

# Department of Health and Human Services

## Approved PDL for IOWA Medicaid Program

### BRANDS PREFERRED OVER GENERICS \*

EFFECTIVE 06-01-24



<b>ANTIASTHMATIC - ADRENERGIC COMBOS</b>	<b>DIABETIC - INSULIN PENFILLS</b>
SYMBICORT	TOUJEO SOLOSTAR
<b>ANTIASTHMATIC - ANTI-CHOLINERGICS</b>	<b>DIABETIC - OTHER</b>
SPIRIVA HANDIHALER	FARXIGA
<b>ANTIBIOTICS - MISC.</b>	PROGLYCEM
AZACTAM	XIGDUO XR
<b>ANTICOAGULANTS</b>	<b>EAR</b>
PRADAXA	CIPRODEX
<b>ANTICONVULSANTS</b>	DERMOTIC
CELONTIN	<b>ELECTROLYTES/ NUTRITIONALS</b>
GABITRIL	AMINOSYN II
<b>ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ</b>	<b>GI - INFLAMMATORY BOWEL AGENTS</b>
EMEND CAPSULES	DELZICOL
<b>ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC</b>	<b>GI - MISC.</b>
TRANSDERM-SCOP	MOVIPREP
<b>ANTIFUNGALS - ASSORTED</b>	<b>GI - PROTON PUMP INHIBITOR</b>
VFEND ORAL SUSPENSION	PROTONIX ORAL PACKET
<b>ANTINEOPLASTICS - ANTIESTROGENS</b>	<b>GI - ULCER ANTI-INFECTIVE</b>
FARESTON	PYLERA
<b>ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS</b>	<b>HEPATITIS B ONLY</b>
IRESSA	HEPSERA
NEXAVAR	<b>HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS</b>
SUTENT	ORFADIN
TYKERB	<b>IMMUNOSUPPRESSANTS</b>
VOTRIENT	CELLCEPT ORAL SUSPENSION
<b>ANTI-PARKINSONIAN DRUGS</b>	<b>OP. CARBONIC ANHYDRASE INHIBITORS/COMBO</b>
PARLODEL	COMBIGAN
<b>ANTIPSYCHOTICS - ATYPICALS</b>	<b>OP. PROSTAGLANDINS</b>
RISPERDAL CONSTA	TRAVATAN Z
<b>ANTIRETROVIRALS - COMBINATIONS</b>	<b>OP. SELECTIVE ALPHA ADRENERGIC AGONISTS</b>
SYMFI	ALPHAGAN P SOLN
SYMFI LO	<b>POWDERS</b>
<b>ANTIRETROVIRALS - RTI - NUCLEOSIDE/NUCLEOTIDE ANALOGUES</b>	CYSTADANE
EMTRIVA	<b>TOPICAL - ANTINEOPLASTICS</b>
<b>CARNITINE REPLENISHER - AGENTS</b>	EFUDEX CREAM
CARNITOR TABS	<b>TOPICAL - IMMUNOMODULATORS</b>
<b>CONTRACEPTIVES - MONOPHASIC COMBINATION O/C'S</b>	ELIDEL
BEYAZ	<b>TOPICAL - SCABICIDES AND PEDICULICIDES</b>
<b>CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS</b>	NATROBA
NUVARING	<b>TOPICAL - TRETINOIDS</b>
	RETIN-A
	<b>UREA CYCLE DISORDER - AGENTS</b>
	BUPHENYL