



Department of Human Services

**ACTIVE PHARMACEUTICAL INGREDIENTS (API) & EXCIPIENTS
PRESCRIBED DRUG LIST**

Revised: 2/1/2018

The following legend drugs are payable, and may be subject to prior authorization requirements stated below and as specified in the preferred drug list published by the department pursuant to Iowa Code section 249A.20A.

Payment will be made for the following products when prescribed by a practitioner legally qualified to prescribe the item. Payment for the following listed drugs will be made in the same manner as prescription drugs.

The following medications are covered although the manufacturers have not entered into a rebate agreement with CMS.

Drug Name	P = Preferred N = Non-Preferred	X Indicates Prior Authorization Required
bacteriostatic water for injection	P	
metronidazole powder	P	
progesterone powder	P	
progesterone micronized powder	P	
saline bacteriostatic	P	
sodium chloride inj 0.9%	P	
sodium chloride soln nebu 0.9%	P	
sterile dilu sol Flolan	P	
water for inject, bacteriostatic parabens	P	