

Prior Authorizations

- The Iowa Medicaid Preferred Drug List will be implemented on **January 15, 2005**. Beginning **January 15, 2005**, all prior authorizations must be **faxed** by the prescriber to **1-800-574-2515**.
- Existing prior authorizations will remain in place for **preferred** drugs until the prior authorization end date.
- Existing prior authorizations for **non-preferred drugs will expire on January 15, 2005**.
- The prescriber can either change to a preferred drug or fax a request for prior authorization of the **non-preferred drug** to the Iowa Medicaid Drug Prior Authorization Unit at **1-800-574-2515**.
- Prior Authorization Fax Requests will be accepted **prior to January 15, 2005** but the final decisions on the prior authorizations will not be released until January 15, 2005. You may fax these requests to **1-800-574-2515**.
- For questions regarding prior authorizations and the preferred drug list, call the Provider PA Help Desk at **1-877-776-1567**.