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

Notification Date: August 16, 2010

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