

Iowa Medicaid Enterprise Revisions to the Iowa Medicaid Preferred Drug List (PDL)

Notification Date: November 19, 2009

Effective December 1, 2009 the following generic products will be **preferred** on the Iowa Medicaid Preferred Drug List (PDL):

Ipratropium Bromide/Albuterol inhalation solution
Bisoprolol Fumarate 5mg tablet
Bisoprolol Fumarate 10mg tablet
Butalbital/Aspirin/Caffeine 50-325-40mg capsule
Desogestrel and Ethinyl Estradiol 0.15mg-30mcg tablet
Dextroamphetamine 5mg tablets¹
Medroxyprogesterone Acetate intramuscular
Metformin 750mg SR tablet
Nifedipine ER 30mg tablet
Nifedipine ER 60mg tablet
Nifedipine ER 90mg tablet
Norethindrone and Ethinyl Estradiol 1mg-35mcg

Effective March 1, 2010 the following brand products will be non-preferred on the Iowa Medicaid Preferred Drug List (PDL):

Adalat CC® 30mg tablet
Adalat CC® 60mg tablet
Adalat CC® 90mg tablet
Dexedrine® 5mg tablet
Depo-Provera® Contraceptive and SubQ 104
DuoNeb® inhalation solution
Fiorinal® capsule
Ortho-Cept®
Ortho Novum ® 1/35
Zebeta® 5mg tablet
Zebeta® 10mg tablet®

¹Prior Authorization Criteria applies for patients age 21 years of age and older