Iowa Medicaid
Iowa HHS

Policy Clarification #000305

Pharmacy 90-Day Supply Requirement

November 14, 2025

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the Department's expectations related to the operations and implementation of Iowa Medicaid under the managed care program.

Purpose of this communication (check all that apply):

☒ Provide formal guidance
☒ Clarification of existing Iowa Medicaid policy
    Federal mandate: [cite CFR]
    Iowa Code: [cite section]
    Iowa Administrative Code: **441 – 78.2(6)a**
    Managed Care Contract (if applicable): [cite contract section and if MCO or PAHP]
☐ Guidance on new process or policy
☐ Replacement of prior PC: [PC #]

The purpose of this letter is to provide guidance relating to the Iowa Medicaid pharmacy program change about the 90-day supply prescription allowance.

Effective 12/01/2025, the optional 90-day supply allowance will now be a required 90-day supply prescription list. The list of medications for this requirement is not changing at this time and will be posted on the PDL website.

Updates to the '90-Day Supply Prescription List' will continue to go through the Iowa Medicaid Pharmacy DUR Commission and the State.

The business rules to implement this requirement will be as follows:

- One dispensing fee will be paid per 90-day supply.
- One member copay, if applicable, will be charged per 90-day supply.
- 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 required.
- Soft messaging is allowed to reflect the change between the 30-day supply fills and the required 90-day supply fill.

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

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

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. The use of this code will be monitored by each entity and reported to the State at a frequency to be determined.

Related to this Policy Clarification:

- Effective date of this Policy Clarification: 12/01/2025
- Claims processing requirement:
  - ☒ Prospective
  - ☐ Retroactive
  - ☐ Not applicable

Attestation:

I hereby acknowledge receipt and understanding of this policy clarification, including all specified requirements and deadlines.

Name_____ Date_____

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Sincerely,

Contract Manager
Managed Care Contract Manager