Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

IME Policy Clarification # 000103

May 16, 2016

MCO CEO Name
MCO
Address Line 1
Address Line 2
Des Moines, Iowa XX

Dear Ms/Mr.:

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

☒Provide formal guidance
☐Request for information

Regarding Pharmacy Prior Authorizations, the requirement is that MCOs:

- Provide a response by telephone or other telecommunication device within 24 hours of a request for prior authorization.
- Allow for the dispensing and reimbursement of a seventy-two hour supply of a covered outpatient prescription drug that requires prior authorization, unless prohibited in prior authorization criteria, in emergency situations when a prior authorization request cannot be submitted. A seven-day supply of medication must be allowed in emergency situations while the prescriber is requesting prior authorization for certain mental health drugs as identified on the Mental Health Drugs Approved for 7 Day Override List located on the Preferred Drug List website.

Please sign and return the attached receipt and attestation of understanding by XX XX, 20XX.

Sincerely,

Xxxxxx

Attestation:

I hereby attest to understanding this communication including all requirements and due dates.

Name_____ Date_____