

For Health and Human Services use only:  
General Letter No. 8-AP-512  
**Employees' Manual, Title 8  
Medicaid Appendix**  
March 20, 2026

## **Pharmacy Outpatient Prescribed Drugs Manual Transmittal No. 26-1**

ISSUED BY: Division of Medical Services

SUBJECT: **Pharmacy Outpatient Prescribed Drugs**, Chapter III., **Provider-Specific Policies**, Title Page 1, Table of Contents Page i, Title Page 2, Contents Page 1-3, and pages 1-52, revised.

### **Summary**

The Pharmacy Outpatient Prescribed Drugs Provider Manual is revised to update policy and procedure.

### **Effective Date**

February 26, 2026.

### **Material Superseded**

None.

### **Additional Information**

The updated provider manual containing the revised pages can be found at:

<https://hhs.iowa.gov/media/4319>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@hhs.iowa.gov](mailto:imeproviderservices@hhs.iowa.gov).