Iowa Medicaid
Iowa HHS

JANUARY 2026 IOWA MEDICAID PHARMACY PROGRAM CHANGES

DATE: November 20, 2025

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

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

EFFECTIVE: January 1, 2026

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

Preferred	Non-Preferred	Non-Recommended
Airsupra	Amjevita 40mg/0.4mL & 80mg/0.8mL[1]	Hernexeos[1]
Breo Ellipta	Andembry	Modeyso[1]
Brinsupri[1]	Anzupgo[1]	Yeztugo
Caplyta[2]	Bosentan Sol Tab[1]	
Dabigatran Caps	Brilinta	
Doxylamine/pyridoxine	Brynovin Oral Soln[1]	
Exenatide[1]	Diclegis	
Jentadueto XR	Emend[1]	
Jornay PM[1]	Entresto	
Nucala Prefilled Syringe[1]	Fidaxomicin	
Pirfenidone[1]	Fluticasone Furoate	
Rybelsus[1]	Harliku	
Sacubitril-Valsartan	Hydrocodone/APAP Oral Soln 10-300mg[1]	

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

Spinosad Topical Susp	Imuldosa[1]
Ticagrelor	Janumet XR[1]
Trelegy Ellipta	Kirsty Vial & Pen
Vtama[1]	Merilog
Wegovy[1]	Merilog SoloStar
	Nevanac
	Pilocarpine 1.25% Ophth Soln
	Pradaxa Caps
	Pruradik Lotion
	Rykindo[3]
	Sephience[1]
	Topiramate Oral Solution[1]
	Trimethobenzamide
	Tryptyr
	Vykat XR[1]
	Wakix[1]
	Zelsuvmi
	Zunveyl

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

2. **New Drug PA Criteria** – See the complete new PA criteria chart on the PDL website[2].
   - **Brenoscatib (Brinsupri)**
   - **Diazoxide Choline (Vykat XR)**
   - **Sepiapterin (Sephience)**

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

3. **Changes to Existing PA Criteria** – The below criteria have been updated effective January 1, 2026. See the complete PA criteria chart on the PDL website[3].
   - **Hepatitis C Treatments, Direct Acting Antivirals- removal of clinical PA criteria**
   - **Incretin Mimetics for Non-Diabetes Indications**
   - **Janus Kinase (JAK) Inhibitors**
   - **Pegcetacoplan (Empaveli)**
   - **Select Topical Agents**

4. **Point of Sale Billing Updates:**
   Hepatitis C Treatments, Direct Acting Antivirals

   a. **Quantity Limits:**

Drug Product	Quantity	Days' Supply
Mavyret tablets	84	28
Mavyret pellets	140 packets (5 cartons)	28
Sofosbuvir 400mg/ velpatasvir 100mg tablets	28	28
Sofosbuvir 200mg/ velpatasvir 50mg tablets	56	28
Sofosbuvir 200mg/ velpatasvir 50mg pellets	56	28
Sofosbuvir 150mg/ velpatasvir 37.5mg pellets	28	28

   b. **Treatment Duration per 365 days:**
      - **Mavyret: 16 weeks**
      - **Sofosbuvir/velpatasvir: 12 weeks**

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.

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