

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

Notification Date: November 14, 2011

Effective November 18, 2011 the following quantity limits will be applied to Actos. **Members previously utilizing multiple Actos 15mg tablets will need to change to the higher strength tablets.**

Drug Product	Quantity	Days Supply
ACTOS 15MG (pioglitazone)	30	30
ACTOS 30MG (pioglitazone)	30	30
ACTOS 45MG (pioglitazone)	30	30

Effective November 18, 2011 the following **brand** product will be **preferred with conditions** on the Iowa Medicaid Preferred Drug List (PDL):

- Metrocream

Effective December 14, 2011 the following **generic** product will be **non-preferred with conditions** on the Iowa Medicaid Preferred Drug List (PDL):

- Metronidazole cream

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.