

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

*Notification Date: August 16, 2010*

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**Effective September 17, 2010** the following generic products will be **preferred with conditions** on the Iowa Medicaid Preferred Drug List (PDL):

Naratriptan 1mg tablet  
Naratriptan 2.5mg tablet

**Effective September 17, 2010** the following generic products will be **preferred for children 12 years of age and under and non-preferred for patients 13 years of age and older** on the Iowa Medicaid Preferred Drug List (PDL):

Oxybutynin ER 5mg tablet  
Oxybutynin ER 10mg tablet  
Oxybutynin ER 15mg tablet

**Effective October 18, 2010** the following brand products will be **non-preferred** on the Iowa Medicaid Preferred Drug List (PDL):

Ditropan XL 5mg tablet  
Ditropan XL 10mg tablet  
Ditropan XL 15mg tablet