescribed Drug Manual and destroy Chapter E, pages 77 through 106, dated January 1, 1995.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

# UNISYS

August 30, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-566

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 95-3

Subject: Prescribed Drug Manual, Table of Contents, pages 4 and 5, revised, and Chapter E, "Coverage and Limitations," pages 1 through 65, revised.

This revision incorporates information previously released in Prescribed Drug Informational Release Nos. 93-1, 93-2, 93-4, and 94-4.

These releases addressed:

- ◆ Medicaid coverage for additional prescribed over-the-counter drugs.
- ◆ Drug prior authorization additions.
- ◆ Maximum allowable cost changes for over-the-counter drugs.
- ◆ Nonpayment for drugs used for fertility purposes.

This revision also includes new prior authorization requirements for selected brand name drugs for which there is available an "A" rated bioequivalent generic product.

Please note that the less effective drug list has been deleted from the manual. This information is now transmitted electronically from HCFA to Unisys. The information is available through the Point-of-Sale System. Any inquiries outside of POS should be directed to Unisys Provider Relations.

Date Effective

September 1, 1995

Material Superseded

Remove from the Prescribed Drug Manual, Table of Contents, page 4, dated December 1, 1992, and all pages in Chapter E, and destroy them.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

A handwritten signature in cursive script that reads "Donald W. Herman".

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES



**UNISYS**

December 28, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-579

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 95-4**

Subject: Prescribed Drug Manual, Table of Contents, pages 4 and 5, revised; Chapter E, "Coverage and Limitations," pages 5 through 15 and 35 through 65, revised; Chapter F, "Billing and Payment," page 20, revised.

This revision deletes the prior authorization requirement for Clozapine, as directed by the 1995 General Assembly. This language is being deleted from the manual.

Also included in this transmittal is a revised list of federal maximum allowable costs for drugs. Please note price changes, additions, and deletions to the list. Additions to the list are:

Methylphenidate Hydrochloride tablets  
Cefaclor suspension

Date Effective

January 1, 1996

Material Superseded

Remove from the Prescribed Drug Manual, Table of Contents, pages 4 and 5, dated September 1, 1995; Chapter E, pages 5 through 15 and 35 through 65, dated September 1, 1995; Chapter F, page 20, dated October 1, 1992, and destroy them.

Additional Information

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

A handwritten signature in cursive script that reads "Donald W. Herman".

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

July 15, 1996

**UNISYS**

For Human Services Use Only

General Letter No. 8-A-AP(II)-599

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 96-1**

Subject: Prescribed Drug Manual, Chapter E, "Coverage and Limitations," pages 35 through 65, revised; page 66, new.

This transmittal contains a revised list of federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list include:

Acetic acid, glacial otic drops  
Cefaclor capsules  
Cimetidine solution  
Clobetasol propionate topical  
Diclofenac sodium tablets  
Ergocalciferol capsules  
Flurbiprofen tablets

Glipizide tablets  
Griseofulvin tablets  
Guanabenz acetate tablets  
Lactulose solution  
Nitrofurantoin capsules  
Triple sulfa vaginal cream

**Date Effective**

August 1, 1996


**Material Superseded**

Remove from the Prescribed Drug Manual, Chapter E, pages 35 through 65, dated January 1, 1996; and destroy them.

**Additional Information**

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director



Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

October 22, 1996

For Human Services Use Only

General Letter No. 8-AP-8

Subject: Employees' Manual, Title 8, Medicaid Appendix

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 96-2**

Subject: *Prescribed Drug Manual*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 1 through 6, 11 through 14, and 30, revised.

This transmittal contains revised prior authorization requirements for omeprazole. Prior authorization is now required for all proton pump inhibitors.

Coverage has also been extended to Senokot granules for persons aged 20 or under. This coverage is effective on December 1, 1996.

Some minor corrections and clarifications have also been included.

**Date Effective**

November 1, 1996

**Material Superseded**

Remove from the *Prescribed Drug Manual*, Table of Contents, page 4, dated January 1, 1996; and Chapter E, pages 1 through 4, dated September 1, 1995; and pages 5, 6, and 11 through 14, dated January 1, 1996; and page 30, dated September 1, 1995; and destroy them.

**Additional Information**

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

January 31, 1997

For Human Services Use Only

General Letter No. 8-AP-14

Subject: Employees' Manual, Title 8, Medicaid Appendix

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 97-1**

Subject: *Prescribed Drug Manual*, Chapter E, *Coverage and Limitations*, pages 35 through 65, revised.

This transmittal contains a revised list of federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list include:

Acebutolol hydrochloride capsules  
Captopril tablets  
Cefadroxil capsules  
Chloramphenicol ophthalmic drops  
Dipivefrin ophthalmic drops  
Methotrexate sodium tablets  
Tobramycin ophthalmic drops

**Date Effective**

January 1, 1997

**Material Superseded**

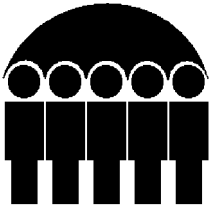
Remove from the *Prescribed Drug Manual*, Chapter E, pages 35 through 66, dated August 1, 1996, and destroy them.

**Additional Information**

If you have questions regarding this material, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-33**  
Employees' Manual, Title 8  
Medicaid Appendix

December 29, 1997

**PRESCRIBED DRUG MANUAL TRANSMITTAL NO. 97-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Prescribed Drug Manual*, Chapter E, *Coverage and Limitations*, pages 35 through 65, revised; and pages 66 through 68 new.

This transmittal contains a revised list of federal maximum allowable costs for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list include:

- ◆ Mexiletine HCL
- ◆ Nadolol
- ◆ Nicardipine HCL
- ◆ Selegiline HCL
- ◆ Triazolam

**Date Effective**

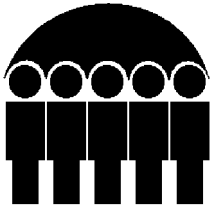
October 1, 1997

**Material Superseded**

Remove from the *Prescribed Drug Manual*, Chapter E, pages 35 through 65, dated January 1, 1997, and destroy them.

**Additional Information**

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-75**

Employees' Manual, Title 8  
Medicaid Appendix

July 20, 1998

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 98-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Prescribed Drugs Manual*, Table of Contents, page 5, revised; Chapter E, *Coverage and Limitations*, pages 2, 3, and 11, revised; page 2a, new; Chapter F, *Billing and Payment*, pages 1 through 20, revised; and pages 21 through 25, new.

This transmittal contains revisions to Chapter E for the prior authorization criteria for nonsedating antihistamines. Also included are additions to the coverage list for nonprescription drugs. Chapter F has been revised to update billing and payment instructions.

**Date Effective**

Nonsedating antihistamines: July 1, 1998

Nonprescription drug additions: August 1, 1998

Billing instructions: July 1, 1998

**Material Superseded**

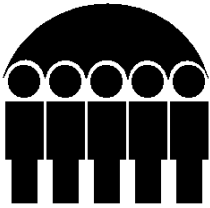
Remove the following pages from the *Prescribed Drugs Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 5)	January 1, 1996
<b>Chapter E</b>	
2, 3, 11	November 1, 1996
<b>Chapter F</b>	
1-3	October 1, 1992
4, 5	December 1, 1992
6-8	October 1, 1992
9	Undated
10-12	09/11/92
13, 14	October 2, 1992
15, 16	October 1, 1992
17	October 2, 1992
18, 19	October 1, 1992
20	January 1, 1996

**Additional Information**

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.





Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-84**  
Employees' Manual, Title 8  
Medicaid Appendix

September 18, 1998

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 98-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Prescribed Drugs Manual*, Chapter E, *Coverage and Limitations*, pages 35 through 66 revised.

This transmittal contains a revised list of federal maximum allowable cost for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list include:

Acyclovir	Lithium Citrate
Amiloride HCL	Loxapine Succinate
Benzonatate	Medroxyprogesterone Acetate
Estradiol	Methylphenidate
Etodolac	Methylprednisolone
Guanfacine HCL	Ranitidine

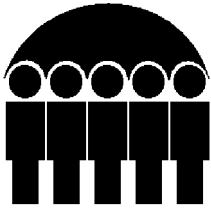
**Date Effective**

September 1, 1998

Remove from the *Prescribed Drugs Manual*, Chapter E, pages 35 through 68, all dated October 1, 1997, and destroy them.

**Additional Information**

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-102**  
Employees' Manual, Title 8  
Medicaid Appendix

March 17, 1999

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 99-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Prescribed Drugs Manual*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 5, 6, 11 through 15, and 33, revised.

This transmittal contains:

- ◆ Revisions to the basis of payment for drugs.
- ◆ Added prior authorization requirements for drugs used to treat male sexual dysfunction.

**Date Effective**

Basis of payment: February 1, 1999.

Male sexual dysfunction drug prior authorization: March 1, 1999.

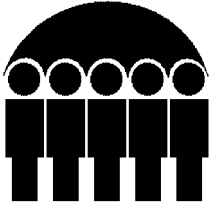
**Material Superseded**

Remove the following pages from *Prescribed Drugs Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	November 1, 1996
<b>Chapter E</b>	
5, 6	November 1, 1996
11	July 1, 1998
12-14	November 1, 1998
15	January 1, 1996
33	September 1, 1995

**Additional Information**

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-142**

Employees' Manual, Title 8

Medicaid Appendix

May 19, 2000

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 00-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Prescribed Drugs Manual*, Table of Contents (page 5), revised; Chapter E, *Coverage and Limitations*, pages 35 through 66, revised; and pages 67 through 73, new; Chapter F, *Billing and Payment*, pages 26 through 29, new.

This transmittal contains a revised list of federal maximum allowable cost for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list include:

Amiodarone Hydrochloride  
Clozapine  
Cromolyn Sodium  
Diflunisal  
Glyburide  
Ketoconazole

Ketoprofen  
Ketorolac Tomethamine  
Pentoxifylline  
Sucralfate  
Warfarin Sodium

Forms 470-3744, *Provider Inquiry*, and 470-0040, *Credit/Adjustment Request*, are added to Chapter F for provider convenience.

**Date Effective**

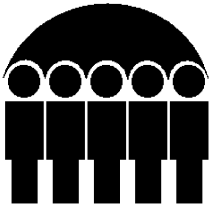
June 1, 2000

**Material Superseded**

Remove from *Prescribed Drugs Manual*, Contents (page 5), dated July 1, 1998, and Chapter E, pages 35 through 66, dated September 1, 1998, and destroy them.

**Additional Information**

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-146**

Employees' Manual, Title 8

Medicaid Appendix

June 21, 2000

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 00-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: Prescribed Drugs Manual Transmittal No. 00-1

The Prescribed Drugs Manual Transmittal No. 00-1, dated May 19, 2000, contained a revised list of federal maximum allowable costs for drugs which was to be effective on June 1, 2000. We have since received instructions from the Health Care Financing Administration to not implement this revision, pending receipt of a new revision to be effective on August 1, 2000.

Therefore, the Department has not implemented the June 1 revision into the claim payment system. If you have not yet updated your Prescribed Drug Manual Chapter E pages with the June 1, 2000, revision, do not do so. The list dated September 1, 1998, will remain in effect pending receipt of the next provider manual revision.

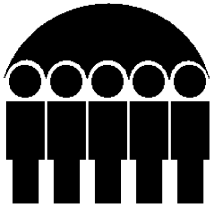
If you have destroyed the September 1, 1998, manual pages, these price listings will still be in the point-of-sale system. In addition, the Department of Human Services policy web site ([www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)) will be changed to reflect the September 1, 1998, pages.

**Date Effective**

Immediately.

**Additional Information**

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-161**  
Employees' Manual, Title 8  
Medicaid Appendix

January 19, 2001

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 01-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Prescribed Drugs Manual*, Chapter E, *Coverage and Limitations*, pages 35 through 57, revised.

This transmittal contains the revised list of federal maximum allowable cost for drugs. Please note price changes and additions or deletions to the list. Drugs added to the list include:

Amiodarone Hydrochloride  
Diflunisal  
Glyburide  
Ketoconazole  
Ketoprofen

Ketorolac Tromethamine  
Pentoxifylline  
Sucralfate  
Warfarin Sodium

**Date Effective**

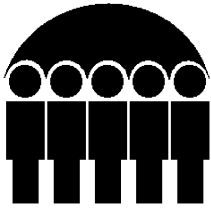
December 7, 2000

**Material Superseded**

Remove from *Prescribed Drugs Manual*, Chapter E, pages 35 through 66, all dated September 1, 1998, and destroy them. (Also delete pages 35 through 73, dated June 1, 2000, if you still have them. That interim revision has been superseded.)

**Additional Information**

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-192**

Employees' Manual, Title 8

Medicaid Appendix

August 6, 2002

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 02-1**

ISSUED BY: Bureau of Long Term Care

SUBJECT: ***PRESCRIBED DRUGS MANUAL***, Table of Contents (pages 4 and 5), revised; Table of Contents (page 6), new; Chapter E, *Coverage and Limitations*, pages 1 through 28, revised; Chapter F, *Billing and Payment*, pages 1, 10, 11, 12, and 20 through 26, revised.

### **Summary**

Chapter E is revised to:

- ◆ Expand pharmacy guidelines and pharmacist responsibilities.
- ◆ Update the list of drugs that require prior authorization.
- ◆ Change the basis of payment for prescribed drugs for which the maximum allowable cost has been established.
- ◆ Remove the list of drugs subject to the federal maximum allowable cost from the manual. The reimbursement levels are updated periodically and are available on the Centers for Medicare and Medicaid Services web page [www.hcfa.gov/medicaid/drugs/drug10htm](http://www.hcfa.gov/medicaid/drugs/drug10htm).

Chapter F is revised to:

- ◆ Revise the hours the drug prior authorization unit may be contacted by telephone.
- ◆ Update instructions for the electronic NCPDP billing format.

### **Date Effective**

The Drug Prior Authorization changes are effective July 1, 1999; August 1, 2001; February 1, 2002; and July 1, 2002.

Changes to the dispensing fee are effective July 1, 1999.

Changes to the federal maximum allowable cost are effective January 22, 2002.

Changes to the Drug Prior Authorization department schedule are effective March 1, 2002.

## Material Superseded

Remove the following pages from *PRESCRIBED DRUGS MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	March 1, 1999
Table of Contents (page 5)	June 1, 2000
<b>Chapter E</b>	
1	November 1, 1996
2, 2a, 3	August 1, 1998
4	November 1, 1996
5, 6	March 1, 1999
7-10	January 1, 1996
11-15	March 1, 1999
16-29	September 1, 1995
30	November 1, 1996
31, 32	September 1, 1995
33	February 1, 1999
34	September 1, 1995
35-57	December 7, 2000
<b>Chapter F</b>	
1, 10-12, 20	July 1, 1998
21-25	7/1/97
26	June 1, 2000

## Additional Information

The updated provider manual containing the revised pages can be found at:

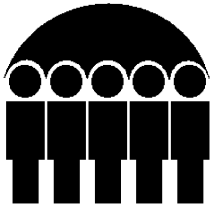
**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS/Consultec  
Manual Transmittal Requests  
PO Box 14422  
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-200**  
Employees' Manual, Title 8  
Medicaid Appendix

January 28, 2003

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 03-1**

ISSUED BY: Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS MANUAL**, Table of Contents, page 5, revised;  
Chapter E, *Coverage and Limitations*, pages 7, 23, 24, 26, 27, and 28, revised;  
and page 29, new; Chapter F, *Billing and Payment*, pages 1, 2, 26, 27, and 29,  
revised.

### **Summary**

Chapter E is revised to change the basis of payment for prescribed drugs by adding an additional payment limitation of the state maximum allowable cost (SMAC) of the drug.

Chapter F is revised to change the name of the fiscal agent from Consultec to ACS.

### **Date Effective**

Rule changes for the SMAC program were effective December 1, 2002. Reimbursement based on SMAC begins January 13, 2003.

### **Material Superseded**

Remove the following pages from **PRESCRIBED DRUGS MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 5)	August 1, 2002
<b>Chapter E</b> 7, 23, 24, 26-28	August 1, 2002
<b>Chapter F</b> 1, 2	August 1, 2002
26	August 1, 2002
27, 29	4/00



### **Additional Information**

The updated provider manual containing the revised pages can be found at:

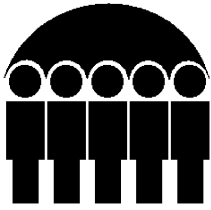
**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS  
Manual Transmittal Requests  
PO Box 14422  
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-233**  
Employees' Manual, Title 8  
Medicaid Appendix

September 30, 2003

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 03-2**

ISSUED BY: Bureau of Long-Term Care

SUBJECT: **PRESCRIBED DRUGS MANUAL**, Table of Contents, page 5, revised; Chapter E, *Coverage and Limitations*, pages 25 through 28, revised; Chapter F, *Billing and Payment*, pages 8, 27, and 29, revised; and pages 8a, 8b, 14a, and 14b, new.

