



Department of Human Services
Iowa Medicaid Program
Fifteen Day Initial Prescription Supply Limit List
Effective Date: June 1, 2015

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
Brintellix
Fetzima
Fluoxetine pmdd
Luvox CR
Maprotiline
Nefazodone
Olepto
Pexeva
Pristiq
Sarafem
Savella
Viibryd

ANTIDEPRESSANTS - TRI-CYCLICS

Anafranil

ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC

Diclegis

ANTIPSYCHOTICS-ATYPICALS

Abilify
Saphris

ANTISPASMODICS

Detrol
Flavoxate HCL
Sanctura

ANTISPASMODICS- LONG ACTING

Detrol LA
Enablex
Gelnique
Myrbetriq
Vesicare

CYSTIC FIBROSIS AGENTS

Kalydeco

MULTIPLE SCLEROSIS AGENTS

Tecfidera

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 - ANTIANDROGENS

Xtandi

ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS

Afinitor
Bosulif
Caprelsa
Gleevec
Inlyta
Jakafi
Nexavar
Sprycel
Sutent
Tafinlar
Tarceva
Tasigna
Votrient
Zolinza
Zykadia

ANTINEOPLASTICS - SELECTIVE RETINOID X RECEPTOR AGONISTS

Targretin

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.