

### **INFORMATIONAL LETTER NO. 2625-MC-FFS-D**

**DATE:** August 30, 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 for Persons with Mental Illness, Federally

Qualified Health Centers (FQHC), Indian Health Service, 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 (MC), Fee-for-Service (FFS), Dental (D)

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

Iowa Medicaid

**RE:** October 2024 Iowa Medicaid Pharmacy Program Changes

**EFFECTIVE:** October 1, 2024

1. Changes to the preferred drug list (PDL) effective October 1, 2024. Refer to the PDL website<sup>1</sup> to review the complete PDL.

Preferred	Non-Preferred	Non-Recommended
Janumet	Alvaiz <sup>1</sup>	Ogsiveo <sup>1</sup>
Janumet XR	Deflazacort <sup>1</sup>	Ojemda <sup>1</sup>
Januvia	Eohilia	
Jentadueto	Filsuvez	
Rextovy	Gabapentin ER Tablets <sup>1</sup>	

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



Tradjenta	Hydroxym <sup>1</sup>
	Kionex
	Libervant <sup>1</sup>
	Mirabegron
	Myhibbin
	Nitroglycerin Rectal
	Ointment
	Opsynvi <sup>1</sup>
	Rezdiffra
	Rivfloza
	Sitagliptin <sup>1</sup>
	Sovuna
	Spevigo Prefilled Syringe
	Ventavis <sup>1</sup>
	Voquezna
	Voquezna Pak
	Voydeya
	Wegovy <sup>2</sup>
	Winrevair <sup>1</sup>
	Zymfentra <sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Clinical prior authorization (PA) criteria apply.

- 2. Changes to Existing PA Criteria The below criteria have been updated effective October 1, 2024. See the complete PA criteria chart on the PDL website<sup>2</sup>.
  - Antidiabetic Non-Insulin Agents
  - Biologicals for Axial Spondyloarthritis
  - Biologicals for Plaque Psoriasis
- 3. Point of Sale Billing Updates:

<sup>&</sup>lt;sup>2</sup> PA required. Not covered for weight loss indication.

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



- **a. 15 Day Initial Prescription Supply Limit List:** Effective October 1, 2024, the following medication will be added to the initial 15-day prescription limit list: Ogsiveo.
- **b. Optional 90 Day Supply for Select Medications:** Effective October 1, 2024, an optional 90-day supply for select medications will be available. A list of included medications will be posted on the PDL website<sup>3</sup>.
  - One dispensing fee will be paid per 90-day supply.
  - One member copay, if applicable, will be charged per 90-day supply.
  - Initial fills are at the discretion of the prescriber, but consideration should be given to dispensing less than a 90-day supply with the initial fill when starting members on new medications or with dose adjustments to minimize waste.

We encourage providers to go to the <u>PDL website</u><sup>4</sup> 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 <u>pba\_iapdlinfo@optum.com</u>.

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@dhs.state.ia.us

### **Managed Care Organizations (MCOs):**

#### **Iowa Total Care:**

Phone: 1-833-404-1061

Email: <u>providerrelations@iowatotalcare.com</u>
Website: <u>https://www.iowatotalcare.com</u>

### **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

<sup>&</sup>lt;sup>3</sup> https://www.iowamedicaidpdl.com/pa-pdl/preferred-drug-lists.html

<sup>4</sup> https://www.iowamedicaidpdl.com/



# Wellpoint Iowa, Inc. (formerly Amerigroup Iowa, Inc.):

■ Phone: 1-833-731-2143

• Email: <u>ProviderSolutionsIA@wellpoint.com</u>

• Website: <a href="https://www.provider.wellpoint.com/iowa-provider/home">https://www.provider.wellpoint.com/iowa-provider/home</a>

## **Prepaid Ambulatory Health Plans (PAHPs):**

### **Delta Dental:**

■ Phone: 1-888-472-1205

• Email: provrelations@deltadentalia.com

Website: <a href="https://www.deltadentalia.com/dentists/">https://www.deltadentalia.com/dentists/</a>

#### **MCNA Dental:**

■ Phone: 1-855-856-6262

■ Email: <u>IA PR Dept@mcna.net</u>

• Website: <a href="https://www.mcnaia.net/dentists">https://www.mcnaia.net/dentists</a>