### **Summary**

Chapter E is revised to:

- ◆ Change to the estimated acquisition cost definition.
- ◆ Change to the professional dispensing fee.
- ◆ Change to the state maximum allowable cost (SMAC) rate definition and requirements for pharmacies and providers to submit drug acquisition cost information.

Chapter F is revised to add instructions for forms 470-3969, *Claim Attachment Control*, and 470-3970, *Prior Authorization Attachment Control*, used to submit paper attachments for an electronic claim or prior authorization request.

### **Date Effective**

July 1, 2003

### **Material Superseded**

Remove the following pages from **PRESCRIBED DRUGS MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 5)	January 13, 2003
<b>Chapter E</b>	
25-28	January 13, 2003
<b>Chapter F</b>	
8	July 1, 1998
27 (470-3444)	10/02
29 (470-0040)	10/02

### **Additional Information**

The updated provider manual containing the revised pages can be found at:

**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS  
Manual Transmittal Requests  
PO Box 14422  
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



February 10, 2006

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 06-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **Prescribed Drugs**, Title Page, revised; Chapter III, **Provider-Specific Policies**, Title Page, new; Table of Contents (pages 1, 2, and 3), new; pages 1 through 59, new; and the following forms:

- 470-4092 *Request for Prior Authorization: Fentanyl Citrate (Actiq®), new*
- 470-4278 *Request for Prior Authorization: Alpha Blockers, Urospecific, new*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products – Topical, new*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, new*
- 470-4095 *Request for Prior Authorization: Antihistamines, new*
- 470-4096 *Request for Prior Authorization: Anti-Thrombotic Injectables, new*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, new*
- 470-4097 *Request for Prior Authorization: Ergotamine Derivatives, new*
- 470-4098 *Request for Prior Authorization: Erythropoiesis Stimulating Agents, new*
- 470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor, new*
- 470-4100 *Request for Prior Authorization: Growth Hormones, new*
- 470-4101 *Request for Prior Authorization: Isotretinoin, new*
- 470-4102 *Request for Prior Authorization: Ketorolac Tromethamine (Toradol®) – Oral, new*
- 470-4118 *Request for Prior Authorization: Lipase Inhibitors, new*
- 470-4104 *Request for Prior Authorization: Miscellaneous, new*
- 470-4105 *Request for Prior Authorization: Muscle Relaxants, new*
- 470-4106 *Request for Prior Authorization: Narcotic Agonist/Antagonist Nasal Sprays, new*
- 470-4107 *Request for Prior Authorization: Nonparenteral Vasopressin Derivatives of Posterior Pituitary Hormone Products, new*
- 470-4108 *Request for Prior Authorization: Non-Preferred Drug, new*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, new*
- 470-4110 *Request for Prior Authorization: Palivizumab (Synagis®), new*
- 470-4111 *Request for Prior Authorization: Prefilled Insulin Pens, new*
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, new*

470-4116	<i>Request for Prior Authorization: Psychostimulants, new</i>
470-4276	<i>Request for Prior Authorization: Becaplermin (Regranex®), new</i>
470-4119	<i>Request for Prior Authorization: Selected Brand Name Drugs, new</i>
470-4113	<i>Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, new</i>
470-4277	<i>Request for Prior Authorization: Tiotropium Bromide (Spiriva®), new</i>
470-4114	<i>Request for Prior Authorization: Tretinoin – Topical, new</i>
470-4115	<i>Request for Prior Authorization: Vitamins &amp; Minerals, new</i>
470-4279	<i>Request for Prior Authorization: Omalizumab (Xolair®), new</i>
470-4275	<i>Request for Prior Authorization: Linezolid (Zyvox®), new</i>
470-3970	<i>Prior Authorization Attachment Control, revised NCPDP Version 5.1 Payer Sheet, revised Pharmacy Claim Form, unchanged</i>
470-3969	<i>Claim Attachment Control, revised Remittance Advice, unchanged</i>

## Summary

Chapters on coverage and limitations and on billing and payment for prescribed drugs are reformatted and revised to reflect the implementation of the Iowa Medicaid Enterprise and the reorganization of the Medicaid “All Providers” manual chapters.

Within the manual, the form samples have been removed from the numbered pages and connected to the on-line manual through hypertext links. This will make the chapters quicker to load on line and easier to read and update.

Revisions to the manual include:

- ◆ Policy on the Medicaid Preferred Drug List and revised prior authorization procedures.
- ◆ Transfer of prescription drug coverage for Medicaid members who also qualify for Medicare (“dual eligibles”) to Medicare Part D.

## Date Effective

January 1, 2006

## Material Superseded

Remove the entire Chapter E and Chapter F from *Prescribed Drugs Manual* and destroy them. This includes the following:

Page Date

Title Page  
Contents (p. 4)  
Contents (p. 5)

\_\_\_\_\_  
Undated  
August 1, 2002  
July 1, 2003

Contents (p. 6)	August 1, 2002
<b>Chapter E</b>	
1-6	August 1, 2002
7	December 1, 2002
8-22	August 1, 2002
23, 24	January 13, 2003
25-28	July 1, 2003
29	January 13, 2003
<b>Chapter F</b>	
1, 2	December 1, 2002
3 (470-0829)	4/98
5-7	July 1, 1998
8	July 1, 2003
8a (470-3970)	7/03
8b	July 1, 2003
9	July 1, 1998
10-12	August 1, 2002
13 (Pharmacy Claim Form)	Undated
14a	July 1, 2003
14b (470-3969)	7/03
15, 16	July 1, 1998
17 (Remittance Advice)	Undated
19	July 1, 1998
20	August 1, 2002
21-25 (NCPDP Payor Sheet for Iowa Medicaid)	8/1/02
26	December 1, 2002
27 (470-3744)	10/02
29 (470-0040)	10/02

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



May 12, 2006

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 06-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **Prescribed Drugs**, Chapter III, *Provider-Specific Policies*, Table of Contents (pages 1, 2, and 3), revised; pages 6, 12 through 59, revised; pages 60 and 61, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents*, revised
- 470-4106 *Request for Prior Authorization: Narcotic Agonist/Antagonist Nasal Sprays*, revised
- 470-4101 *Request for Prior Authorization: Oral Isotretinoin*, revised
- 470-4111 *Request for Prior Authorization: Prefilled Insulin Pens*, revised
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors*, revised
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents*, new
- 470-4328 *Request for Prior Authorization: Sedative/Hypnotic-Non-Benzodiazepine*, new
- 470-4119 *Request for Prior Authorization: Selected Brand Name Drugs*, revised

**Summary**

Revisions to the manual include:

- ◆ New and revised prior authorization criteria and prior authorization forms. Note that 470-4116, formerly titled *Request for Prior Authorization: Psychostimulants* has been renamed *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents*.
- ◆ Addition of newly payable nonprescription drugs.

**Date Effective**

March 1, 2006

**Material Superseded**

Remove the following pages from Chapter III of the **Prescribed Drugs Manual** and destroy them:

<u>Page</u> <u>Date</u>	_____
Contents (pp. 1-3)	January 1, 2006
6, 12-34	January 1, 2006
470-4101 1/05	
470-4106 1/05	

470-4111 1/05  
470-4112 12/05  
470-4116 12/05  
470-4119 1/05  
35, 36, 37-42, 43, 44, 45-50, January 1, 2006  
51-58, 59

Due to repaging of the manual, the following form samples need to be filed differently in the printed manual:

- ◆ *Request for Prior Authorization* forms (470-4092 through 4102, 470-4104 through 470-4119, 470-4275 through 470-4279, 470-4327, and 4328) should now follow page 38 instead of page 34.
- ◆ Form 470-3970, *Prior Authorization Attachment Control*, should follow page 40 instead of page 36.
- ◆ The NCPODP Version 5.1 Payer Sheet should follow page 46 instead of page 42.
- ◆ The sample pharmacy claim form should precede page 47 instead of following page 44.
- ◆ Form 470-3969, *Claim Attachment Control*, should follow page 52 instead of page 50.
- ◆ The sample *Remittance Advice* should follow page 60 instead of page 58.

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.





Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-275**  
Employees' Manual, Title 8  
Medicaid Appendix

September 7, 2007

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 07-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **Prescribed Drugs**, Chapter III, *Provider-Specific Policies*, Table of Contents (pages 1, 2, and 3), revised; pages 3, 5, 9, 10, and 12 through 61, revised; pages 62 through and 66, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4406 *Request for Prior Authorization: Amylino Mimetic (Symlin®), new*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products – Topical, revised*
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products, new*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-4095 *Request for Prior Authorization: Antihistamines, revised*
- 470-4100 *Request for Prior Authorization: Growth Hormones, revised*
- 470-4407 *Request for Prior Authorization: Incretin Mimetic (Byetta®), new*
- 470-4105 *Request for Prior Authorization: Muscle Relaxants, revised*
- 470-4421 *Request for Prior Authorization: Nicotine Replacement Therapy, new*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*
- 470-4409 *Request for Prior Authorization: Oxycodone CR/ER (Oxycontin®), new*
- 470-4111 *Request for Prior Authorization: Prefilled Insulin Pens, revised*
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, revised*
- 470-4328 *Request for Prior Authorization: Sedative/Hypnotics-Non-Benzodiazepine, revised*
- 470-4092 *Request for Prior Authorization: Short Acting Oral Fentanyl Products, revised*  
*NCPDP Version 5.1 Payer Sheet, revised*

**Summary**

Revisions to the manual include:

- ◆ The addition of a new category of drug coverage for smoking cessation.
- ◆ Additions, deletions, and changes to drug prior authorization criteria.

- ◆ A change in the process of billing pharmacy claims when Medicaid is not the primary insurer.
- ◆ Current forms for requesting drug prior authorization.
- ◆ Current Point-of-Sale system instructions.
- ◆ Updated instructions on verifying a member's Medicaid eligibility.

**Date Effective**

July 1, 2007

**Material Superseded**

Remove the following pages from Chapter III of the *Prescribed Drugs Manual* and destroy them:

<u>Page</u>	<u>Date</u>	
Contents (pp. 1-3)		March 1, 2006
3, 5, 9, 10		January 1, 2006
12-38		March 1, 2006
470-4092	1/05	
470-4116	3/06	
470-4093	1/05	
470-4094	1/05	
470-4095	12/05	
470-4100	6/05	
470-4105	1/05	
470-4109	12/05	
470-4111	5/06	
470-4112	3/06	
470-4328	3/06	
39-46*		March 1, 2006
NCPDP Version 5.1 Payer Sheet		June 25, 2005
47-61*		March 1, 2006

\* For those filing paper manuals, form samples should be moved to follow the revised text, as follows:

- ◆ *Request for Prior Authorization* samples should be filed in alphabetical order by title following page 40 instead of page 38.
- ◆ Form 470-3970 should be filed following page 42 instead of page 40.
- ◆ The *Pharmacy Information* claim form should be filed before page 53 instead of page 47.
- ◆ Form 470-3969 should be filed following page 58 instead of page 52.
- ◆ The sample *Remittance Advice* should be filed following page 64 instead of page 60.

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



November 2, 2007

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 07-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **Prescribed Drugs**, Chapter III, *Provider-Specific Policies*, the following forms:

- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Product*, revised
- 470-4094 *Request for Prior Authorization: Antifungal Drugs*, revised
- 470-4105 *Request for Prior Authorization: Muscle Relaxants*, revised
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors*, revised
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents*, revised
- 472-4328 *Request for Prior Authorization: Sedative/Hypnotics-Non-Benzodiazepine*, revised
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1-Receptor Agonists*, revised  
*NCPDP Version 5.1 Payer Sheet*, revised

**Summary**

Revisions to the manual include:

- ◆ Current forms for requesting drug prior authorization.
- ◆ Revised NCPDP Version 5.1 Payer Sheet.

**Date Effective**

November 1, 2007

**Material Superseded**

Remove the following forms from Chapter III of the **Prescribed Drugs Manual** and destroy them:

<u>Page</u>	<u>Date</u>	_____
470-4410	7/07	
470-4094	5/07	
470-4105	5/07	
470-4112	5/07	
470-4327	3/06	
472-4328	5/07	

470-4113 12/05  
NCPDP Version 5.1 Payer Sheet April 3, 2007  
(after p. 46)

For those filing paper manuals, form samples should be removed from Chapter III of the *Prescribed Drugs Manual* and destroyed. *Request for Prior Authorization* samples should be filed in alphabetical order by title following page 40.

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



December 14, 2007

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 07-3**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **Prescribed Drugs**, Chapter III, *Provider-Specific Policies*, the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4095 *Request for Prior Authorization: Antihistamines, revised*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, revised*
- 470-4104 *Request for Prior Authorization: Miscellaneous, revised*
- 470-4105 *Request for Prior Authorization: Muscle Relaxants, revised*
- 470-4108 *Request for Prior Authorization: Non-Preferred Drug, revised*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised*
- 470-4114 *Request for Prior Authorization: Tretinoin – Topical, revised*
- 470-4115 *Request for Prior Authorization: Vitamins & Minerals, revised*

**Summary**

Revisions to the manual include current forms for requesting drug prior authorization.

**Date Effective**

January 1, 2008

**Material Superseded**

Remove the following forms from Chapter III of the **Prescribed Drugs Manual** and destroy them:

<u>Page</u>	<u>Date</u>	_____
470-4116	5/07	
470-4095	5/07	
470-4117	1/05	
470-4104	1/05	
470-4105	10/07	
470-4108	1/05	

470-4109 5/07  
470-4327 10/07  
470-4114 1/05  
470-4115 1/05

For those filing paper manuals, form samples should be removed from Chapter III of the *Prescribed Drugs Manual* and destroyed. *Request for Prior Authorization* samples should be filed in alphabetical order by title following page 40.

**Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-285**  
Employees' Manual, Title 8  
Medicaid Appendix

May 2, 2008

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 08-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Table of Contents, new; Chapter III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; pages 12 through 32, 39, 40, and 41, revised; pages 32a, 32b, and 32c, new; and the following forms:

- 470-4406 *Request for Prior Authorization: Amylino Mimetic (Symlin®), revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products – Topical, revised*
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Product, revised*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis, new*
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, new*
- 470-4523 *Request for Prior Authorization: Biologicals for Inflammatory Bowel Disease, new*
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis, new*
- 470-4407 *Request for Prior Authorization: Incretin Mimetic (Byetta®), revised*
- 470-4105 *Request for Prior Authorization: Muscle Relaxants, revised*
- 470-4421 *Request for Prior Authorization: Nicotine Replacement Therapy, revised*
- 470-4107 *Request for Prior Authorization: Nonparenteral Vasopressin Derivatives of Posterior Pituitary Hormone Products, revised*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*
- 470-4110 *Request for Prior Authorization: Palivizumab (Synagis®), revised*
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, revised*
- 472-4328 *Request for Prior Authorization: Sedative/Hypnotics-Non-Benzodiazepine, revised*
- 470-4517 *Request for Prior Authorization: Varenicline (Chantix™), new*



## Summary

New forms and criteria for requesting prior authorization for biologicals for ankylosing spondylitis, biologicals for arthritis, biologicals for inflammatory bowel disease, biologicals for plaque psoriasis, and varenicline (Chantix™) are added to the manual.

Forms criteria for requesting prior authorization for eleven for other classes of drugs have been revised to reflect changes in authorization criteria.

## Date Effective

April 21, 2008

## Material Superseded

Remove the following pages from Chapter III of the *Prescribed Drugs Manual* and destroy them:

<u>Page</u>	<u>Date</u>	
Contents (pages 1, 2)		July 1, 2007
12-32, 39, 40		July 1, 2007
470-4406	5/07	
470-4093	5/07	
470-4410	10/07	
470-4094	10/07	
470-4407	5/07	
470-4105	1/08	
470-4421	5/07	
470-4107	1/05	
470-4109	1/08	
470-4110	1/05	
470-4112	10/07	
470-4328	10/07	
41		July 1, 2007

For those filing paper manuals, form samples should be removed from Chapter III of the *Prescribed Drugs Manual* and destroyed. *Request for Prior Authorization* samples should be filed in alphabetical order by title following page 40.

