
INFORMATIONAL LETTER NO. 2686-MC-FFS-D

DATE: May 19, 2025

TO: Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Pharmacists, Home Health Agencies (HHA), Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities (ICF), 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 and Physician Assistants

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

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

RE: July 2025 Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: July 1, 2025

1. **Changes to the Preferred Drug List (PDL) effective July 1, 2025. Refer to the [Iowa Medicaid PDL website](#)¹ to review the complete PDL.**

Preferred

Zepbound¹

¹ Clinical prior authorization (PA) criteria apply

¹ <https://www.iowamedicaidpdl.com/pa-pdl/preferred-drug-lists.html>

2. New Drug PA Criteria – See the complete PA criteria chart on the [PDL website](#)².

▪ **Aprocitentan (Tryvio)**

Prior authorization (PA) is required for aprocitentan (Tryvio). Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of resistant hypertension; and
3. Secondary causes of hypertension have been ruled out; and
4. Patient has been adherent with standard background antihypertensive therapy, which includes at least one agent from each of the following classes, taken concurrently at maximally tolerated doses:
 - a. Angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB);
 - b. Calcium channel-blockers (CCB);
 - c. Diuretics;
 - d. Mineralocorticoid receptor antagonist (MRA); and
5. Patient's blood pressure remains above target goal despite adherence with the above agents; and
6. Will be used in combination with at least three other antihypertensive agents at maximally tolerated doses.

3. Changes to Existing PA Criteria – The below criteria have been updated effective July 1, 2025. See the complete PA criteria chart on the [PDL website](#)³.

- **CNS Stimulants and Atomoxetine (renamed to CNS Stimulants)**
- **Incretin Mimetics for Non-Diabetes Indications**
- **Letermovir (Prevymis)**
- **Peanut Allergen Powder-dnfp (Palforzia)**
- **Sodium Oxybate Products (renamed Oxybate Products)**

² <https://www.iowamedicaidpdl.com/pa-pdl/prior-authorization-criteria.html>

³ <https://www.iowamedicaidpdl.com/pa-pdl/prior-authorization-criteria.html>

- 4. Removal of Existing 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 non-preferred medications through the PDL using form 470-4108 Nonpreferred Drug.

- Direct Oral Anticoagulants, form 470-5423

5. Point of Sale Billing Updated:

- a. ProDUR Quantity Limits** – The following quantity limit edits will be implemented. A comprehensive list of all quantity limit edits appears on the [Quantity Limit Chart](#).⁴

Drug Product	Quantity	Days Supply
Eliquis 2.5 mg	60	30
Eliquis 5 mg	74	30
Febuxostat 80mg	30	30
Finasteride 5mg	30	30

b. ProDUR Age Edit:

- Atomoxetine will require PA for members less than 6 years of age

- c. Optional 90-Day Supply for Select Medications** – Additional medications will be added to the optional 90-day supply list. A comprehensive list of included medications can be found on the [PDL website](#).⁵

We encourage providers to go to the [PDL website](#)⁶ 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.

⁴ <https://www.iowamedicaidpdl.com/billing/billing-quantity-limits.html>

⁵ <https://www.iowamedicaidpdl.com/pa-pdl/preferred-drug-lists.html>

⁶ <https://www.iowamedicaidpdl.com/>

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

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: aproviderrelations@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>