Iowa Medicaid
Iowa HHS

OCTOBER 2025 IOWA MEDICAID PHARMACY PROGRAM CHANGES

DATE: August 27, 2025

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, 2025

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

Preferred	Non-Preferred	Non-Recommended
Buspirone 30mg Tabs	Adalimumab-ryvk[1]	Avmapki Fakzynja CO-PACK[1]
Doxycycline hyclate 50mg & 100mg Caps	Attruby	Itovebi[1]
Doxycycline hyclate 20mg & 100mg Tabs	Auranofin	Revuforj[1]
Doxycycline monohydrate 50mg & 100mg Tabs	Bucapsol	Romvimza[1]
Ebglyss[1]	Chenodal	
Edurant Ped Tab	Eltrombopag[1]	
Journavx[2]	Emtricitabine-Rilpivirine-Tenofovir	
Neffy	Eslicarbazepine	
Nystatin Cream	Evrysdi Tabs[1]	
Ofloxacin Ophth Solution	Exenatide[1]	
	Gomekli	
	Hemiclor	

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

Inzirqo
Ivermectin 6mg
Khindivi Oral Solution
Nemluvio[1]
Nilotinib[1]
Onapgo
Perampanel
Qfitlia
Raldesy Oral Solution
Renthyroid
Rivaroxaban
Sofdra
Symbravo[1]
Tezruly Oral Solution
Ticagrelor
Tryngolza
Umeclidinium-Vilanterol
Ustekinumab[1]
Ustekinumab-aekn[1]
Ustekinumab-ttwe[1]
Vanrafia
Vyvgart Hytrulo
Xromi Oral Solution

[1] Clinical prior authorization (PA) criteria apply
[2] Quantity limit 14-day supply per 60 days

2. **New Drug PA Criteria** – See the complete new PA criteria chart on the PDL website[2].
   - **Givinostat (Duvyzat)**
   - **Lebrikizumab-lbkz (Ebglyss)**
   - **Nemolizumab-ilto (Nemluvio)**
   - **Olezarsen (Tryngolza)**
   - **Palopegteriparatide (Yorvipath)**

3. **Changes to Existing PA Criteria** – The below criteria have been updated effective October 1, 2025. See the complete PA criteria chart on the PDL website[3].
   - **Adenosine Triphosphate-Citrate Lyase Inhibitors**
   - **Anti-Diabetic Non-Insulin Agents**
   - **Dupilumab (Dupixent)**
   - **IL-5 Antagonists**
   - **Janus Kinase (JAK) Inhibitors**
   - **Omalizumab (Xolair)**

4. **Point of Sale Billing Updates:**
   a. **ProDUR Edit: Concurrent Use of GLP-1 Receptor Agonists and DPP-4 Inhibitors-** Prior authorization will be required for concomitant use of GLP-1 receptor antagonists and DPP-4 inhibitors.

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):

[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/

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