## Additional Information

The new provider manual can be found at:

[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-291**  
Employees' Manual, Title 8  
Medicaid Appendix

November 21, 2008

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 08-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Table of Contents, new; Chapter III, *Provider-Specific Policies*, Contents (pages 1, 2, and 3), revised; pages 7 through 10, 12 through 32, 32a, 32b, 32c, 38 through 41, 54 through 66, revised; pages 32d and 67 through 79, new; and the following forms:

- 470-4093 *Request for Prior Authorization: Anti-Acne Products – Topical*, revised
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Product*, revised
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis*, revised
- 470-4550 *Request for Prior Authorization: Extended Release Formulation*, new
- 470-4102 *Request for Prior Authorization: Ketorolac Tromethamine (Toradol®)*, revised
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs*, revised
- 470-4409 *Request for Prior Authorization: Oxycodone CR/ER (Oxycontin®)*, revised
- 470-4551 *Request for Prior Authorization: Pregabalin (Lyrica®)*, new
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists*, revised

### **Summary**

Additions to the manual include:

- ◆ New forms and policies for requesting drug prior authorization.
- ◆ More information about edits in the point-of-sale system that can cause claims to be denied, such as age edits, refills too soon, plan limits exceeded, high-dollar claims, high-dose claims, and quantity limits.

Revisions to the manual include

- ◆ Updated forms for requesting drug prior authorization. Form 470-4277, *Request for Prior Authorization: Tiotropium Bromide (Spiriva®)*, is removed, since prior authorization is no longer required.
- ◆ Updated claim form instructions.
- ◆ An expanded list of common billing errors.

**Date Effective**

July 28, 2008

**Material Superseded**

Remove the following pages from Chapter III of the *Prescribed Drugs Manual* and destroy them:

<u>Page</u>	<u>Date</u>	
Contents (pages 1 and 2)		May 1, 2008
Contents (page 3)		July 1, 2007
7, 8		January 1, 2006
9, 10		July 1, 2006
11	January	1, 2006
12-32, 32a, 32b, 32c		May 1, 2008
33-38		July 1, 2007
39-41		May 1, 2008
470-4093	5/08	
470-4410	5/08	
470-4522	5/08	
470-4102	5/07	
470-4109	5/08	
470-4409	5/07	
470-4113	10/07	
470-4277	10/05	
42-66		July 1, 2007

For those filing paper manuals, form samples should be removed from Chapter III of the *Prescribed Drugs Manual* and destroyed. *Request for Prior Authorization* samples should be filed in alphabetical order by title following page 40.

**Additional Information**

The new provider manual can be found at:

[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



February 12, 2010

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 10-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1, 2, and 3), revised; pages 1 through 79, revised; and pages 80 through 87, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4278 *Request for Prior Authorization: Alpha Blockers, Urospecific, revised*
- 470-4406 *Request for Prior Authorization: Amylino Mimetic (Symlin®), revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, new*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products – Topical, revised*
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products, revised*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-4095 *Request for Prior Authorization: Antihistamines, revised*
- 470-4096 *Request for Prior Authorization: Anti-Thrombotic Injectables, revised*
- 470-4276 *Request for Prior Authorization: Becaplermin (Regranex®), revised*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, revised*
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis, revised*
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, revised*
- 470-4523 *Request for Prior Authorization: Biologicals for Inflammatory Bowel Disease, revised*
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis, revised*
- 470-4097 *Request for Prior Authorization: Ergotamine Derivatives, revised*
- 470-4098 *Request for Prior Authorization: Erythropoiesis Stimulating Agents, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4849 *Request for Prior Authorization: Febuxostat (Uloric®), new*
- 470-4092 *Request for Prior Authorization: Fentanyl, Short Acting Oral Products, revised*

470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor, revised*

470-4100 *Request for Prior Authorization: Growth Hormones, revised*

470-4407 *Request for Prior Authorization: Incretin Mimetic (Byetta®), revised*

470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens, revised*

470-4101 *Request for Prior Authorization: Isotretinoin (Oral), revised*

470-4102 *Request for Prior Authorization: Ketorolac Tromethamine (Toradol®), revised*

470-4275 *Request for Prior Authorization: Linezolid (Zyvox®), revised*

470-4118 *Request for Prior Authorization: Lipase Inhibitors, revised*

470-4705 *Request for Prior Authorization: Modified Formulations, new*

470-4105 *Request for Prior Authorization: Muscle Relaxants, revised*

470-4106 *Request for Prior Authorization: Narcotic Agonist/Antagonist Nasal Sprays, revised*

470-4421 *Request for Prior Authorization: Nicotine Replacement Therapy, revised*

470-4107 *Request for Prior Authorization: Nonparenteral Vasopressin Derivatives of Posterior Pituitary Hormone Products, revised*

470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*

470-4279 *Request for Prior Authorization: Omalizumab (Xolair®), revised*

470-4409 *Request for Prior Authorization: Oxycodone ER/CR (Oxycontin®), revised*

470-4110 *Request for Prior Authorization: Palivizumab (Synagis®), revised*

470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, revised*

470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised*

470-4556 *Request for Quantity Limit Override, new*

470-4328 *Request for Prior Authorization: Sedative/Hypnotics-Non-Benzodiazepine, revised*

470-4113 *Request for Prior Authorization: Serotonin 5-HT<sub>1</sub> Receptor Agonists, revised*

470-4850 *Request for Prior Authorization: Thrombopoietin Receptor Agonists, new*

470-4114 *Request for Prior Authorization: Tretinoin – Topical, revised*

470-4517 *Request for Prior Authorization: Varenicline (Chantix™), revised*

470-4115 *Request for Prior Authorization: Vitamins & Minerals, revised*

470-4655 *Request for Prior Authorization: Vusion™ Ointment, new*  
470-3969 *Claim Attachment Control, revised*  
*Remittance Advice, revised*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Add five new forms for requesting drug prior authorization.
- ◆ Update 41 current forms for requesting drug prior authorization.
- ◆ Update the *Claim Attachment Control* sample.
- ◆ Update the *Remittance Advice* sample and instructions

## Date Effective

January 1, 2010

## Material Superseded

This material replaces the following pages from Chapter III of the ***Prescribed Drugs Manual***:

<u>Page</u>	<u>Date</u>
Contents (pages 1, 2, 3)	July 28, 2008
1, 2	January 1, 2006
3	July 1, 2007
4	January 1, 2006
5	July 1, 2007
6-8	January 1, 2006
9, 10	July 1, 2006
11	January 1, 2006
12-32, 32a, 32b, 32c	May 1, 2008
33-38	July 1, 2007
39-41	May 1, 2008
470-4116	1/08
470-4278	10/05
470-4406	4/08
470-4093	7/08
470-4410	7/08
470-4094	4/08
470-4095	1/08
470-4096	12/05
470-4276	10/05
470-4117	1/08
470-4521	3/08
470-4522	7/08
470-4523	3/08
470-4524	3/08
470-4097	1/05
470-4098	1/05

470-4550	7/08
470-4099	1/05
470-4100	5/07
470-4407	4/08
470-4102	7/08
470-4275	10/05
470-4118	1/05
470-4105	4/08
470-4106	3/06
470-4421	2/08
470-4107	4/08
470-4109	7/08
470-4279	10/05
470-4101	3/06
470-4409	7/08
470-4110	4/08
470-4111	5/07
470-4112	4/08
470-4327	1/08
470-4328	4/08
470-4113	7/08
470-4092	5/07
470-4114	1/08
470-4517	2/08
470-4115	1/08
42-58	July 1, 2007
470-3969	7/05
59-64	July 1, 2007
Remittance Advice	6/12/97
65, 66	July 1, 2007
67-79	July 28, 2008

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.





Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-302**  
Employees' Manual, Title 8  
Medicaid Appendix

April 16, 2010

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 10-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1, 2, and 3), revised; pages 9 and 12 through 87, revised; pages 88 through 97, new; and the following forms:

470-4521	<i>Request for Prior Authorization: Biologicals for Ankylosing Spondylitis, revised</i>
470-4522	<i>Request for Prior Authorization: Biologicals for Arthritis, revised</i>
470-4594	<i>Request for Prior Authorization: Concurrent IM/PO Antipsychotic Utilization, new</i>
470-4897	<i>Request for Prior Authorization: DPP-4 Inhibitors, new</i>
470-4898	<i>Request for Prior Authorization: Lidocaine Patch (Lidoderm®), new</i>
470-4112	<i>Request for Prior Authorization: Proton Pump Inhibitors, revised</i>
470-4899	<i>Request for Prior Authorization: Short Acting Narcotics, new</i>
470-4517	<i>Request for Prior Authorization: Smoking Cessation Therapy-Oral, revised (replaces Varenicline form)</i>
UCF L1	<i>Universal Claim Form, revised</i>

### **Summary**

The Prescribed Drug manual is revised to:

- ◆ Update drug prior authorization (PA) criteria, including:
  - Addition of PA requirements for concurrent long-acting antipsychotic medications, DPP-4 inhibitors, lidocaine patches, and short-acting narcotics.
  - Deletion of PA requirements for ergotamine derivatives.
  - Revisions to PA requirements for biologicals for ankylosing spondylitis and for arthritis, proton pump inhibitors, oral smoking cessation therapy, and topical tretinoin products.
- ◆ Update instructions for ordering Universal Claim Forms.
- ◆ Update lists of prospective drug utilization review (Pro-DUR) edits.
- ◆ Add four new forms for requesting drug prior authorization to reflect the new PA requirements.

- ◆ Update four current forms for requesting drug prior authorization. Form 470-4517, *Request for Prior Authorization: Smoking Cessation Therapy-Oral*, is renamed to replace the Varenicline form.
- ◆ Remove form 470-4097, *Request for Prior Authorization: Ergotamine Derivatives*.

### **Date Effective**

April 5, 2010

### **Material Superseded**

This material replaces the following pages from Chapter III of the ***Prescribed Drugs Manual***:

<u>Page</u>	<u>Date</u>
Contents (pp. 1-3)	January 1, 2010
9, 12-44	January 1, 2010
470-4521	11/09
470-4522	1/10
470-4097	5/07
45, 46	January 1, 2010
470-4112	1/10
470-4517	1/10
47-58	January 1, 2010
UCF L1	1989
59-87	January 1, 2010

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the general letter number of the transmittal that you are requesting (found at the top right corner of the transmittal).

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-304**  
Employees' Manual, Title 8  
Medicaid Appendix

June 4, 2010

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 10-3**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1, 2, and 3), revised; Contents (page 4), new; pages 12, 13, 24 through 40, and 78 through 97, revised; pages 98 and 99, new; and the following form:

470-4551 *Request for Prior Authorization: Chronic Pain Syndrome*, revised

**Summary**

The Prescribed Drug manual is revised to:

- ◆ Update drug prior authorization (PA) criteria, including addition of PA requirements for chronic pain syndrome agents. Form 470-4551 replaces the Pregabalin PA form
- ◆ Update lists of prospective drug utilization review (Pro-DUR) edits.
- ◆ Update special billing information to include proper reporting of national drug codes and billing of pharmacy claims for deceased members.

**Date Effective**

May 24, 2010

**Material Superseded**

This material replaces the following pages from Chapter III of the **Prescribed Drugs Manual**:

<u>Page</u>	<u>Date</u>
Contents (pages 1-4)	April 5, 2010
12, 13, 24-40	April 5, 2010
470-4551	7/08
78-97	April 5, 2010

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the general letter number of the transmittal that you are requesting (found at the top right of the transmittal).

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-311**  
Employees' Manual, Title 8  
Medicaid Appendix

October 22, 2010

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 10-4**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 2, 3, and 4), revised; pages 12, 25, 31, 36, 42, 43, 44, 50, 51, 52, 79, 80, and 84 through 99, revised; pages 100, 101, and 102, new; and the following forms:

- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products - Topical, revised*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, revised*
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, revised*
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis, revised*
- 470-4551 *Request for Prior Authorization: Chronic Pain Syndrome, revised*
- 470-4594 *Request for Prior Authorization: Concurrent IM/PO Antipsychotic Utilization, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4100 *Request for Prior Authorization: Growth Hormones, revised*
- 470-4407 *Request for Prior Authorization: Incretin Mimetics (Byetta® & Victoza®), revised*
- 470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens, revised*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-4421 *Request for Prior Authorization: Nicotine Replacement Therapy, revised*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, revised*
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised*
- 470-4556 *Request for Quantity Limit Override, revised*  
*Remittance Advice, revised*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Update drug prior authorization (PA) criteria, including:
  - Addition of PA requirements for serotonin 5-HT<sub>1</sub> RECEPTOR Agonists.
  - Addition of drug products to incretin mimetics and nicotine replacement therapy categories.
  - Updated criteria for Proton Pump Inhibitors.
- ◆ Update list of maximum allowable cost (MAC).
- ◆ Update list of quantity limits.
- ◆ Revised 18 forms for requesting drug prior authorization.
- ◆ Update the instructions for the *Remittance Advice* and add a corrected sample.

## Date Effective

October 18, 2010

## Material Superseded

This material replaces the following pages from Chapter III of the ***Prescribed Drugs Manual***:

<u>Page</u>	<u>Date</u>
Contents (pages 2-4)	May 24, 2010
12	May 24, 2010
470-4593	8/09 *
470-4093	1/10 *
470-4094	8/09
470-4117	1/09 *
470-4522	4/10
470-4524	8/09
470-4551	5/10
470-4594	4/10
25	May 24, 2010
470-4550	11/09
470-4100	1/10
470-4407	1/10
470-4111	1/10
31	May 24, 2010
470-4705	1/10 *
36	May 24, 2010
470-4421	1/10
470-4109	1/10
42	April 5, 2010
470-4112	4/10 *
43, 44	April 5, 2010

470-4113	1/10 *
50-52	April 5, 2010
470-4556	1/10
79, 80, 84-96	May 24, 2010
Remittance Advice	Undated
97-99	May 24, 2010

\* On the IME web site there is a 5/10 version which is also obsolete.

### **Additional Information**

The new provider manual can be found at:

**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

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Provider Services  
PO Box 36450  
Des Moines, IA 50315

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If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-313**  
Employees' Manual, Title 8  
Medicaid Appendix

January 7, 2011

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 11-1**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 4), revised; pages 7 through 98, revised; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products - Topical, revised*
- 470-4410 *Request for Prior Authorization: Antiemetics-5HT3 Receptor Antagonists/Substance P Neurokinin Agents, revised*
- 470-4096 *Request for Prior Authorization: Anti-Thrombotics Injectable, revised*
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis, revised*
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, revised*
- 470-4523 *Request for Prior Authorization: Biologicals for Inflammatory Bowel Disease, revised*
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis, revised*
- 470-4897 *Request for Prior Authorization: DPP-4 Inhibitors, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens, revised*
- 470-4102 *Request for Prior Authorization: Ketorolac, revised*
- 470-4898 *Request for Prior Authorization: Lidocaine Patch (Lidoderm), revised*
- 470-4118 *Request for Prior Authorization: Lipase Inhibitor, revised*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, revised*
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension, revised*
- 470-4119 *Request for Prior Authorization: Selected Brand Name Drug, revised*
- 470-4114 *Request for Prior Authorization: Tretinoin Products, revised*



## Summary

The *Prescribed Drugs* Manual is revised to:

- ◆ Increase of refill tolerance for all drugs to 85% use of the previous supply.
- ◆ Remove drug prior authorization criteria for alpha blockers (urospecific).
- ◆ Update drug prior authorization criteria and forms for:
  - Biologicals for ankylosing spondylitis,
  - Biologicals for inflammatory bowel disease,
  - Biologicals for plaque psoriasis,
  - DPP-4 inhibitors,
  - Extended-release formulations,
  - Lidocaine patch (Lidoderm),
  - Lipase inhibitor drugs, and
  - Tretinoin products (topical).
- ◆ Reflect the revision of 12 other forms for requesting drug prior authorization.
- ◆ Update the list of maximum allowable costs (MAC).
- ◆ Update provisions for reimbursement for vaccines to include reimbursement to pharmacies for administering influenza vaccine to children.
- ◆ Update the list of quantity limits.
- ◆ Update the section on special billing information to include explanations of override codes and coverage of non-drug products.

## Date Effective

January 1, 2011

## Material Superseded

This material replaces the following pages from Chapter III of the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 24, 2010
Contents (pages 2-4)	October 18, 2010
7, 8	January 1, 2010
9	April 5, 2010
10, 11	January 1, 2010
12	October 18, 2010
13	May 24, 2010
14	April 5, 2010
470-4116	1/10
470-4278	5/07

15, 16	April 5, 2010
470-4593	10/10
470-4093	10/10
17, 18	April 5, 2010
470-4410	8/09
19, 20	April 5, 2010
470-4096	1/09
21, 22	April 5, 2010
470-4521	4/10
470-4522	5/10
23	April 5, 2010
24	May 24, 2010
470-4523	1/10
470-4524	5/10
25	October 18, 2010
26	May 24, 2010
470-4897	4/10
27, 28	May 24, 2010
470-4550	10/10
29, 30	May 24, 2010
470-4111	10/10
31	October 18, 2010
32	May 24, 2010
470-4102	1/10
470-4898	4/10
33, 34	May 24, 2010
470-4118	5/07
470-4705	10/10
35	May 24, 2010
36	October 18, 2010
37-40	May 24, 2010
470-4112	10/10
41	April 5, 2010
42	October 18, 2010
470-4327	1/10
470-4119	4/06
43, 44	October 18, 2010
45, 46	April 5, 2010
470-4114	1/10
47-49	April 5, 2010
50-52	October 18, 2010
53-77	April 5, 2010
78	May 24, 2010
79, 80	October 18, 2010
81-83	May 24, 2010
84-98	October 18, 2010

## **Additional Information**

The new provider manual can be found at:

[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise  
Provider Services  
PO Box 36450  
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the general letter number of the transmittal that you are requesting (found at the top right corner of the transmittal).

