

JUNE 2026 IOWA MEDICAID PHARMACY PROGRAM CHANGES

DATE: April 16, 2026

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

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

EFFECTIVE: June 1, 2026

1. Changes to the Preferred Drug List (PDL) effective June 1, 2026. Refer to the [Iowa Medicaid PDL website¹](#) to review the complete PDL.

Preferred	Non-Preferred	Non-Recommended
Lynkuet	Aqvesme	Hyrnuo ¹
Mounjaro ¹	Amphetamine ER ODT ¹	Ibtrozi ¹
Nemludio ¹	Arbli ¹	Inluriyo ¹
Rhapsido ¹	Besifloxacin	
Ruconest ²	Blujepa	
Wegovy Tab ¹	Brekiya Auto-Injector	
	Carbidopa-Levodopa ER Cap ¹	
	Ciprofloxacin-HC Otic Suspension	
	Cladribine Pak ¹	
	Conjugated Estrogen Tab	
	Daybue Stix	
	Ekterly	
	Eliquis Sprinkle Cap	

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

Eliquis Tab for Oral Suspension
Escitalopram Cap
Evexithroid
Exxua ¹
Glycerol PHE Liquid
Jascayd ¹
Javadin Oral Solution ¹
Legembi Auto-Injector
Loteprednol-Tobramycin Ophth Suspension
Orlynvah
Otezla XR ¹
Palsonify
Prednisone DR Tab
Starjemza ¹
Subvenite Oral Suspension ¹
Suflave
Tonmya
Ustekinumab-AAUZ ¹
Voyxact
Vyscoxa Oral Suspension ¹
Wayrilz ¹
Yutrepia Inhal Cap ¹
Zurnai Auto-Injector

Table Key

¹ Clinical prior authorization (PA) criteria apply

² PA Required

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

3. **Changes to Existing PA Criteria** – The below criteria have been updated effective June 1, 2026. See the complete PA criteria chart on the [PDL website](#)³.
 - **Dupilumab (Dupixent)**
 - **Finerenone (Kerendia)**
 - **Janus Kinase (JAK) Inhibitors**
 - **Tezepelumab-ekko (Tezspire)**

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:

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>

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

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

⁴ <https://www.iowamedicaidpdl.com/>

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>