



Iowa Medicaid – Pharmacy Carveout

Frequently Asked Questions (FAQ)

Summary

Starting December 1, 2026, Iowa Medicaid is transitioning its pharmacy benefit away from the Managed Care Organizations (MCOs) to Fee-for-Service (FFS).

The FFS single statewide pharmacy vendor is **Optum Rx**.

This change will apply to all Iowa Medicaid members and how their outpatient prescription drugs are billed by pharmacies at the point of sale.

Eligibility / Member

Does this change my doctor or other health care benefits?

No.

Do I need to do anything because of this change?

No.

Will I still be enrolled with my MCO?

Yes. If you are enrolled currently, you will still be enrolled with the MCO for medical care and services.

If I have lost my State of Iowa Medicaid card, can I still receive my medications?

Yes. You can tell the pharmacy you are an Iowa Medicaid member and provide the necessary person information for the pharmacist to confirm eligibility with HHS.

Do I need to change pharmacies?

No. You can still get your medications at your existing pharmacy.



Providers

Will I need to enroll separately with Optum Rx to bill outpatient pharmacy claims?

No, if you are enrolled with Iowa Medicaid you will not need to enroll separately with Optum Rx.

What is not going to be covered by Optum Rx?

Optum Rx is only operating Iowa Medicaid's outpatient pharmacy benefit. Anything on the medical benefit will need to be submitted to the member's medical benefit, either through an MCO or FFS. Vaccines, physician administered drugs, and durable medical equipment, such as wheelchairs and diabetic supplies, will continue to be billed on the member's medical benefit.

Where do I send prior authorizations?

Beginning December 1, 2026, all pharmacy prior authorization requests will need to be submitted to Optum Rx.

- The fax number is 1-800-574-2515.
- The Optum Rx Prior Authorization Help Desk can be reached at 1-877-776-1567 or 515-256-4607 (local).

The member has a prior authorization (PA) from an MCO that expired after going to FFS. Will a new PA be needed through FFS?

Yes. If the PA expired after December 1, 2026, a new PA may be required.



Managed Care Organizations (MCOs)

Will I receive a new card from my Managed Care Organization?

Yes. You will receive an updated card from your MCO without pharmacy processing information on it.

What pharmaceuticals and pharmacy services are staying with the MCOs?

Anything that is billed on the medical benefit, which includes but is not limited to physician administered drugs/medications, vaccines, and durable medical equipment (DME).

Does the carveout include pharmacy items billed on the medical benefit?

No. The carveout is specific to outpatient prescribed drugs on the pharmacy benefit. Physician-administered drugs, vaccines, and DME will remain on the medical benefit with Managed Care.



Billing

Where should a member tell their pharmacy to bill?

Members should tell their pharmacy to bill Iowa Medicaid and present their State of Iowa Medicaid Eligibility Card.

What is the pharmacy processing information for Iowa Medicaid?

ID: Member's Medicaid ID #

BIN: 011933

PCN: IAPOP

Effective Date: 12/01/2026

Will the State of Iowa be issuing separate member cards for the pharmacy benefit?

No. The State will not be issuing a new member card specific to the outpatient pharmacy benefit.

What is going to be covered by Optum Rx?

Optum Rx is only operating Iowa Medicaid's outpatient pharmacy benefit.

Anything on the medical benefit will need to be submitted to the member's medical benefit, either through an MCO or FFS. Vaccines, physician administered drugs, and durable medical equipment, such as wheelchairs and diabetic supplies, will continue to be billed on the member's medical benefit.



Prior Authorizations

Is there a prior authorization transition period and will Optum Rx honor the previous authorization?

Fee-for-service (FFS) (Optum Rx) will honor all active prior authorizations from the MCOs that span across dates beyond December 1, 2026. FFS will honor these prior authorizations for the life of the PA which was approved by the MCOs.

If a member had a prior authorization approved by an MCO, does it need to be re-approved due to this change?

No. Providers will not have to complete a new prior authorization for a member in which the prior authorization was approved by the member's MCO prior to December 1, 2026.

After the carveout transition, where should a pharmacy prior authorization be submitted for an MCO member?

Effective December 1, 2026, all pharmacy prior authorizations will be submitted to and reviewed by Optum Rx.

Contact information

Fee-for-Service (FFS) Pharmacy Contact Information

Effective December 1, 2026

Members

- **FFS Member Services:** 1-800-338-8366 or 515-256-4606 (local)

Providers

- **Optum Rx Point-of-Sale Support:** 1-877-463-7671 or 515-256-4608 (local)
- **Optum Rx Preferred Drug List (PDL) Inquiries:** pba_iapdinfo@optum.com
- **Optum Rx Prior Authorization Help Desk:** 1-877-776-1567 or 515-256-4607 (local)
- **Optum Rx Prior Authorization Fax:** 1-800-574-2515
- **FFS Provider Services:** 1-800-338-7909 or 515-256-4609 (local)