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-318**  
Employees' Manual, Title 8  
Medicaid Appendix

March 11, 2011

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 11-2**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1, 2, and 3), revised; pages 12, 13, and 22 through 46, revised; pages 46a through 46d, new; and the following forms:

- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, revised*
- 470-5017 *Request for Prior Authorization: Buprenorphine (Butrans™) Transdermal System, new*
- 470-5015 *Request for Prior Authorization: Dalfampridine (Ampyra™), new*
- 470-5018 *Request for Prior Authorization: Extended-Release Alpha<sub>2</sub> Agonists, new*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*
- 470-5016 *Request for Prior Authorization: Sodium Oxybate (Xyrem®), new Remittance Advice, revised*

### **Summary**

The Prescribed Drug manual is revised to:

- ◆ Update drug prior authorization (PA) criteria, including:
  - New criteria for buprenorphine (Butrans™) transdermal system, dalfampridine (Ampyra™), extended-release alpha<sub>2</sub> agonists, and sodium oxybate (Xyrem®).
  - Updated criteria for biologicals for arthritis, modified formulations, and nonsteroidal anti-inflammatory drugs.
- ◆ Revise three forms for requesting drug prior authorization.
- ◆ Add four new forms for requesting drug prior authorization.
- ◆ Update the telephone number on the *Remittance Advice*.

### **Date Effective**

March 14, 2011

### **Material Superseded**

This material replaces the following pages from Chapter III of the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
Contents (pages 1-3)	January 1, 2011
12, 13, 22	January 1, 2011
470-4522	1/11
23-34	January 1, 2011
470-4705	1/11
35-38	January 1, 2011
470-4109	10/10
39-46	January 1, 2011
Remittance Advice	Undated

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-323**  
Employees' Manual, Title 8  
Medicaid Appendix

June 3, 2011

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 11-3**

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (page 4), revised; pages 1, 2, 72, 75, 87, 93, and 98 through 102, revised; page 103, new; and the following forms:

- 470-4093 *Request for Prior Authorization: Anti-Acne Products - Topical*, revised
- 470-4410 *Request for Prior Authorization: Antiemetics-5HT3 Receptor Antagonists/Substance P Neurokinin Agents*, revised
- 470-4095 *Request for Prior Authorization: Antihistamines*, revised
- 470-4897 *Request for Prior Authorization: DPP-4 Inhibitors*, revised
- 470-5018 *Request for Prior Authorization: Extended-Release Alpha<sub>2</sub> Agonists*, revised
- 470-4550 *Request for Prior Authorization: Extended Release Formulations*, revised
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors*, revised
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension*, revised
- 470-4328 *Request for Prior Authorization: Sedative/Hypnotic Non-Benzodiazepine*, revised

### **Summary**

The Prescribed Drug manual is revised to:

- ◆ Include definitions for the 340B Drug Pricing program and Actual Acquisition Cost (AAC).
- ◆ Update the quantity limit chart.
- ◆ Update the therapeutic duplication chart.
- ◆ Revise nine forms for requesting drug prior authorization.
- ◆ Update special billing information to include travel and vacation requests, status change for preferred brand name drugs, and 340B claim submission.

### **Date Effective**

April 25, 2011

### Material Superseded

This material replaces the following pages from Chapter III of the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
Contents (page 4)	January 1, 2010
1, 2	January 1, 2010
470-4093	1/11
470-4410	1/11
470-4095	1/10
470-4897	1/11
470-5018	3/11
470-4550	1/11
470-4112	1/11
470-4327	1/11
470-4328	1/10
72, 75, 87, 93, 98	January 1, 2011
99-102	October 18, 2010

### Additional Information

The updated provider manual containing the revised pages can be found at:

[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-328**  
Employees' Manual, Title 8  
Medicaid Appendix

September 16, 2011

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 11-4**

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Title page, revised; Contents, revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Contents (pages 1 through 4), revised; pages 1 through 103, revised; page 104, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-5018 *Request for Prior Authorization: Alpha<sub>2</sub> Agonists, Extended-Release, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products – Topical, revised*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4092 *Request for Prior Authorization: Fentanyl, Short Acting Oral Products, revised*
- 470-5040 *Request for Prior Authorization: Immunomodulators – Topical, new*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-4105 *Request for Prior Authorization: Muscle Relaxants, revised*
- 470-4421 *Request for Prior Authorization: Nicotine Replacement Therapy, revised*
- 470-4108 *Request for Prior Authorization: Non-Preferred Drug, revised*
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, revised*
- 470-5038 *Request for Fifteen Day Initial Prescription Supply Override, new*
- 470-5039 *Request for Prior Authorization: Selected Brand-Name Drugs, new*
- 470-4899 *Request for Prior Authorization: Short Acting Narcotics, revised*



- 470-4517 *Request for Prior Authorization: Smoking Cessation Therapy-Oral, revised*
- 470-4115 *Request for Prior Authorization: Vitamins & Minerals, revised*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Reflect that the following drugs are excluded from coverage effective September 1:
  - Drugs used to cause weight gain or weight loss.
  - Drugs used for symptomatic relief of cough and colds.
- ◆ Revise 16 forms for requesting drug prior authorization.
- ◆ Remove one form for requesting drug prior authorization.
- ◆ Rename form 470-5018 and the section on its authorization to "Alpha<sub>2</sub> Agonists, Extended-Release" for easier reference.
- ◆ Add new form 470-5040 and criteria for prior authorization of topical immunomodulators such as Elidel™ or Protopic™.
- ◆ Update the quantity limit chart and consolidate information on quantity limits into the prior authorization section.
- ◆ Reflect an initial prescription supply limit of 15 days for medications have been identified with high side effect profiles, high discontinuations rates, or frequent dose adjustments and add new form 470-5038 to request an override of the 15-day limit.
- ◆ Update the therapeutic duplication chart.
- ◆ Update instructions for paper claim submission.
- ◆ Update edits for Prospective Drug Utilization Review.

## Date Effective

September 1, 2011

## Material Superseded

This material replaces the following pages in the ***PRESCRIBED DRUGS MANUAL***:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents	May 1, 2008
<b>Chapter III</b>	
Title page	Undated
Contents (pages 1-3)	March 14, 2011
Contents (page 4)	April 25, 2011
1, 2	April 25, 2011
3-6	January 1, 2010
7-11	January 1, 2011
12, 13	March 14, 2011

14	January 1, 2011
470-4116	1/11
15, 16	January 1, 2011
470-4593	1/11
470-4093	4/11
17, 18	January 1, 2011
470-4094	10/10
19-21	January 1, 2011
22-28	March 14, 2011
470-5018	4/11
470-4550	4/11
470-4092	1/10
29-36	March 14, 2011
470-4118	11/10
470-4705	3/11
470-4105	1/10
37, 38	March 14, 2011
470-4421	10/10
470-4108	1/08
39-42	March 14, 2011
470-4112	4/11
43-46	March 14, 2011
470-4899	4/10
470-4517	4/10
46a, 46b	March 14, 2011
470-4115	1/10
46c, 46d	March 14, 2011
47-71	January 1, 2011
72	April 25, 2011
73, 74	January 1, 2011
75	April 25, 2011
76-86	January 1, 2011
87	April 25, 2011
88-92	January 1, 2011
93	April 25, 2011
94-97	January 1, 2011
98-103	April 25, 2011

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-332**  
Employees' Manual, Title 8  
Medicaid Appendix

March 23, 2012

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 12-1**

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 2, 3, and 4), revised; pages 5, 10, 11, 15 through 18, 26, 27, 28, and 34 through 104, revised; pages 105 through 112, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products - Topical, revised*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, revised*
- 470-5059 *Request for Prior Authorization: Colchicine (Colcrys<sup>®</sup>), new*
- 470-5084 *Request for Prior Authorization: Dextromethorphan and Quinidine (Nuedexta<sup>™</sup>), new*
- 470-4897 *Request for Prior Authorization: DPP-4 Inhibitors, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-5060 *Request for Prior Authorization: Fingolimod (Gilenya<sup>™</sup>), new*
- 470-5066 *Request for Prior Authorization: Hepatitis C Protease Inhibitors, new*
- 470-4407 *Request for Prior Authorization: Incretin Mimetic (Byetta<sup>®</sup> and Victoza<sup>®</sup>), revised*
- 470-4102 *Request for Prior Authorization: Ketorolac Tromethamine (Toradol<sup>®</sup>), revised*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-4105 *Request for Prior Authorization: Muscle Relaxants, revised*
- 470-4421 *Request for Prior Authorization: Nicotine Replacement Therapy, revised*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*

470-4409	<i>Request for Prior Authorization: Oxycodone ER/CR (OxyContin®), revised</i>
470-4110	<i>Request for Prior Authorization: Palivizumab (Synagis®), revised</i>
470-4327	<i>Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised</i>
470-5085	<i>Request for Prior Authorization: Roflumilast (Daliresp™), new</i>
470-4113	<i>Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised</i>
470-4114	<i>Request for Prior Authorization: Topical Retinoids for Acne (formerly Tretinoin – Topical), revised</i>

## Summary

The Prescribed Drug manual is revised to:

- ◆ Update DUR Commission meeting information.
- ◆ Update quantity limit chart.
- ◆ Update drugs excluded from coverage.
- ◆ Revise 17 forms for requesting drug prior authorization.
- ◆ Add five forms for requesting drug prior authorization.
- ◆ Clarify definition of estimated acquisition cost under reimbursement for MAC and SMAC Drugs.
- ◆ Update POS submission instructions for coordination of benefit (COB) claims.
- ◆ Update form and instructions for paper claim submission.
- ◆ Update submission instructions for compound prescriptions.
- ◆ Update nondrug product list.
- ◆ Remove the outdated sample of the Universal Claim Form. The new universal claim forms PUCF-D01PT can be ordered by calling Communiform at 800-869-6508, or online at [www.communiform.com/ncpdp](http://www.communiform.com/ncpdp).

## Date Effective

January 1, 2012

## Material Superseded

This material replaces the following pages from Chapter III of the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
Contents (pages 2-4)	September 1, 2011
5, 10, 11, 15-18	September 1, 2011
470-4116	7/11
470-4593	7/11

26	September 1, 2011
470-4093	7/11
27, 28	September 1, 2011
470-4117	10/10
34	September 1, 2011
470-4897	4/11
35, 36	September 1, 2011
470-4550	7/11
37-40	September 1, 2011
470-4407	10/10
41, 42	September 1, 2011
470-4102	1/11
43, 44	September 1, 2011
470-4705	7/11
470-4105	7/11
470-4421	7/11
45, 46	September 1, 2011
470-4109	3/11
47, 48	September 1, 2011
470-4409	1/10
470-4110	1/10
49, 50	September 1, 2011
470-4327	4/11
51-70	September 1, 2011
470-4113	10/10
71, 72	September 1, 2011
470-4114	1/11
73-84	September 1, 2011
UCF L1	2000
85-104	September 1, 2011

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-341**  
Employees' Manual, Title 8  
Medicaid Appendix

September 7, 2012

## PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 12-2

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 4), revised; pages 1 through 7, 13 through 18, 30 through 33, and 35 through 112, revised; pages 113 through 116, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4096 *Request for Prior Authorization: Anti-Thrombotic Injectables, revised*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, revised*
- 470-4551 *Request for Prior Authorization: Chronic Pain Syndromes, revised*
- 470-5118 *Request for Prior Authorization: Crizotinib (Xalkori<sup>®</sup>), new*
- 470-4897 *Request for Prior Authorization: DPP-4 Inhibitors, revised*
- 470-4098 *Request for Prior Authorization: Erythropoiesis Stimulating Agents, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4407 *Request for Prior Authorization: Incretin Mimetic, revised*
- 470-5117 *Request for Prior Authorization: Ivacaftor (Kalydeco<sup>™</sup>), new*
- 470-4102 *Request for Prior Authorization: Ketorolac Tromethamine, revised*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-5099 *Request for Prior Authorization: Nebivolol (Bystolic<sup>®</sup>), new*
- 470-4328 *Request for Prior Authorization: Sedative/Hypnotics-Non-Benzodiazepine, revised*
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT<sub>1</sub> Receptor Agonists, revised*
- 470-5098 *Request for Prior Authorization: Vilazodone (Viibryd<sup>™</sup>), new*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Add three pharmacy program definitions.
- ◆ Update the procedure for newly released drugs.
- ◆ Revise 13 forms for requesting drug prior authorization.
- ◆ Add four forms for requesting drug prior authorization.
- ◆ Update the quantity limit chart.
- ◆ Update the nonprescription drug list.
- ◆ Update the non-drug product list.
- ◆ Update the submission instructions for the 340B Drug Pricing Program.
- ◆ Add an interpreter services section.

## Date Effective

July 30, 2012

## Material Superseded

This material replaces the following pages from Chapter III of the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 1, 2011
Contents (pages 2-4)	January 1, 2012
1-4	September 1, 2011
5	January 1, 2012
6, 7, 13, 14	September 1, 2011
15-18	January 1, 2012
470-4116	1/12
470-4593	1/12
470-4096	1/11
30	September 1, 2011
470-4117	10/11
31, 32	September 1, 2011
470-4551	7/10
33	September 1, 2011
35, 36	January 1, 2012
470-4897	1/12
470-4098	12/08
37, 38	January 1, 2012
470-4550	1/12
39-42	January 1, 2012
470-4407	1/12
470-4102	10/11
43, 44	January 1, 2012
470-4705	12/11
45-72	January 1, 2012

470-4328	4/11
73, 74	January 1, 2012
470-4113	1/12
75-112	January 1, 2012

**Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).





# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-344**  
Employees' Manual, Title 8  
Medicaid Appendix

January 18, 2013

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 13-1**

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 2, 3, and 4), revised; pages 11, 17, 18, 31, 32, 55, 56, 57, 59, 66 through 73, 79 through 85, 98, 101, and 105 through 116, revised; pages 30a, 117, and 118, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products - Topical, revised*
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products, revised*
- 470-4095 *Request for Prior Authorization: Antihistamines, revised*
- 470-4096 *Request for Prior Authorization: Anti-Thrombotic Injectables, revised*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, revised*
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, revised*
- 470-4897 *Request for Prior Authorization: DPP-4 Inhibitors, revised*
- 470-4098 *Request for Prior Authorization: Erythropoiesis Stimulating Agents, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4092 *Request for Prior Authorization: Fentanyl, Short Acting Oral Products, revised*
- 470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens revised*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-4110 *Request for Prior Authorization: Palivizumab (Synagis®), revised*
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised*

- 470-4114 *Request for Prior Authorization: Topical Retinoids for Acne, revised*  
470-5136 *Request for Prior Authorization: Vemurafenib (Zelboraf™), new*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Update drugs for Medicare eligibles.
- ◆ Revise 17 forms for requesting drug prior authorization.
- ◆ Add one form for requesting drug prior authorization.
- ◆ Update the quantity limit chart.
- ◆ Update the non-drug product list.
- ◆ Update the Prospective DUR edits.
- ◆ Update the CFR reimbursement references.

