

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

*Notification Date: September 29, 2017*

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Due to unavailability of the preferred drug, Kitabis Pak, the following PDL changes will be implemented:

**Effective October 6, 2017** the following product will be **preferred** on the Iowa Medicaid Preferred Drug List (PDL):

- Tobramycin nebulization solution, labeler 00093

Please contact the POS Helpdesk at phone (515) 256-4608 (local) or (877) 463-7671 with questions regarding coverage of these products by Iowa Medicaid.