

AmeriHealth Caritas Iowa

P.O. Box 1516
Des Moines, IA 50305



Date: May 23, 2017

Reminder: Refer to the Iowa Medicaid Preferred Drug List (PDL)

If you prescribe medications for AmeriHealth Caritas Iowa members, please reference the [Iowa Medicaid PDL, which is the PDL our health plan uses](#).

It is also important to note that several updates were made to the PDL effective June 1, 2017, and the changes are highlighted in the **Current PDL** section on the [PDL website](#).

Pharmacy prior authorization reminder

Some medications on the Iowa Medicaid PDL require prior authorization before they can be covered. There are three ways to submit pharmacy prior authorizations, which can be found in the “Providers” section, then “Pharmacy Services” at www.amerhealthcaritasia.com:

- **Online:** Submit a request electronically.
- **Phone:** Call Pharmacy Services at **1-855-328-1612** from 7:30 a.m. to 6 p.m. Central time, Monday through Friday, or call Member Services at **1-855-248-0453** after business hours, on weekends, and holidays.
- **Fax: 1-855-825-2714.**

Get help

If you have additional questions, please contact your [Provider Network Account Executive](#) or Provider Services at **1-844-411-0579**.

For a complete list of our provider notifications, view the [latest provider updates](#).