## Date Effective

January 1, 2013

## Material Superseded

This material replaces the following pages from Chapter III of the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
Contents (pages 2-4)	July 30, 2012
11	January 1, 2012
17, 18	July 30, 2012
470-4116	7/12
470-4593	7/12
470-4093	1/12
470-4410	4/11
470-4095	4/11
470-4096	4/12
470-4117	7/12
470-4522	3/11
31, 32	July 30, 2012
470-4897	7/12
470-4098	7/12
470-4550	4/12
470-4092	7/11
470-4111	1/11
470-4705	7/12
470-4110	11/11
55-57, 59, 66-73	July 30, 2012
470-4113	4/12
470-4114	1/12
79-85, 98, 101, 105-116	July 30, 2012

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-349**

Employees' Manual, Title 8  
Medicaid Appendix

September 13, 2013

## PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 13-2

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 4), revised; pages 1 through 118, revised; pages 119 through 125, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products - Topical, revised*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-5017 *Request for Prior Authorization: Buprenorphine (Butrans), revised*
- 470-5142 *Request for Prior Authorization: Buprenorphine/Naloxone (Suboxone<sup>®</sup>), new*
- 470-4098 *Request for Prior Authorization: Erythropoiesis Stimulating Agents, revised*
- 470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor, revised*
- 470-5066 *Request for Prior Authorization: Hepatitis C Protease Inhibitors, revised*
- 470-5141 *Request for Prior Authorization: Mifepristone (Korlym<sup>®</sup>), new*
- 470-4279 *Request for Prior Authorization: Omalizumab (Xolair<sup>®</sup>), revised*
- 470-4409 *Request for Prior Authorization: Oxycodone ER/CR (OxyContin<sup>®</sup>), revised*
- 470-4110 *Request for Prior Authorization: Palivizumab (Synagis<sup>®</sup>), revised*
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised*
- 470-5039 *Request for Prior Authorization: Selected Brand Name Drugs, revised*

- 470-4119 *Request for Prior Authorization: Selected Brand Name Drugs, revised*
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised*
- 470-4899 *Request for Prior Authorization: Short Acting Narcotics, revised*
- 470-4114 *Request for Prior Authorization: Topical Retinoids for Acne, revised*  
*NCPDP Version D.0 Payer Sheet, revised*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 17 forms for requesting drug prior authorization.
- ◆ Add two forms for requesting drug prior authorization.
- ◆ Update the quantity limit chart.
- ◆ Update refill tolerance.
- ◆ Update basis of payment.
- ◆ Update the NCPDP Version D.0 Payer Sheet.
- ◆ Update the instructions for ordering universal claim forms. The universal claim form, PUCF-D01PT (VER 1.2), can be ordered by calling CommuniForm at 800-564-8140, or online at <http://www.ncpdp.org/Universal-Claim-Forms.aspx>.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from Chapter III of the ***Prescribed Drugs Manual***:

<u>Page</u>	<u>Date</u>
Contents (page 1)	July 30, 2012
Contents (pages 2-4)	January 1, 2013
1-7	July 30, 2012
8, 9	September 1, 2011
10	January 1, 2012
11	January 1, 2013
12	September 1, 2011
13-16	July 30, 2012
17, 18	January 1, 2013
19-22	September 1, 2011
470-4116	1/13
23, 24	September 1, 2011
470-4593	1/13
25	September 1, 2011
26	January 1, 2012
470-4093	1/13

27, 28	January 1, 2012
470-4094	7/11
29	September 1, 2011
30	July 30, 2012
30a, 31, 32	January 1, 2013
470-5017	3/11
33	July 30, 2012
34	January 1, 2012
35, 36	July 30, 2012
470-4098	10/12
37, 38	July 30, 2012
470-4099	5/07
39, 40	July 30, 2012
470-5066	11/11
41-50	July 30, 2012
470-4279	5/07
470-4409	11/11
470-4110	11/12
51-54	July 30, 2012
470-4327	1/12
55-57	January 1, 2013
58	July 30, 2012
59	January 1, 2013
60-65	July 30, 2012
66-73	January 1, 2013
74	July 30, 2012
470-5039	7/11
470-4119	10/10
75, 76	July 30, 2012
470-4113	1/13
470-4899	7/11
77, 78	July 30, 2012
470-4114	1/13
79-85	January 1, 2013
86	July 30, 2012
NCPDP Version 5.1 Payer Sheet	June 5, 2007
87-97	July 30, 2012
98	January 1, 2013
99, 100	July 30, 2012
101	January 1, 2013
102-104	July 30, 2012
105-118	January 1, 2013

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-355**  
Employees' Manual, Title 8  
Medicaid Appendix

April 11, 2014

## PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 2, 3, and 4), revised; Contents (page 5), new; pages 1, 8, 9, 10, 14, 18, 19, 20, 31 through 60, 62, 69, 70, 71, 73, 79 through 88, 91, 94, 97, 107, 108, 109, and 113, revised; pages 60a, 60b, and 88a through 88d, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products - Topical, revised*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-4095 *Request for Prior Authorization: Antihistamines – Oral, revised*
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis, revised*
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, revised*
- 470-4523 *Request for Prior Authorization: Biologicals for Inflammatory Bowel Disease, revised*
- 470-5136 *Request for Prior Authorization: BRAF Inhibitors, revised*
- 470-5142 *Request for Prior Authorization: Buprenorphine/Naloxone, revised*
- 470-5171 *Request for Prior Authorization: Dabigatran (Pradaxa®), new*
- 470-4897 *Request for Prior Authorization: DPP-4 Inhibitors, revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4100 *Request for Prior Authorization: Growth Hormones, revised*
- 470-4407 *Request for Prior Authorization: Incretin Mimetic, revised*
- 470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens, revised*



470-5175	<i>Request for Prior Authorization: Janus Kinase (JAK) Inhibitors, new</i>
470-4409	<i>Request for Prior Authorization: Long-Acting Narcotics, revised</i>
470-4705	<i>Request for Prior Authorization: Modified Formulations, revised</i>
470-5060	<i>Request for Prior Authorization: Multiple Sclerosis Agents – Oral, revised</i>
470-5174	<i>Request for Prior Authorization: Oral Constipation Agents, new</i>
470-4112	<i>Request for Prior Authorization: Proton Pump Inhibitors, revised</i>
470-4327	<i>Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised</i>
470-5172	<i>Request for Prior Authorization: Repository Corticotropin Injection (H.P. Acthar Gel), new</i>
470-5187	<i>Request for Prior Authorization: Rivaroxaban (Xarelto®), new</i>
470-4899	<i>Request for Prior Authorization: Short Acting Narcotics, revised</i>
470-5016	<i>Request for Prior Authorization: Sodium Oxybate (Xyrem®), revised</i>
470-5188	<i>Request for Prior Authorization: Testosterone Products, new</i>
470-4850	<i>Request for Prior Authorization: Thrombopoietin Receptor Agonists, revised</i>
470-4114	<i>Request for Prior Authorization: Topical Retinoids for Acne, revised</i>

## **Summary**

The Prescribed Drug manual is revised to:

- ◆ Revise 24 forms for requesting drug prior authorization.
- ◆ Add six forms for requesting drug prior authorization.
- ◆ Obsolete one form for requesting drug prior authorization.
- ◆ Update the quantity limit chart.
- ◆ Update the non-drug product list.
- ◆ Update the refill too soon policy for lost, stolen or destroyed medications.
- ◆ Update policy regarding new drug entities.
- ◆ Update billing for pregnant members.
- ◆ Update links.

## **Date Effective**

Upon receipt.

### Material Superseded

This material replaces the following pages from Chapter III of the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
Contents (pages 2-4)	August 1, 2013
1, 8-10, 14, 18-20	August 1, 2013
470-4116	5/13
470-4593	5/13
470-4093	5/13
470-4094	5/13
470-4095	1/13
470-4096	1/13
31, 32	August 1, 2013
470-4521	1/11
470-4522	1/13
33, 34	August 1, 2013
470-4523	1/11
470-5142	3/13
35-40	August 1, 2013
470-4897	1/13
41, 42	August 1, 2013
470-4550	1/13
470-5060	10/11
43, 44	August 1, 2013
470-4100	10/10
45, 46	August 1, 2013
470-4407	7/12
470-4111	1/13
47-50	August 1, 2013
470-4705	1/13
51-56	August 1, 2013
470-4409	1/13
57, 58	August 1, 2013
470-4112	7/11
470-4327	5/13
59, 60, 62, 69-71, 73, 79-84	August 1, 2013
470-4899	5/13
470-5016	3/11
470-4850	1/10
85, 86	August 1, 2013
470-4114	5/13
470-5136	1/13
87, 88, 91, 94, 97, 107-109, 113	August 1, 2013

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 398**  
Employees' Manual, Title 8  
Medicaid Appendix

July 25, 2014

## PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 14-2

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Table of Contents, revised; Chapter III, *Provider-Specific Policies*, Contents (pages 2 and 3), revised; pages 3, 18, 19, 20, 28 through 57, 59, 60, 60a, 60b, 61, 62, 65 through 68, 73, 74, 77, 78, 81, 83 through 88, 88a through 88d, and 96, revised; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents*, revised
- 470-5018 *Request for Prior Authorization: Alpha<sub>2</sub> Agonists, Extended Release*, revised
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor*, revised
- 470-4093 *Request for Prior Authorization: Anti-Acne Products-Topical*, revised
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, new
- 470-4095 *Request for Prior Authorization: Antihistamines-Oral*, revised
- 470-5207 *Request for Prior Authorization: Apixaban (Eliquis<sup>®</sup>)*, new
- 470-4550 *Request for Prior Authorization: Extended Release Formulations*, revised
- 470-5066 *Request for Prior Authorization: Hepatitis C Antiviral Agents Protease Inhibitors*, revised
- 470-4898 *Request for Prior Authorization: Lidocaine Patch (Lidoderm<sup>®</sup>)*, revised
- 470-4705 *Request for Prior Authorization: Modified Formulations*, revised
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs*, revised
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors*, revised
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents*, revised

- 470-5016 *Request for Prior Authorization: Sodium Oxybate (Xyrem®), revised*
- 470-5188 *Request for Prior Authorization: Testosterone Products, revised*
- 470-5260 *Request for Prior Authorization: Trametinib (Mekinist™), new*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 14 forms for requesting drug prior authorization.
- ◆ Add three forms for requesting drug prior authorization.
- ◆ Remove two forms for requesting drug prior authorization.
- ◆ Renamed one form for requesting drug prior authorization.
- ◆ Update the quantity limit chart.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from the ***PRESCRIBED DRUGS MANUAL***:

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 1, 2011
<b>Chapter III</b>	
Contents (pages 2 and 3)	February 1, 2014
3	August 1, 2013
18-20	February 1, 2014
470-4116	1/14
470-5018	7/11
470-4593	5/13
28	August 1, 2013
470-4093	10/13
29, 30	August 1, 2013
470-4095	5/13
31-40	February 1, 2014
470-4897	1/14
470-4550	1/14
41-44	February 1, 2014
470-5066	5/13
470-4407	10/13
45-48	February 1, 2014
470-4898	1/11
49, 50	February 1, 2014
470-4705	4/14
51-56	February 1, 2014
470-4109	10/11

57, 59, 60	February 1, 2014
470-4112	1/14
470-4327	1/14
60a, 60b	February 1, 2014
61	August 1, 2013
62	February 1, 2014
65-68	August 1, 2013
73	February 1, 2014
74, 77, 78	August 1, 2013
81, 83-86	February 1, 2014
470-5016	4/14
87, 88	February 1, 2014
470-5188	1/14
88a-88d	February 1, 2014
96	August 1, 2013

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-409**

Employees' Manual, Title 8  
Medicaid Appendix

February 20, 2015

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 15-1**

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 4), revised; pages 8, 9, 10, 18, 19, 20, 29 through 60, 60a, 60b, 65, 69, 71, 72, 77, 78, 81, 83 through 87, 88a, 88b, 88c, 109, and 110, revised; pages 10a, 32a through 32d, 60c, and 60d, new; and the following forms:

- 470-4116 *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents, revised*
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor, revised*
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents, revised*
- 470-5098 *Request for Prior Authorization: Antidepressants, revised*
- 470-5207 *Request for Prior Authorization: Apixaban (Eliquis<sup>®</sup>), revised*
- 470-5171 *Request for Prior Authorization: Dabigatran (Pradaxa<sup>®</sup>), revised*
- 470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*
- 470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor, revised*
- 470-5066 *Request for Prior Authorization: Hepatitis C Antiviral Agents-Protease Inhibitors, revised*
- 470-5270 *Request for Prior Authorization: Hepatitis C Antiviral Agents-Sofosbuvir Containing Regimens, new*
- 470-5117 *Request for Prior Authorization: Ivacaftor (Kalydeco), revised*
- 470-4279 *Request for Prior Authorization: Omalizumab (Xolair<sup>®</sup>), revised*
- 470-4110 *Request for Prior Authorization: Pavilizumab (Synagis<sup>®</sup>), revised*
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised*
- 470-4328 *Request for Prior Authorization: Sedative/Hypnotics-Non-Benzodiazepine, revised*

- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised*
- 470-5188 *Request for Prior Authorization: Testosterone Products, revised*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 15 forms for requesting drug prior authorization.
- ◆ Add form 470-5270, *Request for Prior Authorization: Hepatitis C Antiviral Agents-Sofosbuvir Containing Regimens*.
- ◆ Rename form 470-5098 from *Request for Prior Authorization: Vilazodone (Viibryd™)* to *Request for Prior Authorization: Antidepressants*.
- ◆ Update the quantity limit chart.
- ◆ Update the Non-Drug Product list.
- ◆ Update dispensing requirements.
- ◆ Update the refill too soon policy on lost, stolen, and destroyed medications.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from the ***PRESCRIBED DRUGS MANUAL***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (page 1)	August 1, 2013
Contents (pages 2 and 3)	July 1, 2014
Contents (page 4)	February 1, 2014
8-10	February 1, 2014
18-20	July 1, 2014
470-4116	6/14
470-4593	6/14
470-5259	6/14
29, 30	July 1, 2014
470-5207	4/14
31-40	July 1, 2014
470-5171	10/13
41, 42	July 1, 2014
470-4550	6/14
470-4099	1/13
43, 44	July 1, 2014
470-5066	7/14
45, 46	July 1, 2014
470-5117	7/12



47-56	July 1, 2014
470-4279	5/13
57	July 1, 2014
58	February 1, 2014
470-4110	3/13
59, 60	July 1, 2014
470-4327	6/14
60a, 60b	July 1, 2014
65	July 1, 2014
69, 71	February 1, 2014
72	August 1, 2013
77, 78, 81, 83, 84	July 1, 2014
470-4328	7/12
470-4113	5/13
85-87	July 1, 2014
470-5188	6/14
88a, 88b	July 1, 2014
470-5098	4/12
88c, 88d	July 1, 2014
109	February 1, 2014
110	August 1, 2013

### **Additional Information**

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-426**

Employees' Manual, Title 8  
Medicaid Appendix

November 6, 2015

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 15-2**

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 5), revised; pages 1, 2, 3, 8, 11 through 125, revised; pages 126 through 149, new; and the following forms:

- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor*, revised
- 470-4093 *Request for Prior Authorization: Anti-Acne Products-Topical*, revised
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, revised
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products*, revised
- 470-5207 *Request for Prior Authorization: Apixaban (Eliquis®)*, revised
- 470-5293 *Request for Prior Authorization: Apremilast (Otezla®)*, new
- 470-4117 *Request for Prior Authorization: Benzodiazepines*, revised
- 470-5336 *Request for Prior Authorization: Binge Eating Disorder Agents*, new
- 470-5142 *Request for Prior Authorization: Buprenorphine/Naloxone*, revised
- 470-5332 *Request for Prior Authorization: Ceritinib (Zykadia™)*, new
- 470-4551 *Request for Prior Authorization: Chronic Pain Syndromes*, revised
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine*, renamed and revised
- 470-5059 *Request for Prior Authorization: Colchicine (Colcrys®)*, revised
- 470-5330 *Request for Prior Authorization: Deferasirox (Exjade®)*, new
- 470-5084 *Request for Prior Authorization: Dextromethorphan and Quinidine (Nuedexta™)*, revised
- 470-4550 *Request for Prior Authorization: Extended Release Formulations*, revised
- 470-4100 *Request for Prior Authorization: Growth Hormones*, revised
- 470-5270 *Request for Prior Authorization: Hepatitis C Treatments*, renamed and revised

470-5040	<i>Request for Prior Authorization: Immunomodulators-Topical, revised</i>
470-4111	<i>Request for Prior Authorization: Insulin, Pre-Filled Pens, revised</i>
470-4101	<i>Request for Prior Authorization: Isotretinoin (Oral), revised</i>
470-4275	<i>Request for Prior Authorization: Linezolid (Zyvox<sup>®</sup>), revised</i>
470-4409	<i>Request for Prior Authorization: Long-Acting Narcotics, revised</i>
470-5294	<i>Request for Prior Authorization: Methotrexate Injection, new</i>
470-4705	<i>Request for Prior Authorization: Modified Formulations, revised</i>
470-4109	<i>Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised</i>
470-5295	<i>Request for Prior Authorization: Oral Immunotherapy, new</i>
470-4328	<i>Request for Prior Authorization: Sedative/Hypnotics-Non-Benzodiazepine, revised</i>
470-4899	<i>Request for Prior Authorization: Short Acting Narcotics, revised</i>
470-5016	<i>Request for Prior Authorization: Sodium Oxybate (Xyrem<sup>®</sup>), revised</i>
470-5296	<i>Request for Prior Authorization: Tasimelteon (Hetlioz<sup>®</sup>), new</i>
470-5188	<i>Request for Prior Authorization: Testosterone Products, revised</i>
470-4850	<i>Request for Prior Authorization: Thrombopoietin Receptor Agonists, revised</i>
470-5331	<i>Request for Prior Authorization: Vorapaxar (Zontivity<sup>™</sup>), new</i>

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 24 forms for requesting drug prior authorization.
- ◆ Add 8 forms for requesting drug prior authorization.
- ◆ Remove form 470-5066, *Request for Prior Authorization: Hepatitis C Antiviral Agents-Protease Inhibitors*.
- ◆ Rename form 470-4116 from *Request for Prior Authorization: ADD/ADHD/Narcolepsy Agents* to *Request for Prior Authorization: CNS Stimulants and Atomoxetine*.
- ◆ Rename form 470-5270 from *Request for Prior Authorization: Hepatitis C Antiviral Agents: Sofosbuvir Containing Regimens* to *Request for Prior Authorization: Hepatitis C Treatments*.
- ◆ Update the quantity limit chart.
- ◆ Add two Pro-DUR edits.
- ◆ Update the 340B billing instructions.

