

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
ABILIFY 2MG (aripiprazole)	60	30	
ABILIFY 5MG (aripiprazole)	30	30	
ABILIFY 10MG (aripiprazole)	30	30	
ABILIFY 15MG (aripiprazole)	30	30	
ABILIFY 20MG (aripiprazole)	30	30	
ABILIFY 30MG (aripiprazole)	30	30	
ABILIFY ASIMTUFII 720MG (aripiprazole)	1 syringe	56	
ABILIFY ASIMTUFII 960MG (aripiprazole)	1 syringe	56	
ABILIFY MAINTENA 300MG (aripiprazole)	1 syringe	30	
ABILIFY MAINTENA 400MG (aripiprazole)	1 syringe	30	
ACEON 2MG (perindopril)	30	30	
ACEON 4MG (perindopril)	30	30	
ACEON 8MG (perindopril)	60	30	
ACIPHEX 20MG (rabeprazole)	60	30	
ACTONEL 5MG (risedronate)	30	30	
ACTONEL 30MG (risedronate)	30	30	
ACTONEL 35MG (risedronate)	4	30	
ACTOPLUS MET 15-500MG (metformin/pioglitazone)	60	30	
ACTOPLUS MET 15-850MG (metformin/pioglitazone)	60	30	
ACTOS 15MG (pioglitazone)	30	30	
ACTOS 30MG (pioglitazone)	30	30	
ACTOS 45MG (pioglitazone)	30	30	
ADALAT CC 30MG (nifedipine er)	30	30	
ADALAT CC 60MG (nifedipine er)	30	30	
ADALAT CC 90MG (nifedipine er)	30	30	
ADDERALL 5MG (amphetamine salt combo)	30	30	
ADDERALL 7.5MG (amphetamine salt combo)	30	30	
ADDERALL 10MG (amphetamine salt combo)	30	30	
ADDERALL 12.5MG (amphetamine salt combo)	30	30	
ADDERALL 15MG (amphetamine salt combo)	30	30	
ADDERALL 20MG (amphetamine salt combo)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
ADDERALL 30MG (amphetamine salt combo)	30	30	
ADDERALL XR 5MG (amphetamine er)	30	30	
ADDERALL XR 10MG (amphetamine er)	30	30	
ADDERALL XR 15MG (amphetamine er)	30	30	
ADDERALL XR 20MG (amphetamine er)	60	30	
ADDERALL XR 25MG (amphetamine er)	60	30	
ADDERALL XR 30MG (amphetamine er)	60	30	
ADRENALINE (epinephrine)	2	30	
ADVAIR 100/50 DISKUS (fluticasone/salmeterol)	60	30	
ADVAIR 250/50 DISKUS (fluticasone/salmeterol)	60	30	
ADVAIR 500/50 DISKUS (fluticasone/salmeterol)	60	30	
ADVAIR HFA (fluticasone/salmeterol)	1 inhaler (12 grams)	30	
ADZENYS XR ODT 3.1MG (amphetamine)	30	30	
ADZENYS XR ODT 6.3MG (amphetamine)	30	30	
ADZENYS XR ODT 9.4MG (amphetamine)	30	30	
ADZENYS XR ODT 12.5MG (amphetamine)	30	30	
ADZENYS XR ODT 15.7MG (amphetamine)	30	30	
ADZENYS XR ODT 18.8MG (amphetamine)	30	30	
AFINITOR 2.5MG (everolimus)	30	30	
AFINITOR 5MG (everolimus)	30	30	
AFINITOR 7.5MG (everolimus)	30	30	
AFINITOR 10MG (everolimus)	30	30	
AKYNZEO (netupitant/palonosetron)	2	28	
ALBENZA 200MG (albendazole)	4	30	
ALDARA (imiquimod)	12 pkts	28	Max 48 pkts / 16 weeks
ALORA (estradiol)	8	28	
ALPHAGAN P (brimonidine tartrate)	15ML	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
ALPRAZOLAM INTENSOL 1MG/ML (alprazolam)	180ML	30	
ALTACE 1.25MG (ramipril)	30	30	
ALTACE 2.5MG (ramipril)	30	30	
ALTACE 5MG (ramipril)	30	30	
ALTACE 10MG (ramipril)	60	30	
AMARYL 1MG (glimepiride)	30	30	
AMARYL 2MG (glimepiride)	30	30	
AMARYL 4MG (glimepiride)	60	30	
AMBIEN 5MG (zolpidem)	30	30	
AMBIEN 10MG (zolpidem)	30	30	
AMBIEN CR 6.25MG (zolpidem)	30	30	
AMBIEN CR 12.5MG (zolpidem)	30	30	
AMPYRA 10MG (dalfampridine)	60	30	
ANDROGEL 1%(25MG) GEL (testosterone)	30 PKTS	30	
ANDROGEL 1%(50MG) GEL (testosterone)	60 PKTS	30	
ANDROGEL 1% PUMP (testosterone)	300GM	30	
ANDROGEL 1.62% PUMP (testosterone)	150GM	30	
APRISO .375GM (mesalamine)	120	30	
APTENSIO XR 10MG (methylphenidate)	30	30	
APTENSIO XR 15MG (methylphenidate)	30	30	
APTENSIO XR 20MG (methylphenidate)	30	30	
APTENSIO XR 30MG (methylphenidate)	30	30	
APTENSIO XR 40MG (methylphenidate)	30	30	
APTENSIO XR 50MG (methylphenidate)	30	30	
APTENSIO XR 60MG (methylphenidate)	30	30	
APTIOM 200MG (eslicarbazepine)	30	30	
APTIOM 400MG (eslicarbazepine)	30	30	
APTIOM 600MG (eslicarbazepine)	60	30	
APTIOM 800MG (eslicarbazepine)	60	30	
ARAVA 10MG (leflunomide)	30	30	
ARAVA 20MG (leflunomide)	30	30	
ARICEPT ODT 5MG (donepezil)	30	30	
ARICEPT ODT 10MG (donepezil)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
ARICEPT 5MG (donepezil)	30	30	
ARICEPT 10MG (donepezil)	30	30	
ARICEPT 23MG (donepezil)	30	30	
ARISTADA 441MG (aripiprazole)	1 syringe	30	
ARISTADA 662MG (aripiprazole)	1 syringe	30	
ARISTADA 882MG (aripiprazole)	1 syringe	30	
ARISTADA 1064MG (aripiprazole)	1 syringe	60	
ASTELIN NASAL SPRAY (azelastine)	30ML	30	
ATACAND 4MG (candesartan)	30	30	
