
INFORMATIONAL LETTER NO. 2710-MC-FFS-D - AMENDED

DATE: January 5, 2026

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 for Persons with Mental Illness, Federally Qualified Health Centers (FQHC), Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community-Based ICF/ID Providers, Physician Assistants

APPLIES TO: Managed Care Organizations (MCO) and Fee-for-Service (FFS)

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

RE: Pharmacy 90-Day Supply Requirement - **AMENDED**

EFFECTIVE: December 1, 2025

This letter serves as an amendment to IL-2710, published on November 14, 2025. The update includes excluding Indian Health Service providers from the pharmacy 90-day supply requirement. The effective date of the informational letter remains the same.

This policy is effective for claims received **on or after December 1, 2025**.

Effective December 1, 2025, the optional 90-day supply allowance will now be a required 90-day supply prescription list. The list of medications for this requirement is posted on the [PDL website](https://www.iowamedicaidpdl.com/pa-pdl/preferred-drug-lists.html).¹

- One dispensing fee will be paid per 90-day supply.
- One member copay, if applicable, will be charged per 90-day supply.

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

- The first two fills of medications may be filled at a 30-day supply, for a total of 60 days, before the 90-day supply is required.

The following populations will be excluded from the 90-day supply requirement:

- Beneficiaries residing in long term care facilities and residential programs.
- Beneficiaries who are identified as medically needy.

Indian Health Service (IHS) providers are also excluded from the 90-day supply requirement.

Override code SCC 02 will be implemented for the pharmacist to use at the point-of-sale in the event an exception to the 90-day supply requirement is determined to be medically appropriate.

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

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: IMEProvider@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.:

- Phone: 1-833-731-2143
- Email: ProviderSolutionsIA@wellpoint.com
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>