- ◆ Update dispensing requirements.
- ◆ Update and add definitions.
- ◆ Update paper claim submission instructions.

**Date Effective**

Upon receipt.

**Material Superseded**

This material replaces the following pages from the *PRESCRIBED DRUGS MANUAL*:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 1-4)	October 1, 2014
Contents (page 5)	February 1, 2014
1	February 1, 2014
2	August 1, 2013
3	July 1, 2014
8, 10a	October 1, 2014
11-13	August 1, 2013
14	February 1, 2014
15-17	August 1, 2013
18-20	October 1, 2014
21-24	August 1, 2013
470-4116	10/14
25, 26	August 1, 2013
470-4593	1/15
27	August 1, 2013
28	July 1, 2014
470-4093	6/14
470-5259	1/15
29, 30	October 1, 2014
470-4410	1/13
31, 32	October 1, 2014
470-5207	10/14
470-4117	1/13
32a-32d, 33, 34	October 1, 2014
470-5142	1/14
470-4551	7/12
470-5059	10/11
35-38	October 1, 2014
470-5084	1/12
39, 40	October 1, 2014
470-4550	1/15
41, 42	October 1, 2014
470-4100	1/14
43-46	October 1, 2014
470-5066	1/15

470-5270	11/14
470-5040	7/11
470-4111	1/14
470-4101	11/09
47-50	October 1, 2014
470-4275	1/09
470-4409	10/13
51, 52	October 1, 2014
470-4705	7/14
53-56	October 1, 2014
470-4109	6/14
57-60, 60a-60d	October 1, 2014
61, 62	July 1, 2014
63, 64	August 1, 2013
65	October 1, 2014
66-68	July 1, 2014
69	October 1, 2014
70	February 1, 2014
71, 72	October 1, 2014
73, 74	July 1, 2014
75, 76	August 1, 2013
77, 78	October 1, 2014
79, 80	February 1, 2014
81	October 1, 2014
82	February 1, 2014
83, 84	October 1, 2014
470-4328	10/14
470-4899	1/14
85, 86	October 1, 2014
470-5016	4/14
87	October 1, 2014
88	July 1, 2014
470-5188	1/15
470-4850	10/13
88a-88c	October 1, 2014
89, 90	August 1, 2013
91	February 1, 2014
92, 93	August 1, 2013
94	February 1, 2014
95	August 1, 2013
96	July 1, 2014
97	February 1, 2014
98-106	August 1, 2013
107, 108	February 1, 2014
109, 110	October 1, 2014
111, 112	August 1, 2013
113	February 1, 2014
114-125	August 1, 2013

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-448**

Employees' Manual, Title 8  
Medicaid Appendix

July 1, 2016

## PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 5), revised; Contents (page 6), new; pages 1, 4, 5, 15, and 17 through 149, revised; pages 150 through 164, new; and the following forms:

- 470-5018 *Request for Prior Authorization: Alpha<sub>2</sub> Agonists, Extended-Release, revised*
- 470-5365 *Request for Prior Authorization: Alpha<sub>1</sub> Proteinase Inhibitor Enzymes, new*
- 470-4093 *Request for Prior Authorization: Anti-Acne Products-Topical, revised*
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents, revised*
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT<sub>3</sub> Receptor Antagonists/Substance P Neurokinin Products, revised*
- 470-4094 *Request for Prior Authorization: Antifungal Drugs, revised*
- 470-5336 *Request for Prior Authorization: Binge Eating Disorder Agents, revised*
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis, revised*
- 470-4523 *Request for Prior Authorization: Biologicals for Inflammatory Bowel Disease, revised*
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis, revised*
- 470-5017 *Request for Prior Authorization: Buprenorphine Transdermal System (Butrans) & Buccal Film (Belbuca), revised and renamed*
- 470-5391 *Request for Prior Authorization: Cholic Acid (Cholbam<sup>®</sup>), new*
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine, revised*
- 470-5330 *Request for Prior Authorization: Deferasirox, revised*
- 470-5345 *Request for Prior Authorization: Edoxaban (Savaysa<sup>®</sup>), new*

470-4550 *Request for Prior Authorization: Extended Release Formulations, revised*

470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor, revised*

470-4100 *Request for Prior Authorization: Growth Hormones, revised*

470-5270 *Request for Prior Authorization: Hepatitis C Treatments, revised*

470-5346 *Request for Prior Authorization: Idiopathic Pulmonary Fibrosis, new*

470-5040 *Request for Prior Authorization: Immunomodulators-Topical, revised*

470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens, revised*

470-4101 *Request for Prior Authorization: Isotretinoin (Oral), revised*

470-5117 *Request for Prior Authorization: Ivacaftor (Kalydeco™), revised*

470-4275 *Request for Prior Authorization: Linezolid (Zyvox®), revised*

470-5366 *Request for Prior Authorization: Lumacaftor/Ivacaftor (Orkambi™), new*

470-4705 *Request for Prior Authorization: Modified Formulations, revised*

470-4107 *Request for Prior Authorization: Non-Parenteral Vasopressin Derivatives of Posterior Pituitary Hormone Products, revised*

470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*

470-5174 *Request for Prior Authorization: Oral Constipation Agents, revised*

470-5399 *Request for Prior Authorization: PCSK9 Inhibitors, new*

470-5367 *Request for Prior Authorization: Select Oncology Agents, new*

470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised*

470-4899 *Request for Prior Authorization: Short Acting Narcotics, revised*

470-5016 *Request for Prior Authorization: Sodium Oxybate (Xyrem®), revised*

470-5188 *Request for Prior Authorization: Testosterone Products, revised*

470-5368 *Request for Prior Authorization: Topical Antifungals for Onychomycosis, new*

470-5347 *Request for Prior Authorization: Topical Corticosteroids, new*

470-4114 *Request for Prior Authorization: Topical Retinoids for Acne, revised*

470-5398 *Request for Prior Authorization: Valsartan/Sacubitril (Entresto), new*



## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 29 forms for requesting drug prior authorization.
- ◆ Add 10 forms for requesting drug prior authorization.
- ◆ Remove the following forms for requesting drug prior authorization:
  - 470-5136, *Request for Prior Authorization: BRAF Inhibitors*
  - 470-5332, *Request for Prior Authorization: Ceritinib (Zykadia™)*
  - 470-5118, *Request for Prior Authorization: Crizotinib (Xalkori)*
  - 470-5260, *Request for Prior Authorization: Trametinib (Mekinist)*
- ◆ Rename form 470-5017 from *Request for Prior Authorization: Buprenorphine (Butrans) Transdermal System* to *Request for Prior Authorization: Buprenorphine Transdermal System (Butrans) & Buccal Film (Belbuca)*.
- ◆ Update the quantity limit chart.
- ◆ Update definitions.
- ◆ Update new drug entity process.
- ◆ Add non-enrolled prescriber requirement.
- ◆ Remove after hours contact information.
- ◆ Remove three cost effectiveness edits.
- ◆ Remove one dosage form edit.
- ◆ Remove three therapeutic duplication edits.
- ◆ Update nonprescription drug billing requirement.
- ◆ Update links.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from the ***PRESCRIBED DRUGS MANUAL***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 1-5)	September 1, 2015
1	September 1, 2015
4, 5	August 1, 2013
15, 17-26	September 1, 2015
470-5018	6/14
27, 28	September 1, 2015
470-4093	6/15
470-5259	6/15
29, 30	September 1, 2015

470-4410	6/15
470-4094	1/14
31-34	September 1, 2015
470-4521	1/14
35, 36	September 1, 2015
470-4523	5/13
470-4524	1/11
37, 38	September 1, 2015
470-5136	1/14
470-5017	1/13
39, 40	September 1, 2015
470-5332	6/15
41-44	September 1, 2015
470-4116	7/15
470-5336	7/15
470-5118	7/12
45, 46	September 1, 2015
470-5330	6/15
47-50	September 1, 2015
470-4550	6/15
51, 52	September 1, 2015
470-4099	10/14
470-4100	1/15
53, 54	September 1, 2015
470-5270	5/15
470-5040	6/15
470-4111	1/15
55, 56	September 1, 2015
470-4101	1/15
470-5117	7/14
57, 58	September 1, 2015
470-4275	1/15
59-62	September 1, 2015
470-4705	6/15
63-66	September 1, 2015
470-4107	4/09
470-4109	6/15
67-70	September 1, 2015
470-5174	10/13
71-100	September 1, 2015
470-4113	10/14
101, 102	September 1, 2015
470-4899	1/15
470-5016	1/15
103-106	September 1, 2015
470-5188	6/15
470-4114	1/14
107, 108	September 1, 2015
470-5260	6/14
109-149	September 1, 2015

### **Additional Information**

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-454**  
Employees' Manual, Title 8  
Medicaid Appendix

November 18, 2016

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 16-2**

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 2, 3, and 4), revised; pages 1, 20, 21, 22, 29 through 66, 69, 71, 74 through 80, 81 through 85, 97, 107, 109 through 125, 127, 129, 147, 158, and 163, revised; pages 80a and 80b, new; and the following forms:

- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, revised
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products*, revised
- 470-5408 *Request for Prior Authorization: Biologicals for Hidradenitis Suppurativa*, new
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine*, revised
- 470-5330 *Request for Prior Authorization: Deferasirox*, revised
- 470-5410 *Request for Prior Authorization: Eluxadoline (Viberzi™)*, new
- 470-4550 *Request for Prior Authorization: Extended Release Formulations*, revised
- 470-5270 *Request for Prior Authorization: Hepatitis C Treatments*, revised
- 470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens*, revised
- 470-5409 *Request for Prior Authorization: Ivabradine (Corlanor®)*, new
- 470-5175 *Request for Prior Authorization: Janus Kinase (JAK) Inhibitors*, revised
- 470-4409 *Request for Prior Authorization: Long-Acting Opioids*, revised and renamed
- 470-5424 *Request for Prior Authorization: Mepolizumab (Nucala)*, new
- 470-4421 *Request for Prior Authorization: Nicotine Replacement Therapy*, revised
- 470-5423 *Request for Prior Authorization: Novel Oral Anticoagulants*, new
- 470-5425 *Request for Prior Authorization: Potassium Binders*, new

- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised*
- 470-5411 *Request for Prior Authorization: Rifaximin (Xifaxan®), new*
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised*
- 470-4517 *Request for Prior Authorization: Smoking Cessation Therapy-Oral, revised*
- 470-5426 *Request for Prior Authorization: Topical Acne and Rosacea Products, new*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 12 forms for requesting drug prior authorization.
- ◆ Add eight forms for requesting drug prior authorization.
- ◆ Remove the following forms for requesting drug prior authorization:
  - 470-4093, *Request for Prior Authorization: Anti-Acne Products-Topical*
  - 470-5207, *Request for Prior Authorization: Apixaban (Eliquis®)*
  - 470-5171, *Request for Prior Authorization: Dabigatran (Pradaxa®)*
  - 470-5345, *Request for Prior Authorization: Edoxaban (Savaysa®)*
  - 470-5187, *Request for Prior Authorization: Rivaroxaban (Xarelto®)*
  - 470-4114, *Request for Prior Authorization: Topical Retinoids for Acne*
- ◆ Rename form 470-4409 from *Request for Prior Authorization: Long-Acting Narcotics* to *Request for Prior Authorization: Long-Acting Opioids*.
- ◆ Update the quantity limit chart.
- ◆ Update the 340B Covered Entities carve out requirement.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from the ***PRESCRIBED DRUGS MANUAL***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 2-4)	June 1, 2016
1, 20-22	June 1, 2016
29, 30	June 1, 2016
470-4093	1/16
470-5259	1/16
31, 32	June 1, 2016
470-4410	1/16
33, 34	June 1, 2016
470-5207	6/15

35-46	June 1, 2016
470-4116	6/16
47, 48	June 1, 2016
470-5171	10/14
470-5330	10/15
49-52	June 1, 2016
470-5345	10/15
53, 54	June 1, 2016
470-4550	6/16
55-58	June 1, 2016
470-5270	1/16
59, 60	June 1, 2016
470-4111	6/16
61, 62	June 1, 2016
470-5175	10/13
63, 64	June 1, 2016
470-4409	1/15
65, 66, 69, 71	June 1, 2016
470-4421	11/11
74-84	June 1, 2016
470-4327	10/14
85	June 1, 2016
97	June 1, 2016
107	June 1, 2016
470-5187	1/14
109-114	June 1, 2016
470-4113	1/16
470-4517	7/11
115-122	June 1, 2016
470-4114	1/16
123-125, 127, 129, 147, 158, 163	June 1, 2016

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-462**  
Employees' Manual, Title 8  
Medicaid Appendix

April 21, 2017

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 17-1**

ISSUED BY: Division of Medical Services

SUBJECT: **PRESCRIBED DRUGS**, Chapter III, *Provider-Specific Policies*, Contents (pages 2 through 5), revised; pages 20, 21, 27, 39 through 42, 45 through 78, 80, 80b, 83 through 88, 96, 99 through 104, 108 through 124, 145, 149, 150, 151, and 154 through 157, revised; pages 78a through 78d, new; and the following forms:

- 470-5018 *Request for Prior Authorization: Alpha<sub>2</sub> Agonists, Extended Release*, revised
- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor*, revised
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, revised
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis*, revised
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis*, revised
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis*, revised
- 470-5142 *Request for Prior Authorization: Buprenorphine/Naloxone*, revised
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine*, revised
- 470-5059 *Request for Prior Authorization: Colchicine*, revised and renamed
- 470-4594 *Request for Prior Authorization: Concurrent IM/PO Antipsychotic Utilization*, revised
- 470-5462 *Request for Prior Authorization: Daclizumab (Zinbryta<sup>®</sup>)*, new
- 470-5460 *Request for Prior Authorization: Duplicate Therapy Edit Override*, new
- 470-4092 *Request for Prior Authorization: Fentanyl, Short Acting Products*, revised and renamed
- 470-5270 *Request for Prior Authorization: Hepatitis C Treatments*, revised

470-5435	<i>Request for Prior Authorization: Lupron Depot-Adult, new</i>
470-5434	<i>Request for Prior Authorization: Lupron Depot-Pediatric, new</i>
470-4705	<i>Request for Prior Authorization: Modified Formulations, revised</i>
470-5060	<i>Request for Prior Authorization: Multiple Sclerosis Agents-Oral, revised</i>
470-5461	<i>Request for Prior Authorization: Narcan (Naloxone) Nasal Spray, new</i>
470-4279	<i>Request for Prior Authorization: Omalizumab (Xolair®), revised</i>
470-5174	<i>Request for Prior Authorization: Oral Constipation Agents, revised</i>
470-4113	<i>Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised</i>
470-4899	<i>Request for Prior Authorization: Short Acting Opioids, revised and renamed</i>
470-5188	<i>Request for Prior Authorization: Testosterone Products, revised</i>
470-5426	<i>Request for Prior Authorization: Topical Acne and Rosacea Products, revised</i>

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 17 forms for requesting drug prior authorization.
- ◆ Add five forms for requesting drug prior authorization.
- ◆ Remove obsolete form 470-5017, *Request for Prior Authorization: Buprenorphine Transdermal System (Butrans) & Buccal Film (Belbuca)*.
- ◆ Rename the following forms for requesting drug prior authorization:
  - Form 470-5059 from *Request for Prior Authorization: Colchicine (Colcrys®)* to *Request for Prior Authorization: Colchicine*.
  - Form 470-4092 from *Request for Prior Authorization: Fentanyl, Short Acting Oral Products* to *Request for Prior Authorization: Fentanyl, Short Acting Products*.
  - Form 470-4899 from *Request for Prior Authorization: Short Acting Narcotics* to *Request for Prior Authorization: Short Acting Opioids*.
- ◆ Update the quantity limit chart.
- ◆ Update the Point of Sale (POS) payer sheet link.
- ◆ Add three non-drug products.
- ◆ Update the high dollar claims threshold edit.
- ◆ Update the age edit chart.
- ◆ Update the tablet splitting chart.
- ◆ Update the therapeutic duplication chart.



