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

Notification Date: March 4, 2019

Effective April 1, 2019 the following product will be preferred with conditions on the Iowa Medicaid Preferred Drug List (PDL):
  • Sofosbuvir/Velpatasvir

Effective April 1, 2019 the following product will be non-preferred with conditions on the Iowa Medicaid Preferred Drug List (PDL):
  • Epclusa

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.