



Public Notice

Medical Assistance Program Copayments for Prescription Drugs

Posted: September 4, 2018

The Iowa Department of Human Services (DHS), pursuant to the public notice requirements outlined in 42 CFR 447.205, hereby gives notice of the following proposed action regarding its methods and standards for setting payment rates under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for services provided on or after December 1, 2018; the Iowa Medicaid Enterprise proposes to change the pharmacy copayment to \$1.00 for all prescriptions or refill of a prescription.

The IME is making this proposed change as required by 2018 Iowa Acts, Senate File 2418, section 129 and consistent with 42 CFR Part 447 Medicaid Premiums and Cost Sharing.

Estimated Fiscal Impact: This policy change is estimated to have no impact on Iowa Medicaid expenditures. Federal cost sharing regulations require a non-preferred drug copayment be limited to the amount of a preferred drug copayment when deemed medically necessary by the prescribing provider. Based on this requirement the Medicaid program currently limits all drug copayments to \$1.00 because non-preferred drugs are only approved when medically necessary. Therefore this change is technical in nature only.

Public Review and Comments: A copy of this SPA is posted on the DHS website at the following link: <https://dhs.iowa.gov/public-notices/pharmacy-copay>. The SPA is also available for public review at each local DHS office.

Written comments may be sent to Susan Parker, Department of Human Services, Iowa Medicaid Enterprise, 100 Army Post Road, Des Moines, IA 50315 or may be emailed to sparker2@dhs.state.ia.us. Please indicate SPA #IA-18-020 in the subject line of the email. Written and emailed comments must be received no later than 30 days from the posted date of this notice by 4:30 p.m.