ATACAND 8MG (candesartan)	30	30	
ATACAND 16MG (candesartan)	30	30	
ATACAND 32MG (candesartan)	30	30	
ATACAND HCT 16-12.5MG (candesartan/hctz)	30	30	
ATACAND HCT 32-12.5MG (candesartan/hctz)	30	30	
ATIVAN 0.5MG (lorazepam)	120	30	
ATIVAN 1MG (lorazepam)	120	30	
ATIVAN 2MG (lorazepam)	120	30	
ATROVENT HFA (ipratropium)	2 bottles (25.8 grams)	30	
ATROVENT 0.03% NASAL SPRAY (ipratropium)	2 bottles	30	
ATROVENT 0.06% NASAL SPRAY (ipratropium)	2 bottles	30	
AUBAGIO 7MG (teriflunomide)	30	30	
AUBAGIO 14MG (teriflunomide)	30	30	
AUVELITY 45MG/105MG (dextromethorphan & bupropion ER)	60	30	
AUVI-Q (epinephrine)	2 units	30	
AVALIDE 150-12.5MG (irbesartan/hctz)	30	30	
AVALIDE 300-12.5MG (irbesartan/hctz)	30	30	
AVAPRO 75MG (irbesartan)	30	30	
AVAPRO 150MG (irbesartan)	30	30	
AVAPRO 300MG (irbesartan)	30	30	
AVINZA 30MG (morphine er)	30	30	
AVINZA 45MG (morphine er)	30	30	
AVINZA 60MG (morphine er)	30	30	
AVINZA 75MG (morphine er)	30	30	
AVONEX (interferon beta-1a)	1 kit	28	
AZOR 5-20MG (amlodipine-olmesartan)	30	30	
AZOR 5-40MG (amlodipine-olmesartan)	30	30	
AZOR 10-20MG (amlodipine-olmesartan)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
AZOR 10-40MG (amlodipine-olmesartan)	30	30	
AZULFIDINE 500MG (sulfasalazine)	240	30	
AZULFIDINE EN 500MG (sulfasalazine)	240	30	
baclofen 5MG	120	30	
baclofen 10MG	120	30	
baclofen 20MG	120	30	
BACTROBAN OINTMENT (mupirocin)	44 grams	30	
BANZEL 200MG (rufinamide)	120	30	
BANZEL 400MG (rufinamide)	240	30	
BANZEL 40MG/ML (rufinamide)	2400ML	30	
BELSOMRA 5MG (suvorexant)	30	30	
BELSOMRA 10MG (suvorexant)	30	30	
BELSOMRA 15MG (suvorexant)	30	30	
BELSOMRA 20MG (suvorexant)	30	30	
BENICAR 5MG (olmesartan)	30	30	
BENICAR 20MG (olmesartan)	30	30	
BENICAR 40MG (olmesartan)	30	30	
BENICAR HCT 20-12.5MG (olmesartan/hctz)	30	30	
BENICAR HCT 40-12.5MG (olmesartan/hctz)	30	30	
BENICAR HCT 40-25MG (olmesartan/hctz)	30	30	
BENZNIDAZOLE 12.5MG	360	30	Max 60 Days
BENZNIDAZOLE 100MG	120	30	Max 60 Days
BONIVA 150MG (ibandronate)	1 tablet	30	
BONIVA SYR (ibandronate)	1 syringe	90	
BRILINTA 60MG (ticagrelor)	60	30	
BRILINTA 90MG (ticagrelor)	60	30	
BRIVIACT 10MG (brivaracetam)	60	30	
BRIVIACT 25MG (brivaracetam)	60	30	
BRIVIACT 50MG (brivaracetam)	60	30	
BRIVIACT 75MG (brivaracetam)	60	30	
BRIVIACT 100MG (brivaracetam)	60	30	
BRIVIACT 10MG/ML (brivaracetam)	600ML	30	
BUTRANS 5MCG/HR (buprenorphine td patch weekly)	4	28	1 patch per week
BYSTOLIC 2.5MG (nebivolol)	30	30	
BYSTOLIC 5MG (nebivolol)	30	30	
BYSTOLIC 10MG (nebivolol)	30	30	
BYSTOLIC 20MG (nebivolol)	60	30	
CADUET 2.5-10MG (amlodipine/atorvastatin)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
CADUET 2.5-20MG (amlodipine/atorvastatin)	30	30	
CADUET 2.5-40MG (amlodipine/atorvastatin)	30	30	
CADUET 5-10MG (amlodipine/atorvastatin)	30	30	
CADUET 5-20MG (amlodipine/atorvastatin)	30	30	
CADUET 5-40MG (amlodipine/atorvastatin)	30	30	
CADUET 5-80MG (amlodipine/atorvastatin)	30	30	
CADUET 10-10MG (amlodipine/atorvastatin)	30	30	
CADUET 10-20MG (amlodipine/atorvastatin)	30	30	
CADUET 10-40MG (amlodipine/atorvastatin)	30	30	
CADUET 10-80MG (amlodipine/atorvastatin)	30	30	
CAMYZYOS 2.5MG (mavacamten)	30	30	
CAMYZYOS 5MG (mavacamten)	30	30	
CAMYZYOS 10MG (mavacamten)	30	30	
CAMYZYOS 15MG (mavacamten)	30	30	
CANASA 1000MG (mesalamine)	30	30	
CARBATROL 100MG (carbamazepine er)	120	30	
CARBATROL 200MG (carbamazepine er)	240	30	
CARBATROL 300MG (carbamazepine er)	150	30	
CATAPRES 0.1MG (clonidine)	120	30	
CATAPRES 0.2MG (clonidine)	90	30	
CATAPRES 0.3MG (clonidine)	60	30	
CAYSTON 75MG (aztreonam)	84	28	Every other month dosing allowed
CELEBREX 50MG (celecoxib)	60	30	
CELEBREX 100MG (celecoxib)	60	30	
CELEBREX 200MG (celecoxib)	60	30	
CELEBREX 400MG (celecoxib)	30	30	
CELEXA 10MG (citalopram)	45	30	
CELEXA 20MG (citalopram)	45	30	
CHANTIX 0.5MG (varenicline)	56	28	Allowed for a cumulative 168 days per 12 month period

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
CHANTIX 1MG (varenicline)	56	28	Allowed for a cumulative 168 days per 12 month period
CHANTIX CONTINUING MONTH PAK (varenicline)	56	28	Allowed for a cumulative 168 days per 12 month period
CHANTIX STARTING MONTH PAK (varenicline)	53	28	Allowed for a cumulative 168 days per 12 month period
CIBINQO 50 MG (abrocitinib)	30	30	
CIBINQO 100 MG (abrocitinib)	30	30	
CIBINQO 200 MG (abrocitinib)	30	30	
CIMDUO (lamivudine/tenofovir)	30	30	
CLARITIN OTC 10 MG (loratadine)	30	30	
CELONTIN 300MG (methsuximide)	120	30	
CLEOCIN T GEL 1% (clindamycin) 30 gram tube	60 grams	30	
CLEOCIN T GEL 1% (clindamycin) 60 gram tube	120 grams	30	
CLEOCIN T LOTION 1% (clindamycin)	120ML	30	
CLEOCIN T PLEDGET 1% (clindamycin)	120 applicators	30	
CLEOCIN T SOLUTION 1% (clindamycin) 30ML bottle	60ML	30	
CLEOCIN T SOLUTION 1% (clindamycin) 60ML bottle	120ML	30	
CLINDAGEL 1% GEL (clindamycin)	150ML	30	
CLINDESSE 2% VAGINAL CREAM (clindamycin phosphate)	40 grams	30	
COBENFY 50-20MG (xanomeline/trospium chloride)	60	30	
COBENFY 100-20MG (xanomeline/trospium chloride)	60	30	
COBENFY 125-30MG (xanomeline/trospium chloride)	60	30	
COLCRYS 0.6MG (colchicine)	60	30	
COMBIVENT RESPIMAT (ipratropium bromide/albuterol)	2 inhalers (8 grams)	30	
COMPLERA (emtricitabine/rilpivirine/tenofovir disoproxil fumarate)	30	30	
CONCERTA SA 18MG (methylphenidate er)	30	30	
CONCERTA SA 27MG (methylphenidate er)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
CONCERTA SA 36MG (methylphenidate er)	60	30	
CONCERTA SA 54MG (methylphenidate er)	60	30	
COSOPT (dorzolamide hydrochloride/timolol maleate)	10ML	30	
COZAAR 25MG (losartan)	60	30	
COZAAR 50MG (losartan)	60	30	
COZAAR 100MG (losartan)	30	30	
CRESTOR 5MG (rosuvastatin)	30	30	
CRESTOR 10MG (rosuvastatin)	30	30	
CRESTOR 20MG (rosuvastatin)	30	30	
CRESTOR 40MG (rosuvastatin)	30	30	
CYMBALTA 20MG (duloxetine)	60	30	
CYMBALTA 30MG (duloxetine)	60	30	
CYMBALTA 60MG (duloxetine)	60	30	
DALMANE 15MG (flurazepam)	30	30	
DALMANE 30MG (flurazepam)	30	30	
DAYTRANA 10MG/9 HOUR PATCH (methylphenidate)	30	30	
DAYTRANA 15MG/9 HOUR PATCH (methylphenidate)	30	30	
DAYTRANA 20MG/9 HOUR PATCH (methylphenidate)	30	30	
DAYTRANA 30MG/9 HOUR PATCH (methylphenidate)	30	30	
DDAVP (desmopressin) 0.1MG	90	30	
DDAVP (desmopressin) 0.2MG	90	30	
DELZICOL 400MG (mesalamine)	180	30	
DERMOTIC (fluocinolone)	20ML	30	
DETROL 1MG (tolterodine)	60	30	
DETROL 2MG (tolterodine)	60	30	
DETROL LA 2MG (tolterodine)	30	30	
DETROL LA 4MG (tolterodine)	30	30	
DEXEDRINE 5MG (dextroamphetamine)	30	30	
DEXEDRINE 10MG (dextroamphetamine)	30	30	
DEXEDRINE 5MG SR (dextroamphetamine sr)	60	30	
DEXEDRINE 10MG SR (dextroamphetamine sr)	60	30	
DEXEDRINE 15MG SR (dextroamphetamine sr)	120	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
DEXILANT 30MG (dexlansoprazole)	30	30	
DEXILANT 60MG (dexlansoprazole)	30	30	
DIACOMIT 250MG CAP & PACKET(stiripentol)	90	30	
DIACOMIT 500MG CAP & PACKET (stiripentol)	180	30	
DIASTAT (diazepam)	6	30	
DIAZEPAM INTENSOL 5MG/ML (diazepam)	240ML	30	
DIAZEPAM ORAL SOLUTION 1MG/ML (diazepam)	1200ML	30	
DIAZEPAM SYRINGES	15 syringes	30	
DIFFERIN 0.1% CREAM (adapalene)	45	30	
DILANTIN 100MG (phenytoin)	180	30	
DILANTIN 125MG/5ML (phenytoin)	750ML	30	
DILANTIN 30MG (phenytoin)	180	30	
DILANTIN 50MG INFATAB (phenytoin)	180	30	
DIOVAN 40MG (valsartan)	30	30	
DIOVAN 80MG (valsartan)	30	30	
DIOVAN 160MG (valsartan)	30	30	
DIOVAN 320MG (valsartan)	30	30	
DIOVAN HCT 80-12.5MG (valsartan/hctz)	30	30	
DIOVAN HCT 160-12.5MG (valsartan/hctz)	30	30	
DIOVAN HCT 160-25MG (valsartan/hctz)	30	30	
DIOVAN HCT 320-12.5MG (valsartan/hctz)	30	30	
DIOVAN HCT 320-25MG (valsartan/hctz)	30	30	
DIPENTUM 250MG (osalazine)	120	30	
DITROPAN XL 5MG (oxybutynin er)	30	30	
DITROPAN XL 10MG (oxybutynin er)	60	30	
DITROPAN XL 15MG (oxybutynin er)	60	30	
DORAL 15MG (quazepam)	30	30	
DUAVEE 0.45-20MG (conjugated estrogens/bazedoxifene)	30	30	
DULERA 50/5mcg (mometasone furoate/formoterol fumarate)	240 inhalations	30	
DULERA 100/5mcg (mometasone furoate/formoterol fumarate)	240 inhalations	30	
DULERA 200/5mcg (mometasone furoate/formoterol fumarate)	240 inhalations	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
DUONEB 3ML VIAL (albuterol/ipratropium)	620ML	30	
DURAGESIC 25MCG (fentanyl)	10	30	
EDURANT 25MG (rilpivirine)	30	30	
EFFEXOR XR 37.5MG (venlafaxine)	30	30	
EFFEXOR XR 75MG (venlafaxine)	30	30	
EFFEXOR XR 150MG (venlafaxine)	90	30	
ELIQUIS 2.5MG (apixaban)	60	30	
ELIQUIS 5MG (abixaban)	74	30	
EMLA (lidocaine-prilocaine)	30 grams	30	
EMSAM 6MG/24 HOUR PATCH (selegiline)	30	30	
EMSAM 9MG/24 HOUR PATCH (selegiline)	30	30	
EMSAM 12MG/24 HOUR PATCH (selegiline)	30	30	
ENABLEX 7.5MG (darifenacin)	30	30	
ENABLEX 15MG (darifenacin)	30	30	
ENTOCORT 3MG (budesonide)	90	30	
ENTRESTO 24-26MG (valsartan/sacubitril)	60	30	
ENTRESTO 49-51MG (valsartan/sacubitril)	60	30	
ENTRESTO 97-103MG (valsartan/sacubitril)	60	30	
EPCLUSA 200-50MG TAB (sofosbuvir/velpatasvir)	56	28	Allowed 12 weeks per 365 days
EPCLUSA 400-100MG TAB (sofosbuvir/velpatasvir)	28	28	Allowed 12 weeks per 365 days
EPCLUSA 150-37.5MG PELLETS (sofosbuvir/velpatasvir)	28	28	Allowed 12 weeks per 365 days
EPCLUSA 200-50MG PELLETS (sofosbuvir/velpatasvir)	56	28	Allowed 12 weeks per 365 days
EPINEPHRINE, RACEMIC SOLUTION 2.25% (RACEPINEPHRINE)	30	15	
EPITOL 200MG (carbamazepine)	240	30	
EPIPEN (epinephrine)	2 units	30	
EPIPEN, JR (epinephrine)	2 units	30	
EPRONTIA 25MG/ML (topiramate)	460ML	30	
EQUETRO 100MG (carbamazepine er)	120	30	
EQUETRO 200MG (carbamazepine er)	240	30	
EQUETRO 300MG (carbamazepine er)	150	30	
ERZOFRI 39MG (paliperidone palmitate)	1 syringe	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
ERZOFRI 78MG (paliperidone palmitate)	1 syringe	30	
ERZOFRI 117MG (paliperidone palmitate)	1 syringe	30	
ERZOFRI 156MG (paliperidone palmitate)	1 syringe	30	
ERZOFRI 234MG (paliperidone palmitate)	1 syringe	30	
ERZOFRI 351MG (paliperidone palmitate)	1 syringe	30	
ESTRADERM (estradiol)	8 patches	30	
EURAX (crotamiton)	60 grams	30	
EVOCLIN 1% FOAM (clindamycin) 50 gram aerosol can	100 grams	30	
EVOCLIN 1% FOAM (clindamycin) 100 gram aerosol can	200 grams	30	
EXALGO 8MG (hydromorphone hcl tab er 24hr deter)	30	30	
EXALGO 12MG (hydromorphone hcl tab er 24hr deter)	30	30	
EXALGO 16MG (hydromorphone hcl tab er 24hr deter)	30	30	
EXELON 1.5MG (rivastigmine)	60	30	
EXELON 3MG (rivastigmine)	60	30	
EXELON 4.5MG (rivastigmine)	60	30	
EXELON 6MG (rivastigmine)	60	30	
FANAPT 1MG (iloperidone)	60	30	
FANAPT 2MG (iloperidone)	60	30	
FANAPT 4MG (iloperidone)	60	30	
FANAPT 6MG (iloperidone)	60	30	
FANAPT 8MG (iloperidone)	60	30	
FANAPT 10MG (iloperidone)	60	30	
FANAPT 12MG (iloperidone)	60	30	
FARXIGA 5MG (dapagliflozin)	30	30	
FARXIGA 10MG (dapagliflozin)	30	30	
FELBATOL 400MG (felbamate)	180	30	
FELBATOL 600MG (felbamate)	180	30	
FELBATOL 600MG/5ML (felbamate)	900ML	30	
FENOGLIDE 40MG (fenofibrate)	30	30	
FIORICET 50-300-40MG (butalbital-apap-cafeine)	60	30	
FIORICET 50-325-40MG (butalbital-apap-cafeine)	60	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
FIORICET/CODEINE 50-300-40-30MG (butalbital-apap-caffeine w/ codeine)	60	30	
FIORICET/CODEINE 50-325-40-30MG (butalbital-apap-caffeine w/ codeine)	60	30	
FIORINAL 50-325-40MG(butalbital-asa-caffeine)	60	30	
FIORINAL/CODEINE 50-325-40-30MG(butalbital-asa-caffeine-codeine)	60	30	
FLOMAX 0.4MG (tamsulosin)	60	30	
FLONASE (fluticasone propionate)	2 inhalers (32 grams)	30	
FLOVENT HFA 44MCG (fluticasone propionate)	1 inhaler (10.6 grams)	30	
FLOVENT HFA 110MCG (fluticasone propionate)	1 inhaler (12 grams)	30	
FLOVENT HFA 220MCG (fluticasone propionate)	2 inhalers (24 grams)	30	
FOCALIN 2.5MG (dexmethylphenidate)	30	30	
FOCALIN 5MG (dexmethylphenidate)	30	30	
FOCALIN 10MG (dexmethylphenidate)	30	30	
FOCALIN XR 5MG (dexmethylphenidate)	30	30	
FOCALIN XR 10MG (dexmethylphenidate)	30	30	
FOCALIN XR 15MG (dexmethylphenidate)	30	30	
FOCALIN XR 20MG (dexmethylphenidate)	30	30	
FOCALIN XR 25MG (dexmethylphenidate)	30	30	
FOCALIN XR 30MG (dexmethylphenidate)	30	30	
FOCALIN XR 35MG (dexmethylphenidate)	30	30	
FOCALIN XR 40MG (dexmethylphenidate)	30	30	
FOSAMAX 10MG (alendronate)	30	30	
FOSAMAX 35MG(alendronate)	4	28	
FOSAMAX 70MG (alendronate)	4	28	
FRAGMIN 2,500 U/0.2 ML (dalteparin)	12ML	30	
FRAGMIN 5,000 U/0.2 ML (dalteparin)	12ML	30	
FRAGMIN 7,500 U/0.3 ML (dalteparin)	18ML	30	
FRAGMIN 10,000 U/ML (dalteparin)	60ML	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
FRAGMIN 12,500 U/0.5 ML (dalteparin)	30ML	30	
FRAGMIN 15,000 U/0.6 ML (dalteparin)	36ML	30	
FRAGMIN 18,000 U/0.72 ML (dalteparin)	43.2ML	30	
FYCOMPA 2MG (perampanel)	30	30	
FYCOMPA 4MG (perampanel)	30	30	
FYCOMPA 6MG (perampanel)	30	30	
FYCOMPA 8MG (perampanel)	30	30	
FYCOMPA 10MG (perampanel)	30	30	
FYCOMPA 12MG (perampanel)	30	30	
FYCOMPA 0.5MG/ML (perampanel)	720ML	30	
GABITRIL 2MG (tiagabine)	120	30	
GABITRIL 4MG (tiagabine)	120	30	
GABITRIL 12MG (tiagabine)	120	30	
GABITRIL 16MG (tiagabine)	90	30	
GEODON 20MG (ziprasidone)	60	30	
GEODON 40MG (ziprasidone)	60	30	
GEODON 60MG (ziprasidone)	60	30	
GEODON 80MG (ziprasidone)	60	30	
GLUCAGON EMERGENCY KIT	2	30	
GLUCOTROL XL 2.5MG (glipizide er)	30	30	
GLUCOTROL XL 5MG (glipizide er)	30	30	
GLUCOTROL XL 10MG (glipizide er)	60	30	
HALCION 0.125MG (triazolam)	30	30	
HALCION 0.25MG (triazolam)	60	30	
HALDOL DECANOATE 50MG/ML-1ML VIAL (haloperidol decanoate)	1ML	30	
HALDOL DECANOATE 50MG/ML-5ML VIAL (haloperidol decanoate)	10ML	30	
HALDOL DECANOATE 100MG/ML-1ML VIAL (haloperidol decanoate)	1ML	30	
HALDOL DECANOATE 100MG/ML-5ML VIAL (haloperidol decanoate)	5ML	30	
HYCET SOL (hydrocodone/apap)	3600ML	30	120ML per day
hydrocodone-ibuprofen 5-200MG	150	30	5 tablets per day
hydrocodone-ibuprofen 7.5-200MG	150	30	5 tablets per day
hydromorphone 3MG suppository	120	30	4 supp per day
HYSINGLA 20MG (hydrocodone bitartrate tab er 12 hr abuse-deterrent)	30	30	
HYSINGLA 30MG (hydrocodone bitartrate tab er 12 hr abuse-deterrent)	30	30	
HYSINGLA 40MG (hydrocodone bitartrate tab er 12 hr abuse-deterrent)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
HYSINGLA 60MG (hydrocodone bitartrate tab er 12 hr abuse-deterrent)	30	30	
HYSINGLA 80MG (hydrocodone bitartrate tab er 12 hr abuse-deterrent)	30	30	
HYSINGLA 100MG (hydrocodone bitartrate tab er 12 hr abuse-deterrent)	30	30	
HYSINGLA 120MG (hydrocodone bitartrate tab er 12 hr abuse-deterrent)	30	30	
HYTRIN 1MG (terazosin)	30	30	
HYTRIN 2MG (terazosin)	60	30	
HYTRIN 5MG (terazosin)	30	30	
HYTRIN 10MG (terazosin)	60	30	
HYZAAR 50-12.5MG (hctz/losartan)	30	30	
HYZAAR 100-12.5MG (hctz/losartan)	30	30	
HYZAAR 100-25MG (hctz/losartan)	30	30	
IMODIUM 2MG (loperamide)	120	30	
IMODIUM 1MG/7.5ML ORAL LIQUID (loperamide)	1800ML	30	
INBRIJA 42MG (levodopa)	300	30	
INGREZZA 40MG (valbenazine)	30	30	
INGREZZA 80MG (valbenazine)	30	30	
INNOPRAN XL 80MG (propranolol er)	30	30	
INTUNIV 1MG (guanfacine er)	30	30	
INTUNIV 2MG (guanfacine er)	30	30	
INTUNIV 3MG (guanfacine er)	30	30	
INTUNIV 4MG (guanfacine er)	30	30	
INVEGA 3MG (paliperidone)	30	30	
INVEGA 6MG (paliperidone)	60	30	
INVEGA 9MG (paliperidone)	30	30	
INVEGA HAFYERA 1092MG (paliperidone)	1 syringe	180	
INVEGA HAFYERA 1560MG (paliperidone)	1 syringe	180	
INVEGA SUSTENNA 39MG SYRINGE (paliperidone palmitate)	1 syringe	30	
INVEGA SUSTENNA 78MG SYRINGE (paliperidone palmitate)	1 syringe	30	
INVEGA SUSTENNA 117MG SYRINGE (paliperidone palmitate)	1 syringe	30	
INVEGA SUSTENNA 156MG SYRINGE (paliperidone palmitate)	1 syringe	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
INVEGA SUSTENNA 234MG SYRINGE (paliperidone palmitate)	1 syringe	30	
INVEGA TRINZA 273MG SYRINGE (paliperidone palmitate)	1 syringe	90	
INVEGA TRINZA 410MG SYRINGE (paliperidone palmitate)	1 syringe	90	
INVEGA TRINZA 546MG SYRINGE (paliperidone palmitate)	1 syringe	90	
INVEGA TRINZA 819MG SYRINGE (paliperidone palmitate)	1 syringe	90	
IRENKA (duloxetine) 40MG	60	30	
JARDIANCE 10MG (empagliflozin)	30	30	
JARDIANCE 25MG (empagliflozin)	30	30	
JOURNAVX 50MG (suzetrigine)	30	14	Allowed for a cumulative 14 days per 60 day period
KADIAN 10MG (morphine sulfate er capsule)	60	30	
KADIAN 20MG (morphine sulfate er capsule)	60	30	
KADIAN 30MG (morphine sulfate er capsule)	60	30	
KALYDECO 150MG (ivacaftor)	60	30	
KEPPRA 250MG (levetiracetam)	60	30	
KEPPRA 500MG (levetiracetam)	60	30	
KEPPRA 750MG (levetiracetam)	60	30	
KEPPRA 1000MG (levetiracetam)	90	30	
KEPPRA 100MG/ML (levetiracetam)	900ML	30	
KEPPRA XR 500MG (levetiracetam)	180	30	
KEPPRA XR 750MG (levetiracetam)	120	30	
KLONOPIN 0.5MG (clonazepam)	120	30	
KLONOPIN 1MG (clonazepam)	120	30	
KLONOPIN 2MG (clonazepam)	120	30	
KLONOPIN WAFERS 0.125MG (clonazepam)	120	30	
KLONOPIN WAFERS 0.25MG (clonazepam)	120	30	
KLONOPIN WAFERS 0.5MG (clonazepam)	120	30	
KLONOPIN WAFERS 1MG (clonazepam)	120	30	
KLONOPIN WAFERS 2MG (clonazepam)	120	30	
KORLYM (mifepristone)	120	30	
KRINTAFEL 150MG (tafenoquine)	4	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
LAMICTAL 25MG TAB & ODT(lamotrigine)	120	30	
LAMICTAL 50MG ODT (lamotrigine)	120	30	
LAMICTAL 100MG TAB & ODT (lamotrigine)	120	30	
LAMICTAL 150MG TAB (lamotrigine)	60	30	
LAMICTAL 200MG TAB & ODT (lamotrigine)	60	30	
LAMICTAL XR 25MG (lamotrigine)	60	30	
LAMICTAL XR 50MG (lamotrigine)	60	30	
LAMICTAL XR 100MG (lamotrigine)	60	30	
LAMICTAL XR 200MG (lamotrigine)	60	30	
LAMICTAL XR 250MG (lamotrigine)	60	30	
LAMICTAL XR 300MG (lamotrigine)	60	30	
LATUDA 20MG (lurasidone)	30	30	
LATUDA 40MG (lurasidone)	30	30	
LATUDA 60MG (lurasidone)	30	30	
LATUDA 80MG (lurasidone)	60	30	
LATUDA 120MG (lurasidone)	30	30	
LESCOL 20MG (fluvastatin)	30	30	
levorphanol tartrate 2MG	120	30	4 tablets per day
LEXAPRO 5MG (escitalopram)	30	30	
LEXAPRO 10MG (escitalopram)	45	30	
LEXAPRO 20MG (escitalopram)	60	30	
LIALDA 1.2GM (mesalamine)	120	30	
LIDODERM PATCH (lidocaine)	90	30	Maximum of 30 patches allowed for initial fill
LIPITOR 10MG (atorvastatin)	30	30	
LIPITOR 20MG (atorvastatin)	30	30	
LIPITOR 40MG (atorvastatin)	45	30	
LIVMARLI 9.5 MG/ML (maralixibat)	90ML	30	
LOKELMA PAK 5GM (sodium zirconium cyclosilicate)	34 pkts	30	
LOKELMA PAK 10GM (sodium zirconium cyclosilicate)	34 pkts	30	
LORAZEPAM INTENSOL 2MG/ML (lorazepam)	150ML	30	
LORTAB ELIXIR (hydrocodone/apap)	2700ML	30	90ML per day
LOTRONEX 0.5MG (alosetron)	60	30	
LOTRONEX 1MG (alosetron)	60	30	
LOVENOX 30MG/0.3ML (enoxaparin)	18ML	30	
LOVENOX 40MG/0.4ML (enoxaparin)	24ML	30	
LOVENOX 60MG/0.6ML (enoxaparin)	36ML	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
LOVENOX 80MG/0.8ML (enoxaparin)	48ML	30	
LOVENOX 100MG/ML (enoxaparin)	60ML	30	
LOVENOX 120MG/0.8ML (enoxaparin)	48ML	30	
LOVENOX 150MG/ML (enoxaparin)	60ML	30	
LOVENOX 300MG/3ML (enoxaparin)	180ML	30	
LUNESTA 1MG (eszopiclone)	30	30	
LUNESTA 2MG (eszopiclone)	30	30	
LUNESTA 3MG (eszopiclone)	30	30	
LUVOX 25MG (fluvoxamine)	30	30	
LUVOX 50MG (fluvoxamine)	30	30	
LYRICA 25MG (pregabalin)	90	30	Accumulation Edit 600mg per day for all strengths
LYRICA 50MG (pregabalin)	90	30	Accumulation Edit 600mg per day for all strengths
LYRICA 75MG (pregabalin)	90	30	Accumulation Edit 600mg per day for all strengths
LYRICA 100MG (pregabalin)	90	30	Accumulation Edit 600mg per day for all strengths
LYRICA 150MG (pregabalin)	90	30	Accumulation Edit 600mg per day for all strengths
LYRICA 200MG (pregabalin)	90	30	Accumulation Edit 600mg per day for all strengths
LYRICA 225MG (pregabalin)	60	30	Accumulation Edit 600mg per day for all strengths
LYRICA 300MG (pregabalin)	60	30	Accumulation Edit 600mg per day for all strengths
MAVIK 1MG (trandolapril)	30	30	
MAVIK 2MG (trandolapril)	30	30	
MAVIK 4MG (trandolapril)	60	30	
MAVYRET 100-40MG TAB (glecaprevir/pibrentasvir)	84	28	Allowed 16 weeks per 365 days
MAVYRET 50-20MG PELLETS (glecaprevir/pibrentasvir)	140 packets (5 cartons)	28	Allowed 16 weeks per 365 days
METADATE CD 10MG (methylphenidate er)	30	30	
METADATE CD 20MG (methylphenidate er)	30	30	
METADATE CD 30MG (methylphenidate er)	30	30	
METADATE CD 40MG (methylphenidate er)	30	30	
METADATE CD 50MG (methylphenidate er)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
METADATE CD 60MG (methylphenidate er)	30	30	
METADATE ER 10MG (methylin er)	90	30	
METADATE ER 20MG (methylin er)	90	30	
METHERGINE 0.2MG TABLET (methylergonovine)	28	30	
METHYLIN 5MG CHEW TAB (methylphenidate)	30	30	
METHYLIN 10MG CHEW TAB (methylphenidate)	30	30	
METROGEL VAGINAL (metronidazole)	70 grams	30	
MEVACOR 10MG (lovastatin)	30	30	
MEVACOR 20MG (lovastatin)	30	30	
MEVACOR 40MG (lovastatin)	60	30	
MIACALCIN NASAL 200 U/DOSE (calcitonin)	4ML	30	
MIDAZOLAM INJECTION	10ML	30	
MITIGARE 0.6MG (colchicine)	60	30	
MOBIC 7.5MG (meloxicam)	30	30	
MOBIC 15MG (meloxicam)	30	30	
MONOPRIL 10MG (fosinopril)	60	30	
MONOPRIL 20MG (fosinopril)	60	30	
MONOPRIL 40MG (fosinopril)	60	30	
MSCONTIN 15MG (morphine sulfate sa)	90	30	
MYRBETRIQ 25MG (mirabegron)	30	30	
MYRBETRIQ 50MG (mirabegron)	30	30	
MYSOLINE 50MG (primidone)	240	30	
MYSOLINE 250MG (primidone)	240	30	
NAMENDA 2MG/1ML ORAL SOLUTION (memantine)	300ML	30	Comes in 360ML containers
NAMENDA 5MG (memantine)	60	30	
NAMENDA 10MG (memantine)	60	30	
NAMENDA XR 7MG (memantine er)	30	30	
NAMENDA XR 14MG (memantine er)	30	30	
NAMENDA XR 21MG (memantine er)	30	30	
NAMENDA XR 28MG (memantine er)	30	30	
NASAREL (flunisolide)	3 bottles (75ml)	30	
NASONEX 50MCG NASAL SPRAY (mometasone furoate)	2 bottles (34 grams)	30	
NATROBA 0.9% (spinosad)	240ML	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
NAYZILAM 5MG (midazolam)	5 boxes	30	10 nasal spray units
NEURONTIN 100MG (gabapentin)	180	30	Accumulation Edit 3600mg per day for all strengths
NEURONTIN 300MG (gabapentin)	270	30	Accumulation Edit 3600mg per day for all strengths
NEURONTIN 400MG (gabapentin)	270	30	Accumulation Edit 3600mg per day for all strengths
NEURONTIN 600MG (gabapentin)	180	30	Accumulation Edit 3600mg per day for all strengths
NEURONTIN 800MG (gabapentin)	135	30	Accumulation Edit 3600mg per day for all strengths
NEURONTIN 50MG/ML (gabapentin)	2160	30	
NEXIUM 20MG (esomeprazole)	30	30	
NEXIUM 40MG (esomeprazole)	60	30	
NIASPAN 500MG (niacin)	30	30	
NIASPAN 750MG (niacin)	60	30	
NIASPAN 1000MG (niacin)	60	30	
NICODERM CQ 7MG (nicotine)	28	28	Allowed for a cumulative 168 days per 12 month period
NICODERM CQ 14MG (nicotine)	28	28	Allowed for a cumulative 168 days per 12 month period
NICODERM CQ 21MG (nicotine)	28	28	Allowed for a cumulative 168 days per 12 month period
NICORETTE GUM 2MG (nicotine polacrilex)	330	28	Allowed for a cumulative 168 days per 12 month period
NICORETTE GUM 4MG (nicotine polacrilex)	330	28	Allowed for a cumulative 168 days per 12 month period
NICORETTE LOZENGE 2MG (nicotine polacrilex)	288	28	Allowed for a cumulative 168 days per 12 month period
NICORETTE LOZENGE 4MG (nicotine polacrilex)	288	28	Allowed for a cumulative 168 days per 12 month period
NICOTROL INHALER (nicotine)	336	28	Allowed for a cumulative 168 days per 12 month period
NICOTROL NS (nicotine)	80ML	28	Allowed for a cumulative 168 days per 12 month period
NORVASC 2.5MG (amlodipine)	30	30	
NORVASC 5MG (amlodipine)	30	30	
NORVIR 100MG (ritonavir)	360	30	
NURTEC ODT 75MG (rimegepant)	15	30	
NUVIGIL 50MG (armodafinil)	30	30	
NUVIGIL 150MG (armodafinil)	30	30	
NUVIGIL 200MG (armodafinil)	30	30	
NUVIGIL 250MG (armodafinil)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
ODEFSEY (emtricitabine/rilpivirine/tenofovir alafenamide)	30	30	
OLUMIANT 1MG (baricitinib)	30	30	
OLUMIANT 2MG (baricitinib)	30	30	
ONFI 10MG (clobazam)	60	30	
ONFI 20MG (clobazam)	60	30	
ONFI 2.5MG/ML (clobazam)	480ML	30	
OPANA ER 5MG (oxymorphone)	60	30	
OPANA ER 7.5MG (oxymorphone)	60	30	
OPANA ER 10MG (oxymorphone)	60	30	
OPIPZA 2MG (aripiprazole)	30	30	
OPIPZA 5MG (aripiprazole)	30	30	
OPIPZA 10MG (aripiprazole)	90	30	
OPZELURA 1.5% CREAM (ruxolitinib)	240gm (4 tubes)	30	
OTEZLA 30MG (apremilast)	60	30	
OXTELLAR XR 150MG (oxcarbazepine)	90	30	
OXTELLAR XR 300MG (oxcarbazepine)	90	30	
OXTELLAR XR 600MG (oxcarbazepine)	120	30	
oxycodone conc 100MG/5ML (20MG/ML)	87	30	2.9 ML per day
oxycodone soln 5MG/5ML	1770	30	59 ML per day
OXYCONTIN 10MG (oxycodone er 12hr deter)	60	30	2 tablets per day
OXYCONTIN 15MG (oxycodone er 12hr deter)	60	30	2 tablets per day
OXYCONTIN 20MG (oxycodone er 12hr deter)	60	30	2 tablets per day
PAXIL 10MG (paroxetine)	30	30	
PAXIL 20MG (paroxetine)	30	30	
PAXIL 30MG (paroxetine)	30	30	
PAXIL 40MG (paroxetine)	45	30	
PAXIL CR 12.5MG (paroxetine er)	30	30	
PAXIL CR 25MG (paroxetine er)	60	30	
PAXIL CR 37.5MG (paroxetine er)	60	30	
PEGASYS SYRINGE (peginterferon alpha-2a)	4ML	28	
PENNSAID 2% (diclofenac)	112 grams	28	
PENTASA 250MG (mesalamine)	480	30	
PENTASA 500MG (mesalamine)	240	30	
PERSERIS 90MG (risperidone)	1 syringe	30	
PERSERIS 120MG (risperidone)	1 syringe	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
PHENYTEK 200MG (phenytoin)	90	30	
PHENYTEK 300MG (phenytoin)	60	30	
PHRENILIN 50-325MG(butalbital-apap)	60	30	
POLYETHYLENE GLYCOL 3350 POWDER	527 grams	30	
PRADAXA 75MG (dabigatran)	60	30	
PRADAXA 110MG (dabigatran)	60	30	
PRADAXA 150MG (dabigatran)	60	30	
PRALUENT 75MG/ML (alirocumab)	2ML	30	
PRALUENT 150MG/ML (alirocumab)	2ML	30	
PRAVACHOL 10MG (pravastatin)	30	30	
