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**INFORMATIONAL LETTER NO. 2595-MC-FFS-D****DATE:** June 6, 2024**TO:** Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Nursing Facilities-Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Service, Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community Based ICF/ID Providers, Physician Assistants**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS), Dental (D)**FROM:** Iowa Department of Health and Human Services (HHS), Iowa Medicaid**RE:** July 2024 Iowa Medicaid Pharmacy Program Changes**EFFECTIVE:** July 1, 2024**1. Removal of Existing Prior Authorization (PA) Criteria:**

Clinical PA criteria will be removed for the below category and the PA form will no longer be required. PA will continue to be required for nonpreferred medications through the Preferred Drug List (PDL) using form 470-4108 Nonpreferred Drug.

- Febuxostat (Uloric), form 470-4849

**2. Addition to OTC Drug List:**

Effective July 1, 2024, the OTC Drug List will be updated to include coverage for the Opill oral contraceptive 0.075 mg tablets. See the complete OTC Drug List on the [Medicaid Pharmacy webpage](https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/medicaid-pharmacy)<sup>1</sup> on the [Iowa Department of Health and Human Services \(HHS\) website](https://hhs.iowa.gov/)<sup>2</sup>.

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<sup>1</sup> <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/medicaid-pharmacy>

<sup>2</sup> <https://hhs.iowa.gov/>

3. **Changes to Existing PA Criteria** – The below PA criteria have been updated effective July 1, 2024. See the complete PA criteria chart on the [Medicaid Pharmacy webpage](#)<sup>3</sup> on the [HHS website](#)<sup>4</sup>.

- **Biologicals for Arthritis**
- **Biologicals for Hidradenitis Suppurative**
- **Dupilumab (Dupixent)**
- **Hepatitis C Treatment, Direct Acting Antivirals**
- **Select Preventative Migraine Treatments**

We encourage providers to go to the [Medicaid Pharmacy webpage](#)<sup>5</sup> on the [HHS website](#)<sup>6</sup> to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 1-877-776-1567, locally in Des Moines at 515-256-4607, or by e-mail at [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com).

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