**Date Effective**

Upon receipt.

**Material Superseded**

This material replaces the following pages from the *PRESCRIBED DRUGS MANUAL*:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 2-4)	November 1, 2016
Contents (page 5)	June 1, 2016
20, 21	November 1, 2016
470-5018	1/16
27	June 1, 2016
470-4593	6/15
470-5259	10/16
470-4521	1/16
470-4522	1/14
470-4524	1/16
470-5017	6/16
39, 40	November 1, 2016
470-5142	1/15
41, 42	November 1, 2016
470-4116	10/16
470-5059	6/15
45, 46	November 1, 2016
470-4594	7/10
47-52	November 1, 2016
470-4092	10/12
53-56	November 1, 2016
470-5270	10/16
57-66	November 1, 2016
67, 68	June 1, 2016
470-4705	6/16
470-5060	10/13
69	November 1, 2016
70	June 1, 2016
71	November 1, 2016
72, 73	June 1, 2016
74-76	November 1, 2016
470-4279	10/14
470-5174	1/16
77, 78, 80, 80b, 83-85	November 1, 2016
86-88, 96, 99-104, 108	June 1, 2016
109-114	November 1, 2016
470-4113	10/16
470-4899	10/15
115-118	November 1, 2016
470-5188	6/16

119, 120	November 1, 2016
470-5426	10/16
121-124	November 1, 2016
145, 149-151, 154-157	June 1, 2016

**Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

Jerry R. Foxhoven  
Director

For Human Services use only:

**General Letter No. 8-AP-475**  
Employees' Manual, Title 8  
Medicaid Appendix

January 26, 2018

## **PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 18-1**

ISSUED BY: Division of Medical Services

SUBJECT: **Prescribed Drugs Manual**, Chapter III, *Provider-Specific Policies*, Contents (pages 2, 3, and 4), revised; pages 2, 18, 20, 21, 22, 40, 41, 42, 43 through 78, 78a, 78b, 79 through 90, 91 through 124, 126, 149 through 152, and 157, revised; pages 42a through 42d and 90a through 90g, new; and the following forms:

- 470-4593 *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor*, revised
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, revised
- 470-4410 *Request for Prior Authorization: Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products*, revised
- 470-4094 *Request for Prior Authorization: Antifungal Drugs*, revised
- 470-5487 *Request for Prior Authorization: Calcifediol (Rayaldee)*, new
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine*, revised
- 470-5488 *Request for Prior Authorization: Crisaborole (Eucrisa)*, new
- 470-5489 *Request for Prior Authorization: Deflazacort (Emflaza)*, new
- 470-5410 *Request for Prior Authorization: Eluxadoline (Viberzi™)*, revised
- 470-5476 *Request for Prior Authorization: Eteplirsen (Exondys 51)*, new
- 470-5490 *Request for Prior Authorization: GLP-1 Agonist/Basal Insulin Combinations*, new
- 470-5270 *Request for Prior Authorization: Hepatitis C Treatments*, revised
- 470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens*, revised
- 470-5491 *Request for Prior Authorization: Lesinurad (Zurampic)*, new
- 470-5366 *Request for Prior Authorization: Lumacaftor/Ivacaftor (Orkambi™)*, revised

- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-5492 *Request for Prior Authorization: New-to-Market Drugs, new*
- 470-5423 *Request for Prior Authorization: Novel Oral Anticoagulants, revised*
- 470-5174 *Request for Prior Authorization: Oral Constipation Agents, revised*
- 470-5493 *Request for Prior Authorization: Sapropterin Dihydrochloride (Kuvan), new*
- 470-4119 *Request for Prior Authorization: Selected Brand Name Drugs, Iowa Medicaid MedWatch, revised*
- 470-4113 *Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 14 forms for requesting drug prior authorization.
- ◆ Add eight forms for requesting drug prior authorization.
- ◆ Remove the following forms for requesting drug prior authorization:
  - 470-5059, *Request for Prior Authorization: Colchicine*
  - 470-4279, *Request for Prior Authorization: Omalizumab (Xolair®)*
- ◆ Update nonprescription drugs list.
- ◆ Update the quantity limit chart.
- ◆ Update Pro-DUR edit chart.
- ◆ Update age edit chart.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from the ***Prescribed Drugs Manual***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 2-4)	April 1, 2017
2	September 1, 2015
18	June 1, 2016
20, 21	April 1, 2017
22	November 1, 2016
470-4593	1/17
470-5259	1/17
470-4410	10/16
470-4094	6/16

40-42	April 1, 2017
43, 44	November 1, 2016
470-4116	1/17
470-5059	1/17
45-50	April 1, 2017
470-5410	8/16
51-56	April 1, 2017
470-5270	1/17
57, 58	April 1, 2017
470-4111	8/16
59-66	April 1, 2017
470-5366	1/16
67-70	April 1, 2017
470-4705	1/17
71-78	April 1, 2017
470-5423	10/16
78a, 78b	April 1, 2017
470-4279	4/17
470-5174	4/17
78c, 78d	April 1, 2017
79	November 1, 2016
80	April 1, 2017
80a	November 1, 2016
80b	April 1, 2017
81, 82	November 1, 2016
83-88	April 1, 2017
89-95	June 1, 2016
96	April 1, 2017
97	November 1, 2016
98	June 1, 2016
99-104	April 1, 2017
105, 106	June 1, 2016
107	November 1, 2016
108-112	April 1, 2017
470-4119	5/13
470-4113	1/17
113-124	April 1, 2017
126	June 1, 2016
149-151	April 1, 2017
152	June 1, 2016
157	April 1, 2017

### **Additional Information**

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

Jerry R. Foxhoven  
Director

For Human Services use only:

## General Letter No. 8-AP-482

Employees' Manual, Title 8  
Medicaid Appendix

September 14, 2018

### PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 18-2

ISSUED BY: Division of Medical Services

SUBJECT: **Prescribed Drugs Manual**, Chapter III, *Provider-Specific Policies*, Contents (pages 1, 2, and 3), revised; pages 1 through 63, revised; and the following forms:

- 470-5507 *Request for Prior Authorization: Age Edit Override – Codeine or Tramadol*, new
- 470-5018 *Request for Prior Authorization: Alpha<sub>2</sub> Agonists, Extended-Release*, revised
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, revised
- 470-5098 *Request for Prior Authorization: Antidepressants*, revised
- 470-4094 *Request for Prior Authorization: Antifungal Drugs – Oral/Injectable*, revised
- 470-5293 *Request for Prior Authorization: Apremilast (Otezla)*, revised
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis*, revised
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis*, revised
- 470-4523 *Request for Prior Authorization: Biologicals for Inflammatory Bowel Disease*, revised
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis*, revised
- 470-5142 *Request for Prior Authorization: Buprenorphine/Naloxone*, revised
- 470-4551 *Request for Prior Authorization: Chronic Pain Syndromes*, revised
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine*, revised
- 470-5497 *Request for Prior Authorization: Dupilumab (Dupixent)*, new
- 470-4550 *Request for Prior Authorization: Extended Release Formulations*, revised
- 470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor*, revised
- 470-5270 *Request for Prior Authorization: Hepatitis C Treatments*, revised

470-5531	<i>Request for Prior Authorization: High Dose Opioids, new</i>
470-5040	<i>Request for Prior Authorization: Immunomodulators-Topical, revised</i>
470-4111	<i>Request for Prior Authorization: Insulin, Pre-Filled Pens, revised</i>
470-5117	<i>Request for Prior Authorization: Ivacaftor (Kalydeco), revised</i>
470-5175	<i>Request for Prior Authorization: Janus Kinase (JAK) Inhibitors, revised</i>
470-5548	<i>Request for Prior Authorization: Letemovir (Prevymis), new</i>
470-4898	<i>Request for Prior Authorization: Lidocaine Patch, revised</i>
470-4275	<i>Request for Prior Authorization: Linezolid (Zyvox), revised</i>
470-5294	<i>Request for Prior Authorization: Methotrexate Injection, revised</i>
470-4705	<i>Request for Prior Authorization: Modified Formulations, revised</i>
470-5174	<i>Request for Prior Authorization: Oral Constipation Agents, revised</i>
470-4327	<i>Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised</i>
470-4113	<i>Request for Prior Authorization: Serotonin 5-HT1 Receptor Agonists, revised</i>
470-5188	<i>Request for Prior Authorization: Testosterone Products, revised</i>
470-5549	<i>Request for Prior Authorization: Tezacaftor/Ivacaftor (Symdeko), new</i>
470-5426	<i>Request for Prior Authorization: Topical Acne and Rosacea Products, revised</i>
470-5398	<i>Request for Prior Authorization: Valsartan/Sacubitril (Entresto), revised</i>
470-5534	<i>Request for Prior Authorization: Vesicular Monoamine Transporter (VMAT) 2 Inhibitors, new</i>

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 29 forms for requesting drug prior authorization.
- ◆ Add six forms for requesting drug prior authorization.
- ◆ Remove the following forms for requesting drug prior authorization:
  - 470-4593, *Request for Prior Authorization: Angiotensin Receptor Blocker Before ACE Inhibitor*
  - 470-5462, *Request for Prior Authorization: Daclizumab (Zinbryta®)*
- ◆ Add definitions for active pharmaceutical ingredients (API) and excipients.
- ◆ Add an Iowa Administrative Code reference for prospective drug reviews.
- ◆ Update the Iowa Administrative Code for patient counseling.
- ◆ Update prescriber qualifications and guidelines.

- ◆ Remove the nonprescription (OTC) prescribed drugs list and add a reference to the website.
- ◆ Update medical supplies DME billing.
- ◆ Update prior authorization submission options.
- ◆ Remove prior authorization criteria and add a reference to the website.
- ◆ Update the reimbursement effective date and add language for 340B, federal supply schedule, nominal price, and Indian health facilities.
- ◆ Update the reimbursement for vaccinations.
- ◆ Rename Non Drug Products to Active Pharmaceutical Ingredients (API) and Excipients. The list is removed and replaced with a reference to the website.
- ◆ Update the age edit chart.
- ◆ Add 340B covered entity requirement.
- ◆ Update paper claim billing instructions for federal supply schedule and nominal price claims.

#### **Date Effective**

Upon receipt.

#### **Material Superseded**

This material replaces the following pages from the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (page 1)	June 1, 2016
Contents (pages 2-4)	January 1, 2018
Contents (page 5)	April 1, 2017
Contents (page 6)	June 1, 2016
1	November 1, 2016
2	January 1, 2018
3	September 1, 2015
4, 5	June 1, 2016
6, 7	August 1, 2013
8	September 1, 2015
9, 10	October 1, 2014
11-14	September 1, 2015
15	June 1, 2016
16	September 1, 2015
17	June 1, 2016
18	January 1, 2018
19	June 1, 2016
20-22	January 1, 2018
23-26	June 1, 2016



470-5018	4/17
27	April 1, 2017
28	June 1, 2016
470-4593	10/17
29, 30	November 1, 2016
470-5259	1/18
470-5098	7/14
31, 32	November 1, 2016
470-4094	6/17
470-5293	6/15
33, 34	November 1, 2016
470-4521	1/17
35, 36	November 1, 2016
470-4522	1/17 and 1/18
37, 38	November 1, 2016
470-4523	1/16
470-4524	1/17 and 1/18
39	April 1, 2017
40	January 1, 2018
470-5142	1/17
41, 42	January 1, 2018
470-4551	7/15
42a, 42b	January 1, 2018
470-4116	1/18
42c, 42d	January 1, 2018
470-5462	4/17
43-50	January 1, 2018
470-4550	10/16
51, 52	January 1, 2018
470-4099	1/16 and 1/18
53-56	January 1, 2018
470-5270	1/18
57, 58	January 1, 2018
470-5040	10/15
59, 60	January 1, 2018
470-4111	1/18
61, 62	January 1, 2018
470-5117	10/15
470-5175	10/16
63, 64	January 1, 2018
470-4898	6/14
65, 66	January 1, 2018
470-4275	1/16
67-72	January 1, 2018
470-5294	6/15
470-4705	6/17
73-78, 78a, 78b	January 1, 2018
470-5174	10/17
79-88	January 1, 2018

470-4327	10/16
89, 90, 90a-90g, 91-114	January 1, 2018
470-4113	1/18
115-118	January 1, 2018
470-5188	1/17
119, 120	January 1, 2018
470-5426	1/17
121, 122	January 1, 2018
470-5398	6/16
123, 124	January 1, 2018
125	November 1, 2016
126	January 1, 2018
127	November 1, 2016
128	June 1, 2016
129	November 1, 2016
130-144	June 1, 2016
145	April 1, 2017
146	June 1, 2016
147	November 1, 2016
148	June 1, 2016
149-152	January 1, 2018
153	June 1, 2016
154-156	April 1, 2017
157	January 1, 2018
158	November 1, 2016
159-162	June 1, 2016
163	November 1, 2016
164	June 1, 2016

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

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**General Letter No. 8-AP-487**

Employees' Manual, Title 8  
Medicaid Appendix

August 9, 2019

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 19-1**

ISSUED BY: Division of Medical Services

SUBJECT: ***Prescribed Drugs Manual***, *Provider-Specific Policies*, Contents (pages 1, 2, and 3), revised; pages 2, 6, 7, 15, 16, 18 through 30, 46, and 49 through 63, revised; page 64, new; and the following forms:

- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, revised
- 470-4094 *Request for Prior Authorization: Antifungal Drugs-Oral / Injectable*, revised
- 470-4521 *Request for Prior Authorization: Biologicals for Ankylosing Spondylitis*, revised
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis*, revised
- 470-4523 *Request for Prior Authorization: Biologicals for Inflammatory Bowel Disease*, revised
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis*, revised
- 470-5142 *Request for Prior Authorization: Buprenorphine/Naloxone*, revised
- 470-5554 *Request for Prior Authorization: CGRP Inhibitors*, revised
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine*, revised
- 470-5015 *Request for Prior Authorization: Dalfampridine (Ampyra)*, revised
- 470-5578 *Request for Prior Authorization: Elagolix (Orilissa)*, new
- 470-5410 *Request for Prior Authorization: Eluxadoline (Viberzi)*, revised
- 470-4098 *Request for Prior Authorization: Erythropoiesis Stimulating Agents*, revised
- 470-4550 *Request for Prior Authorization: Extended Release Formulations*, revised
- 470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor*, revised

- 470-4850 *Request for Prior Authorization: Hematopoietics/Chronic ITP, renamed and revised*
- 470-5270 *Request for Prior Authorization: Hepatitis C Treatments, revised*
- 470-5531 *Request for Prior Authorization: High Dose Opioids, revised*
- 470-5040 *Request for Prior Authorization: Immunomodulators-Topical, revised*
- 470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pens, revised*
- 470-5117 *Request for Prior Authorization: Ivacaftor (Kalydeco), revised*
- 470-5175 *Request for Prior Authorization: Janus Kinase (JAK) Inhibitors, revised*
- 470-4409 *Request for Prior Authorization: Long-Acting Opioids, revised*
- 470-5366 *Request for Prior Authorization: Lumacaftor/Ivacaftor (Orkambi), revised*
- 470-5434 *Request for Prior Authorization: Lupron Depot - Pediatric, revised*
- 470-4655 *Request for Prior Authorization: Miconazole-Zinc Oxide-White Petrolatum (Vusion) Ointment, renamed and revised*
- 470-5060 *Request for Prior Authorization: Multiple Sclerosis Agents-Oral, revised*
- 470-5577 *Request for Prior Authorization: Nocturnal Polyuria Treatments, new*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*
- 470-5423 *Request for Prior Authorization: Novel Oral Anticoagulants, revised*
- 470-5174 *Request for Prior Authorization: Oral Constipation Agents, revised*
- 470-5399 *Request for Prior Authorization: PCSK9 Inhibitors, revised*
- 470-5425 *Request for Prior Authorization: Potassium Binders, revised*
- 470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised*
- 470-4328 *Request for Prior Authorization: Sedative/Hypnotics Non-Benzodiazepine, revised*
- 470-4899 *Request for Prior Authorization: Short Acting Opioids, revised*
- 470-5016 *Request for Prior Authorization: Sodium Oxybate (Xyrem), revised*
- 470-5188 *Request for Prior Authorization: Testosterone Products, revised*
- 470-5426 *Request for Prior Authorization: Topical Acne and Rosacea Products, revised*
- 470-5398 *Request for Prior Authorization: Valsartan/Sacubitril (Entresto), revised*
- 470-5534 *Request for Prior Authorization: Vesicular Monoamine Transporter (VMAT) 2 Inhibitors, revised*

## Summary

The Prescribed Drug manual is revised to:

- ◆ Revise 39 forms for requesting drug prior authorization.
- ◆ Add two forms for requesting drug prior authorization.
- ◆ Rename the following forms for requesting drug prior authorization:
  - 470-4850, *Request for Prior Authorization: Thrombopoietin Receptor Agonists, to Request for Prior Authorization: Hematopoietics/Chronic ITP*
  - 470-4655, *Request for Prior Authorization: Vusion Ointment, to Request for Prior Authorization: Miconazole-Zinc Oxide-White Petrolatum (Vusion) Ointment*
- ◆ Remove the following forms for requesting drug prior authorization:
  - 470-5476, *Request for Prior Authorization: Eteplirsen (Exondys 51)*
  - 470-5424, *Request for Prior Authorization: Mepolizumab (Nucala)*
  - 470-4421, *Request for Prior Authorization: Nicotine Replacement Therapy*
  - 470-4517, *Request for Prior Authorization: Smoking Cessation Therapy-Oral*
- ◆ Update new drug entity process.
- ◆ Update prior authorization submission address.
- ◆ Update reimbursement language for Generic and Nonprescription Drugs, Brand-Name Drugs, 340B, Federal Supply Schedule, and Nominal Price.
- ◆ Update age edit chart.
- ◆ Remove coverage of medical supplies through Pharmacy Point of Sale

## Effective Date

Upon receipt.

