Iowa Medicaid
Iowa HHS

OCTOBER 2026 IOWA MEDICAID PHARMACY PROGRAM CHANGES

DATE: August 20, 2026

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS), Dental (D)

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

EFFECTIVE: October 1, 2026

1. **Changes to the Preferred Drug List (PDL) effective October 1, 2026. Refer to the Iowa Medicaid PDL website[1] to review the complete PDL.**

Preferred	Non-Preferred	Non-Recommended	Recommended
Brivaracetam	Atmeksi[1]	Ensacove[1]	Jakafi[1]
Moxifloxacin Tabs	Avtozma[1]	Idvynso	
Nintedanib[1]	Azilsartan	Jakafi XR[1]	
Pomalyst[1]	Baxfendy	Komzifti[1]	
Savella	Beclomethasone Inhal Soln	Lifyorli[1]	
Scopolamine Patch	Byqlovi		
	Bysanti[2]		
	Cardamyst		
	Dapagliflozin/Saxagliptin[1]		
	Desmoda[1]		
	Enbumyst		
	Forzinity		
	Hydrocortisone Gel 2%[1]		

[1] https://www.iowamedicaidpdl.com/pa-pdl/preferred-drug-lists.html

Icotyde[1]
Imcivree[1]
Ipratropium bromide HFA
Kygevvi
Milnacipran
Myqorzo[1]
Nereus[1]
Ontralfy[1]
Pivya
Pomalidomide[1]
Redemplo
Relgaabi
Rilpivirine
Saphnelo
Sdamlo[1]
Tacrolimus ER Caps[1]
Tapentadol[1]
Tapentadol ER[1]
Transderm Scop
Umeclidinium Ellipta
Yuviwel
Zolymbus Ophth Gel

Table Key
[1] Clinical prior authorization (PA) criteria
[2] Step 3

2. **New Drug PA Criteria** – See the complete new PA criteria chart on the PDL website[2].
   - **Setmelanotide (Imcivree)**

[2] https://www.iowamedicaidpdl.com/pa-pdl/prior-authorization-criteria.html

3. **Changes to Existing PA Criteria** – The below criteria have been updated effective October 1, 2026. See the complete PA criteria chart on the PDL website[3].
   - **Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products**
   - **Cardiac Myosin Inhbitors (formerly Mavacamten [Camzyos])**
   - **Incretin Mimetics for Non-Diabetes Indications**
   - **Topical Acne and Rosacea Products**

4. **Point of Sale Billing Updates:**

   a. **Quantity Limits:**

Drug Product	Quantity	Days' Supply
Clindamycin 1% gel (generic Cleocin T gel)	60 g (30 g tube) 120 g (60 g tube)	30
Clindamycin 1% gel (generic Clindagel)	150 mL	30
Clindamycin 1% lotion (generic Cleocin T lotion)	120 mL	30
Clindamycin 1% solution (generic Cleocin T solution)	60 mL (30 mL bottle) 120 mL (60 mL bottle)	30
Clindamycin 1% foam (generic Evoclin)	100 g (50 g aerosol can) 200 g (100 g aerosol can)	30
Clindamycin 1% pledget (generic Cleocin T pledget)	120 applicators	30

   b. **Removal of Quantity Limits:**
   Quantity limits for lamotrigine 5 mg and 25 mg chewable tablets will be removed.

We encourage providers to go to the PDL website[4] to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization (PA) Helpdesk at 1-877-776-1567, locally in Des Moines at 515-256-4607, or by e-mail at pba_iapdlinfo@optum.com.

If you have questions, please contact Iowa Medicaid Provider Services, the appropriate MCO or PAHP:

[3] https://www.iowamedicaidpdl.com/pa-pdl/prior-authorization-criteria.html
[4] https://www.iowamedicaidpdl.com/

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: imeproviderservices@hhs.iowa.gov

Managed Care Organizations (MCOs):

Iowa Total Care:

- Phone: 1-833-404-1061
- Email: providerrelations@iowatotalcare.com
- Website: https://www.iowatotalcare.com

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: iaproviderrelations@molinahealthcare.com
- Website: https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx
- Provider Portal: https://www.availity.com/molinahealthcare

Wellpoint Iowa, Inc. (formerly Amerigroup Iowa, Inc.):

- Phone: 1-833-731-2143
- Email: ProviderSolutionsIA@wellpoint.com
- Website: https://www.provider.wellpoint.com/iowa-provider/home

Prepaid Ambulatory Health Plans (PAHPs):

Delta Dental:

- Phone: 1-888-472-1205
- Email: provrelations@deltadentalia.com
- Website: https://www.deltadentalia.com/dentists/

MCNA Dental:

- Phone: 1-855-856-6262
- Email: IA_PR_Dept@mcna.net
- Website: https://www.mcnaia.net/dentists