Iowa Department of Human Services

Effective November 18, 2016, form 470-5345, *Request for Prior Authorization: Edoxaban (Savaysa®)*, is obsolete with General Letter No. 8-AP-454.

Iowa Department of Human Services

Policy Approval and Distribution

Originating Unit:

Date	Type of Issuance	
9/23/16	General Letter	
Writer	**Unit**	**Phone**
Susan Parker	Ime Pharmacy	256-4634

Subject
Prescribed Drugs Manual Update

Does this material implement a law or rule change? ☒ No ☐ Yes

Effective Date of Law or Rule	Issue Date Wanted	Cost Center
	November 1, 2016	5300

Check the other units asked to review this material.

	Initial/Date		Initial/Date
☐ BPAA		☐ DMHDS	
☐ DCFS		☐ DMS	
☐ DCSCMRS		☐ DRBA	
☐ DDFO		☐ Forms manager	
☐ DDM		☐ IM/Service help desk	
☐ DFHWS		☐ IMA/SWA/core team	
☐ DFM		☐	

Do these changes affect appeal issue codes? ☒ No ☐ Yes (contact Appeals)

Do these changes need to coordinate with system changes? ☒ No ☐ Yes

Are you requesting waiver of field circulation? ☐ No ☒ Yes

Bureau Chief Approval	Date

Waiver of circulation approved? ☐ No ☐ Yes

Division Administrator Approval	Date
Julie Lovelady	9-26-16

Comments

Bureau of Policy Analysis and Appeals:

Letter No. 8-AP-454

Issue Date Nov 18, 2016

Distribution:

_____ Standard

_____ Supply

_____ Special *

_____ Total

Special Instructions
* Deliver to:

☐ Attach Comm. _____

☐ Distribute as _____

Draft Reviewed

Final Approval

Response Due Date

Response Due From

470-0049 (Rev. 12/08)