

INFORMATIONAL LETTER NO. 2647-MC-FFS-D**DATE:** November 26, 2024**TO:** Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies (HHA), Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities (ICF), Nursing Facilities-Mental III, Federally Qualified Health Centers (FQHC), Indian Health Services, Maternal Health Centers, Certified Nurse Midwives, Community Mental Health (MH), Family Planning, Residential Care Facilities, ICF/ID State, Community-Based ICF/ID, Physician Assistants**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS), Dental (D)**FROM:** Iowa Department of Health and Human Services (HHS),
Iowa Medicaid**RE:** January 2025 Iowa Medicaid Pharmacy Program Changes**EFFECTIVE:** January 1, 2025

- 1. Changes to the preferred drug list (PDL) effective January 1, 2025.** Refer to the [Iowa Medicaid PDL website](https://www.iowamedicaidpdl.com/pa-pdl/preferred-drug-lists.html)¹ to review the complete PDL.

Preferred	Non-Preferred	Non-Recommended
Adalimumab-aacf ¹	Adalimumab-aaty ¹	Lazcluze ¹
Adalimumab-adbm ¹	Amoxapine	Voranigo ¹
Adalimumab-fkjp ¹	Carnitor Tablets	
Adbry ¹	Citalopram 30mg Capsules	

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

Altuviiio	Colestipol Oral Granules & Packets
Amjevita 40mg/0.4mL & 80mg/0.8mL ¹	Copaxone 20mg/mL
Armour Thyroid	Crexont ¹
Asmanex HFA	Dasatinib ¹
Bijuva	Dermotic
Carbaglu ²	Entresto Sprinkle Capsules ¹
Clonazepam ODT	Fylintra ¹
Duavee	Invokamet ¹
Eletriptan ¹	Invokana ¹
Eloctate	Iqirvo
Emflaza ¹	Ivabradine ¹
Epidiolex ³	L-glutamine
Felodipine	Liraglutide ¹
Fluocinolone Acetonide Otic	Livdelzi
Focalin XR ¹	Lofexidine
Frovatriptan ¹	Ohtuvayre
Fulphila ¹	Onyda XR
Gavilyte-C	Oxcarbazepine ER ¹
Hemangeol ²	Paroxetine Oral Suspension
Katerzia ⁵	Retacrit ¹
Kesimpta	Sodium Polystyrene Sulfonate Oral Powder
Lamotrigine ER Tablets	Sitagliptin/Metformin ¹
Levalbuterol Neb Solution	Tryvio
Levetiracetam ER Tablets	Vigafyde
Levocarnitine Tablets	Xolremdi
Mircera ¹	

Myrbetriq Tablets

Niva Thyroid

Novolin N FlexPen

Novolin R FlexPen

NP Thyroid

Opzelura¹

Pertzye

Prevalite

Procentra¹

Rebinyn

Rinvoq¹

Rykindo⁴

Simlandi¹

Skyrizi SQ (Prefilled
Syringe, Auto-Injector,
Soln Cartridge)¹

Suflave

Tolterodine ER Capsules

Tolterodine Tablets

Tremfya¹

Tyenne¹

Ubrelvy¹

Uzedy⁴

Vandazole

Venlafaxine ER Tablets

Veozah

Verapamil ER Capsules

Xaciato Gel

Xiidra

Yusimry¹

Zafemy

Zimhi

¹ Clinical prior authorization (PA) criteria apply

² PA required

³ Preferred with 12-month lookback for two (2) antiepileptic drugs

⁴ Step two (2)

⁵ PA required less than six (6) years of age

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

▪ **Zuranolone (Zurzuvae)**

Prior authorization (PA) is required for zuranolone (Zurzuvae). Payment will be considered under the following conditions:

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 postpartum depression (PPD); and
3. Patient is 12 months or less postpartum on the date of request (state date of delivery); and
4. The onset of the current depressive episode was during the third trimester or within four (4) weeks postpartum; and
5. Patient has not received brexanolone for the current PPD episode; and
6. Only one course of treatment (i.e., 14 days) per pregnancy will be considered. Extension of therapy beyond 14 days will not be authorized.

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

- **Biologicals for Inflammatory Bowel Disease**
- **Janus Kinase Inhibitors**
- **Maralixibat (Livmarli)**
- **Omalizumab (Xolair)**
- **Oral Glucocorticoids for Duchenne Muscular Dystrophy**
- **Tralokinumab (Adbry)**

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

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

4. Point of Sale Billing Updates:

- 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
Abilify Asimtufii 720mg & 960mg	1 syringe	56
Clonazepam ODT 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg	120	30
Duavee	30	30
Invega Hafyera 1092mg & 1560mg	1 syringe	180
Myrbetriq 25mg & 50mg	30	30
Rykindo 25mg, 37.5mg & 50mg	2 syringes	28
Tolterodine 1mg & 2mg tablets	60	30
Uzedy 50mg, 75mg, 100mg & 125mg	1 syringe	30
Uzedy 150mg, 200mg & 250mg	1 syringe	60
Veozah 45mg	30	30

- b. **Fifteen (15) Day Initial Prescription Supply Limit List:** Effective **January 1, 2025**, the following medication will be added to the initial 15-day prescription limit list: Lazcluze. A comprehensive list of included medications can be found on the [Fifteen Day Initial Prescription Supply Limit List](#)⁵.

We encourage providers to go to the [Iowa Medicaid PDL website](#)⁶ to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior

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/>

Authorization (PA) Helpdesk at 1-877-776-1567, locally in Des Moines at 515-256-4607, or by e-mail at pba_iapdinfo@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>

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>