



**Department of Human Services**  
**Iowa Medicaid Program**  
**Fifteen Day Initial Prescription Supply Limit List**  
**Effective Date: July 1, 2013**

**NOTE:** Only the drug names are listed, but the 15 day initial supply limit applies to all strengths and dosage forms including both the brand and generic products. Subsequent refills of these products are at the usual allowed days supply.

**PDL CATEGORY OF MEDICATION**

**ANTIDEPRESSANTS- SELECTED SSRI'S**

Aplenzin  
Bupropion  
Bupropion SR  
Cymbalta  
Effexor XR  
Fluoxetine pmdd  
Lexapro  
Luvox CR  
Maprotiline  
Nefazodone  
Oleptro  
Paroxetine ER  
Pexeva  
Pristiq  
Sarafem  
Savella  
Venlafaxine  
Venlafaxine ER  
Viibryd

**ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC**

Diclegis

**ANTIPSYCHOTICS-ATYPICALS**

Abilify  
Geodon  
Saphris  
Seroquel

**ANTISPASMODICS**

Detrol  
Flavoxate HCL  
Sanctura

**ANTISPASMODICS- LONG ACTING**

Detrol LA  
Enablex  
Gelnique  
Vesicare

**STIMULANTS**

Desoxyn  
Procentra

**PDL CATEGORY OF MEDICATION**

**STIMULANTS-AMPHETAMINES-LONG ACTING**

Dexedrine

**STIMULANTS-AMPHETAMINES-SHORT ACTING**

Dextroamphetamine Sulfate

**STIMULANTS-METHYLPHENIDATE**

Focalin  
Methylin chew  
Methylphenidate hcl solution

**STIMULANTS-METHYLPHENIDATE-LONG ACTING**

Concerta  
Focalin XR  
Metadate  
Methylphenidate hcl SR  
Ritalin LA

**STIMULANTS-OTHER STIMULANTS/LIKE STIMULANTS**

Intuniv  
Provigil

**RDL CATEGORY OF MEDICATION**

**ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE  
INHIBITORS**

Afinitor  
Bosulif  
Caprelsa  
Gleevec  
Inlyta  
Jakafi  
Nexavar  
Sprycel  
Sutent  
Tarceva  
Tasigna  
Votrient  
Zolanza

**ANTINEOPLASTICS - SELECTIVE RETINOID X  
RECEPTOR AGONISTS**

Targetin

These medications have been identified with high side effect profiles, high discontinuation rates, or frequent dose adjustments. The initial prescription supply limit ensures cost effectiveness without waste of unused medications.