

Iowa Medicaid Enterprise

Revisions to the Iowa Medicaid Preferred Drug List (PDL)

Notification Date: April 16, 2020

Effective May 1, 2020 the following generic products will be **preferred** on the Iowa Medicaid PDL (prior authorization rules apply when applicable):

- Adapalene / Benzoyl Peroxide 0.1/2.5%
- Albendazole
- Bexarotene
- Capecitabine
- Cefotaxime
- Clobetasol Propionate 0.05% Lotion & Shampoo
- Clonidine Weekly Patch
- Cuprimine
- Doxepin Cream 5%
- Ethacrynic Acid
- Ethosuximide Casules
- Ezetimibe
- Ezetimibe / Simvastatin
- Fluvastatin ER
- Imatinib
- Linezolid Injection
- Methoxsalen
- Mycophenolic Acid
- Olopatadine Nasal 0.6%
- Oseltamivir
- Praziquantel
- Tigecycline
- Trimipramine

Effective August 1, 2020 the following brand products will be **non-preferred** on the Iowa Medicaid Preferred Drug List (PDL). NOTE: The timeline for status change has been extended from the usual 30 days to over 90 days for this transition.

- Albenza
- Biltricide
- Catapres-TTS
- Clobex
- Edecrin
- Epiduo
- Gleevec
- Lescol XL

- Myfortic
- Oxsoralen Ultra
- Patanase
- Syprine
- Tamiflu
- Targretin
- Tygacil
- Vytorin
- Xeloda
- Zarontin Capsules (grandfather existing users)
- Zetia
- Zonalan
- Zyvox Injection

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.