

Iowa Medicaid Enterprise

Revisions to the Iowa Medicaid Preferred Drug List (PDL)

Notification Date: 10-12-09

Effective October 26, 2009 the following generic product will be **preferred** on the Iowa Medicaid Preferred Drug List (PDL):

Ranitidine Hydrochloride 75mg/5ml (15mg/ml) Syrup

Effective November 27, 2009 the following brand product will be **non-preferred** on the Iowa Medicaid Preferred Drug List (PDL):

Zantac 75mg/5ml (15mg/ml) Syrup