

State/Territory:

IOWA

American Speech-Language Hearing Association) in accordance with 42 CFR 440.110c.

12.a. PRESCRIBED DRUGS

“Prescribed drugs” means simple or compound substances or mixtures of substances prescribed for the cure, mitigation or prevention of disease, or for health maintenance that are –

- (1) Prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice as defined and limited by Federal and State law;
- (2) Dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the state Medical Practice Act, and
- (3) Dispensed by the licensed pharmacist or practitioner or a written prescription that is recorded and maintained in the pharmacist’s or practitioner’s records.

In accordance with Sections 1902(a)(54) and 1927 of the Social Security Act, the Iowa Medicaid Program covers outpatient drugs which are covered by a national or state agreement, with the following restrictions or exceptions (as indicated by checkmark).

- A. Prior authorization program which complies with Section 1927(d)(5) of the Social Security Act.
- B. Drugs are not covered if the prescribed use is not for a medically accepted indication, as defined by Section 1927(k)(6).
- C. The following drugs or classes of drugs, or their medical uses, are excluded from coverage or otherwise restricted:
 - 1. Agents when used for anorexia, weight loss or weight gain. (Excluded)
 - 2. Agents when used to promote fertility. (Excluded)
 - 3. Agents when used for cosmetic purposes or hair growth. (Excluded)
 - 4. Agents when used for symptomatic relief of cough and colds. (Restricted to select nonprescription drugs.)
 - 5. Agents when used to promote smoking cessation. The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in “Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline” published by the Public Health Service in May 2008 or any subsequent modification of such guideline.
 - 6. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations. (Restricted to prenatal vitamins, fluoride preparations, and select prescription vitamins and minerals that meet established prior authorization requirements).

State Plan TN # IA-11-025
Superseded TN # MS-11-017

Effective _____
Approved _____