## Material Superseded

This material replaces the following pages from the ***Prescribed Drugs Manual***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 1-3)	August 1, 2018
2, 6, 7, 15, 16, 18	August 1, 2018
470-5259	6/18
470-4094	10/18
470-4521	4/18
470-4522	10/18
470-4523	4/18
470-4524	10/18
470-5142	6/18
470-5554	1/19
470-4116	10/18

470-5015	3/11
470-5410	10/17
470-4098	5/13
470-5476	6/17
470-4550	10/18
470-4099	10/18
470-5270	10/18
470-5531	7/18
470-5040	4/18
19, 20	August 1, 2018
470-4111	6/18
470-5117	4/18
470-5175	10/18
470-4409	8/16
470-5366	6/17
470-5434	1/17
470-5424	10/16
470-5060	4/17
470-4421	7/16
470-4109	6/16
470-5423	6/17
470-5174	10/18
470-5399	6/16
470-5425	10/16
470-4327	6/18
470-4328	7/15
470-4899	1/17
470-4517	7/16
470-5016	6/16
470-5188	1/18
470-4850	6/15
470-5426	6/18
470-5398	4/18
470-5534	10/18
470-4655	1/09
21-30, 46, 49-63	August 1, 2018

### **Additional Information**

The updated provider manual containing the revised pages can be found at:

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If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

For Human Services use only:

**General Letter No. 8-AP-490**  
Employees' Manual, Title 8  
Medicaid Appendix

August 1, 2020

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO.**

ISSUED BY: Division of Medical Services

SUBJECT: **Prescribed Drugs Manual, Provider-Specific Policies** Contents Page 1, revised; pages 9 and 13, revised; pages 18, 19, 20, 21, 26, 50, revised; and the following forms:

- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents, revised*
- 470-4095 *Request for Prior Authorization: Antihistamines, revised*
- 470-5600 *Request for Prior Authorization: Aripiprazole Tablets with Sensor (Abilify MyCite), new*
- 470-4117 *Request for Prior Authorization: Benzodiazepines, revised*
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis, revised*
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis, revised*
- 470-5142 *Request for Prior Authorization: Buprenorphine/Naloxone, obsolete*
- 470-5591 *Request for Prior Authorization: Cannabidiol (Epidiolex), new*
- 470-5554 *Request for Prior Authorization: CGRP Inhibitors, revised*
- 470-4551 *Request for Prior Authorization: Chronic Pain Syndromes, revised*
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine, revised*
- 470-5015 *Request for Prior Authorization: Dalfampridine (Ampyra), revised*
- 470-5330 *Request for Prior Authorization: Deferasirox, revised*
- 470-5497 *Request for Prior Authorization: Dupilumab (Dupixent), revised*
- 470-5410 *Request for Prior Authorization: Eluxadoline (Viberzi), revised*
- 470-4098 *Request for Prior Authorization: Erythropoiesis Stimulating Agents, revised*
- 470-4849 *Request for Prior Authorization: Febuxostat (Uloric), revised*
- 470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor, revised*

- 470-4100 *Request for Prior Authorization: Growth Hormones, revised*  
470-4850 *Request for Prior Authorization: Hematopoietics / Chronic ITP, revised*  
470-5040 *Request for Prior Authorization: Immunomodulators-Topical, revised*  
470-4111 *Request for Prior Authorization: Insulin, Pre-Filled Pen, revised*  
470-5175 *Request for Prior Authorization: Janus Kinase (JAK) Inhibitors, revised*  
470-4898 *Request for Prior Authorization: Lidocaine Patch, revised*  
470-5435 *Request for Prior Authorization: Lupron Depot- Adult, revised*  
470-5424 *Request for Prior Authorization: Mepolizumab (Nucala), revised*  
470-4705 *Request for Prior Authorization: Modified Formulations, revised*  
470-5060 *Request for Prior Authorization: Multiple Sclerosis Agents, revised*  
470-4105 *Request for Prior Authorization: Muscle Relaxants, revised*  
470-4107 *Request for Prior Authorization: Non-Parenteral Vasopressin Derivatives of Posterior Pituitary Hormone Products, revised*  
470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*  
470-5423 *Request for Prior Authorization: Novel Oral Anticoagulants, revised*  
470-5174 *Request for Prior Authorization: Oral Constipation Agents, revised*  
470-5601 *Request for Prior Authorization: Ospemifene (Osphena), new*  
470-5399 *Request for Prior Authorization: PCSK9 Inhibitors, revised*  
470-4327 *Request for Prior Authorization: Pulmonary Arterial Hypertension Agents, revised*  
470-4328 *Request for Prior Authorization: Sedative/Hypnotics Non-Benzodiazepine, revised*  
470-4113 *Request for Prior Authorization: Serotonin 5-HT-1 Receptor Agonists, revised*  
470-4899 *Request for Prior Authorization: Short Acting Opioids, revised*  
470-5188 *Request for Prior Authorization: Testosterone Products, revised*  
470-5426 *Request for Prior Authorization: Topical Acne and Rosacea Products, revised*  
470-5534 *Request for Prior Authorization: Vesicular Monoamine Transporter(VMAT) 2 Inhibitors, revised*

## **Summary**

The Prescribed Drug manual is revised to:

- ◆ Revise 39 forms for requesting drug prior authorization.



- ◆ Add 3 forms for requesting drug prior authorization.
- ◆ Remove the following form for requesting drug prior authorization:
  - 470-5142, Request for Prior Authorization: Buprenorphine/naloxone
- ◆ Add automatic refill policy.
- ◆ Add requirement of ensuring billing to correct Medicaid ID.
- ◆ Update prescriber guideline of prescribing one-month supply of prescription and nonprescription medication.
- ◆ Add one-time dispensing fee for maintenance medications.
- ◆ Update age edit chart.

**Date Effective**

Upon receipt.

**Material Superseded**

This material replaces the following pages from the ***PRESCRIBED DRUGS MANUAL***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents Page 1	August 1, 2019
9, 13,	August 1, 2018
18, 19, 20, 21, 26, 50	August 1, 2019
470-4095	6/14
470-4098	1/19
470-4099	6/19
470-4100	4/16
470-4105	10/11
470-4107	6/16
470-4109	1/19
470-4111	1/19
470-4113	6/18
470-4116	6/19
470-4117	7/15
470-4327	1/19
470-4328	6/19
470-4522	6/19
470-4524	6/19
470-4551	10/18
470-4705	6/18
470-4849	11/09
470-4850	6/19
470-4898	4/18
470-4899	7/19
470-5015	1/19
470-5040	6/19
470-5060	1/19

470-5142	7/19
470-5174	6/19
470-5175	1/19
470-5188	6/19
470-5259	6/19
470-5330	10/16
470-5399	1/19
470-5410	1/19
470-5423	6/19
470-5424	10/16
470-5426	6/19
470-5435	1/17
470-5497	1/18
470-5534	1/19
470-5554	1/19
470-5591	10/19
470-5600	1/20
470-5601	1/20

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

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For Human Services use only:

**General Letter No. 8-AP-494**

Employees' Manual, Title 8  
Medicaid Appendix

April 16, 2021

**PRESCRIBED DRUGS MANUAL TRANSMITTAL NO. 21-1**

ISSUED BY: Division of Medical Services

SUBJECT: **Prescribed Drugs Manual, Provider-Specific Policies**, Title, Contents page i, Title 2, Contents page 1, Contents page 2 and 3, 1, 2, 3-5, 6 and 7, 8, 9, 10-12, 13, 14, 15, 16-17, 18-21, 22-25, 26, 27-30, 31-45, 46, 47 and 48, 49, 50, 51-64, revised; and the following forms:

- 470-4113 *Request for Prior Authorization: Acute Migraine Treatments*, revised and renamed from *Serotonin 5-HT-1 Receptor Agonists*
- 470-5636 *Request for Prior Authorization: Adenosine Triphosphate-Citrate Lyase Inhibitors*, new
- 470-5259 *Request for Prior Authorization: Anti-Diabetic Non-Insulin Agents*, revised
- 470-4094 *Request for Prior Authorization: Anti-Fungal Drugs-Oral/Injectable*, revised
- 470-4522 *Request for Prior Authorization: Biologicals for Arthritis*, revised
- 470-4521 *Request for Prior Authorization: Biologicals for Axial Spondyloarthritis*, revised and renamed from *Biologicals for Ankylosing Spondylitis*
- 470-4524 *Request for Prior Authorization: Biologicals for Plaque Psoriasis*, revised
- 470-5554 *Request for Prior Authorization: CGRP Inhibitors*, revised
- 470-4551 *Request for Prior Authorization: Chronic Pain Syndromes*, removed
- 470-4116 *Request for Prior Authorization: CNS Stimulants and Atomoxetine*, revised
- 470-5627 *Request for Prior Authorization: Cystic Fibrosis Agents*, new
- 470-5423 *Request for Prior Authorization: Direct Oral Anticoagulants*, revised and renamed from *Novel Oral Anticoagulants*
- 470-5497 *Request for Prior Authorization: Dupilumab (Dupixent)*, revised
- 470-4099 *Request for Prior Authorization: Granulocyte Colony Stimulating Factor*, revised
- 470-4850 *Request for Prior Authorization: Hematopoietics / Chronic ITP*, revised

- 470-5270 *Request for Prior Authorization: Hepatitis C Treatments, revised*
- 470-5531 *Request for Prior Authorization: High Dose Opioids, revised*
- 470-5424 *Request for Prior Authorization: IL-5 Antagonists, revised and renamed from Mepolizumab (Nucala)*
- 470-5409 *Request for Prior Authorization: Ivabradine (Corlanor), revised*
- 470-5117 *Request for Prior Authorization: Ivacaftor (Kalydeco), removed*
- 470-4898 *Request for Prior Authorization: Lidocaine Patch, revised*
- 470-4275 *Request for Prior Authorization: Linezolid (Zyvox), revised*
- 470-5366 *Request for Prior Authorization: Lumacaftor/Ivacaftor (Orkambi), removed*
- 470-4705 *Request for Prior Authorization: Modified Formulations, revised*
- 470-5060 *Request for Prior Authorization: Multiple Sclerosis Agents, revised*
- 470-4109 *Request for Prior Authorization: Nonsteroidal Anti-Inflammatory Drugs, revised*
- 470-5637 *Request for Prior Authorization: Peanut (Arachis Hypogaea) Allergen Powder-dnfp (Palforzia), new*
- 470-5346 *Request for Prior Authorization: Pirfenidone (Esbriet) and Nintedanib (Ofev), revised and renamed from Idiopathic Pulmonary Fibrosis Agents*
- 470-5425 *Request for Prior Authorization: Potassium Binders, revised*
- 470-4112 *Request for Prior Authorization: Proton Pump Inhibitors, revised*
- 470-4328 *Request for Prior Authorization: Sedative/Hypnotics Non-Benzodiazepine, revised*
- 470-4899 *Request for Prior Authorization: Short Acting Opioids, revised*
- 470-5188 *Request for Prior Authorization: Testosterone Products, revised*
- 470-5549 *Request for Prior Authorization: Tezacaftor/Ivacaftor (Symdeko), removed*
- 470-5426 *Request for Prior Authorization: Topical Acne and Rosacea Products, revised*
- 470-5398 *Request for Prior Authorization: Valsartan/Sacubitril (Entresto), revised*
- 470-5628 *Request for Prior Authorization: Voxelotor (Oxbryta), new*

## **Summary**

The Prescribed Drug manual is revised to:

- ◆ Revise 25 forms for requesting drug prior authorization.
- ◆ Add 4 forms for requesting drug prior authorization.
- ◆ Revise and rename 4 forms for requesting drug prior authorization.

- ◆ Remove the following forms for requesting drug prior authorization:
  - 470-4551, Request for Prior Authorization: Chronic Pain Syndromes
  - 470-5117, Request for Prior Authorization: Ivacaftor (Kalydeco)
  - 470-5366, Request for Prior Authorization: Lumacaftor/Ivacaftor (Orkambi)
  - 470-5549, Request for Prior Authorization: Tezacaftor/Ivacaftor (Symdeko)
- ◆ Update paper claim submission requirements for Nominal Price and Federal Supply Schedule claims.
- ◆ Add maximum daily edit information.
- ◆ Update formatting and style throughout.

**Date Effective**

January 1, 2021.

**Material Superseded**

This material replaces the following pages from the *Prescribed Drugs Manual*:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Title page 1	
Contents page i	July 1, 2014
Title page 2	
Contents page 1	August 1, 2020
Contents page 2 and 3	August 1, 2019
1	August 1, 2018
2	August 1, 2019
3-5	August 1, 2018
6 and 7	August 1, 2019
8	August 1, 2018
9	August 1, 2020
10-12	August 1, 2018
13	August 1, 2020
14	August 1, 2018
15	August 1, 2019
16-17	August 1, 2018
18-21	August 1, 2020
22-25	August 1, 2019
26	August 1, 2020
27-30	August 1, 2019
31-45	August 1, 2018
46	August 1, 2019
47 and 48	August 1, 2018

49	August 1, 2019
50	August 1, 2020
51-64	August 1, 2019

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

For Health and Human Services use only:

**General Letter No. 8-AP-505**

Employees' Manual, Title 8  
Medicaid Appendix

October 21, 2022

**Prescribed Drugs Manual Transmittal No. 22-1**

ISSUED BY: Division of Medical Services  
SUBJECT: **Prescribed Drugs**, Chapter III., **Provider-Specific Policies**, Title Page I, Table of Contents Page i, Title Page 2, Table of Contents Page 1 and 2, revised; Contents Page 3, removed; pages 1-53, revised; 54-64, removed.

**Summary**

The Prescribed Drugs manual is revised to:

- Update branding and naming conventions throughout (e.g. Iowa Medicaid Enterprise becomes Iowa Medicaid)
- Update Definitions
- Reflect changes to allowing Automatic refills
- Update Reasons for Denial, "Refill Too Soon", and update of Appeals language in this section
- Reflect changes to list of substances requiring Prior Authorization
- Update Reimbursements for Vaccinations
- Update Prospective Drug Utilization Review (Pro-DUR) Table
- Update style and formatting throughout.

**Date Effective**

Immediately.

**Material Superseded**

This material replaces the following pages from the **Prescribed Drugs** manual:

<u>Page</u>	<u>Date</u>
Title Page I	October 21, 2022
Contents Page i	October 21, 2022
Title Page 2	October 21, 2022
Contents 1 and 2	October 21, 2022
Contents 3	October 21, 2022
1-64	October 21, 2022

**Additional Information**

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Drugs.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

For Health and Human Services use only:  
General Letter No. 8-AP-510  
**Employees' Manual, Title 8  
Medicaid Appendix**  
, 2025

## **Durable Medical Equipment Manual Transmittal No. 25-1**

ISSUED BY: Iowa Medicaid

SUBJECT: Pharmacy Outpatient Prescribed Drugs, Chapter III., **Provider-Specific Policies**, Title Page 1, Table of Contents Page A, Title Page 2, Contents Page 1-2, revised; Contents Page 3, new; pages 1-51, revised, and pages 52 and 53, removed.

### **Summary**

The Prescribed Drugs Provider Manual is revised to change its name to Pharmacy Outpatient Prescribed Drugs Provider Manual and to update content, policy, procedure, style, formatting, and accessibility throughout.

### **Effective Date**

Immediately.

### **Material Superseded**

<b>Page</b>	<b>Date</b>
Title Page 1	October 21, 2022
Contents Page i	October 21, 2022
Title Page 2	October 21, 2022
Contents Page 1 and 2	October 21, 2022
1-53	October 21, 2022

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<https://hhs.iowa.gov/media/15903>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@hhs.iowa.gov](mailto:imeproviderservices@hhs.iowa.gov).