

State/Territory:

IOWA

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- 7. Nonprescription drugs. (Restricted to select Acne Preparations, Analgesics, Antidiarrheals/Antacids, Antiemetics, Antihistamines, Cough & Cold, Electrolytes, Emollients, GI Stimulants/Antiflatulents, Insulin, Minerals, Nicotine Replacement Therapy, NSAIDs, Ophthalmics, Respiratory Inhalants, Topical Antibiotics, Topical Antifungals, Topical Keratolytics, Topical Pediculicides, Vaginal Antifungals, Vitamins, and nonprescription drugs previously covered as prescription drugs)
- 8. Covered outpatient drugs, which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or his designee. (Excluded)
- 9. Drugs prescribed in Section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of Section 310.6(b)(1) of Title 21 of the Code of Federal Regulations (DESI drugs).
- 10. Barbiturates.
- 11. Benzodiazepines.
- 12. Vaccines available through the Vaccines for Children program. (Excluded)
- 13. Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile