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

Notification Date: May 8, 2017

Effective May 12, 2017 the following product will be preferred on the Iowa Medicaid Preferred Drug List (PDL):
   • Vancomycin Capsules, labeler 62559

Effective June 9, 2017 the following product will be non-preferred on the Iowa Medicaid Preferred Drug List (PDL):
   • Vancocin

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.