PRAVACHOL 20MG (pravastatin)	30	30	
PRAVACHOL 40MG (pravastatin)	30	30	
PRAVACHOL 80MG (pravastatin)	30	30	
PRECOSE 25MG (acarbose)	90	30	
PRECOSE 50MG (acarbose)	90	30	
PRECOSE 100MG (acarbose)	90	30	
PREMARIN 0.625MG (conjugated estrogens)	30	30	
PREMARIN VAGINAL CREAM (conjugated estrogens)	1 tube (30 grams)	30	
PREVACID 15MG (lansoprazole)	30	30	
PREVACID 30MG (lansoprazole)	30	30	
PREVACID SOLUTABS 15MG (lansoprazole)	30	30	
PREVACID SOLUTABS 30MG (lansoprazole)	30	30	
PREZCOBIX 800-150MG (darunavir/cobicistat)	30	30	
PRILOSEC 10MG (omeprazole)	30	30	
PRILOSEC 20MG (omeprazole)	30	30	
PRILOSEC 40MG (omeprazole)	30	30	
PRISTIQ 50MG (desvenlafaxine)	30	30	
PRISTIQ 100MG (desvenlafaxine)	30	30	
PROAIR DIGIHALER (albuterol)	2 inhalers	30	
PROAIR HFA 8.5GM (albuterol)	2 inhalers (17 grams)	30	
PROAIR RESPICLICK (albuterol)	2 inhalers	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
PROCARDIA XL 30MG (nifedipine er)	30	30	
PROCARDIA XL 60MG (nifedipine er)	30	30	
PROCARDIA XL 90MG (nifedipine er)	30	30	
PROCENTRA 5MG/5ML (dextroamphetamine)	1800ML	30	60 ML per day
PROSCAR 5MG (finasteride)	30	30	
PROSOM 1MG (estazolam)	30	30	
PROSOM 2MG (estazolam)	30	30	
PROTONIX 20MG (pantoprazole)	30	30	
PROTONIX 40MG (pantoprazole)	30	30	
PROVENTIL HFA 6.7GM (albuterol)	2 inhalers (13.4 grams)	30	
PROVIGIL 100MG (modafinil)	30	30	
PROVIGIL 200MG (modafinil)	60	30	
PROZAC 20MG/5ML SOLUTION (fluoxetine)	600ML	30	
PROZAC 10MG TABLET (fluoxetine)	45	30	
PROZAC 10MG CAPSULE (fluoxetine)	30	30	
PROZAC 20MG (fluoxetine)	120	30	
PROZAC 40MG (fluoxetine)	60	30	
PULMICORT FLEXHALER 180MCG/DOSE (budesonide)	2	30	
QELBREE (viloxazine) 100MG	30	30	
QELBREE (viloxazine) 150MG	60	30	
QELBREE (viloxazine) 200MG	90	30	
QUDEXY XR 25MG (topiramate)	30	30	
QUDEXY XR 50MG (topiramate)	30	30	
QUDEXY XR 100MG (topiramate)	30	30	
QUDEXY XR 150MG (topiramate)	60	30	
QUDEXY XR 200MG (topiramate)	60	30	
QUETIAPINE 150MG	90	30	
QUILLICHEW 20MG (methylphenidate)	30	30	
QUILLICHEW 30MG (methylphenidate)	60	30	
QUILLICHEW 40MG (methylphenidate)	30	30	
QVAR 40MCG (beclomethasone dipropionate)	3 inhalers (21.9 grams)	30	
QVAR 80MCG (beclomethasone dipropionate)	3 inhalers (21.9 grams)	30	
REMERON 15MG (mirtazapine)	45	30	
REMERON 30MG (mirtazapine)	30	30	
REMERON 45MG (mirtazapine)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
REMERON SOLTAB 15MG (mirtazapine odt)	45	30	
REMERON SOLTAB 30MG (mirtazapine odt)	30	30	
REMERON SOLTAB 45MG (mirtazapine odt)	30	30	
REPATHA 140MG/ML (evolocumab)	3ML	30	
REPATHA 420MG/3.5ML (evolocumab)	3.5ML	30	
RESTORIL 7.5MG (temazepam)	30	30	
RESTORIL 15MG (temazepam)	30	30	
RESTORIL 22.5MG (temazepam)	30	30	
RESTORIL 30MG (temazepam)	30	30	
REVLIMID 2.5MG (lenalidomide)	30	30	
REVLIMID 5MG (lenalidomide)	30	30	
REVLIMID 10MG (lenalidomide)	60	30	
REVLIMID 15MG (lenalidomide)	30	30	
REVLIMID 25MG (lenalidomide)	30	30	
REYVOW 50MG (lasmiditan)	8	30	
REYVOW 100MG (lasmiditan)	8	30	
RINVOQ 15MG (upadacitinib)	30	30	
RINVOQ 30MG (upadacitinib)	30	30	
RINVOQ 45MG (upadacitinib)	28	28	
RISPERDAL 0.5MG M-TAB (risperidone)	120	30	
RISPERDAL 1MG M-TAB (risperidone)	60	30	
RISPERDAL 2MG M-TAB (risperidone)	60	30	
RISPERDAL 3MG M-TAB (risperidone)	60	30	
RISPERDAL 4MG M-TAB (risperidone)	60	30	
RISPERDAL CONSTA 12.5MG SYRINGE (risperidone)	2 syringes	28	
RISPERDAL CONSTA 25MG SYRINGE (risperidone)	2 syringes	28	
RISPERDAL CONSTA 37.5MG SYRINGE (risperidone)	2 syringes	28	
RISPERDAL CONSTA 50MG SYRINGE (risperidone)	2 syringes	28	
RISPERDAL 0.25MG (risperidone)	120	30	
RISPERDAL 0.5MG (risperidone)	120	30	
RISPERDAL 1MG (risperidone)	60	30	
RISPERDAL 2MG (risperidone)	60	30	
RISPERDAL 3MG (risperidone)	60	30	
RISPERDAL 4MG (risperidone)	60	30	
RITALIN 5MG (methylphenidate)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
RITALIN 10MG (methylphenidate)	30	30	
RITALIN 20MG (methylphenidate)	30	30	
RITALIN LA 10MG (methylphenidate er)	30	30	
RITALIN LA 20MG (methylphenidate er)	30	30	
RITALIN LA 30MG (methylphenidate er)	60	30	
RITALIN LA 40MG (methylphenidate er)	30	30	
RITALIN LA 60MG (methylphenidate er)	30	30	
RITALIN SR 20MG (methylphenidate er)	90	30	
ROBINUL 1MG (glycopyrrolate)	90	30	
ROBINUL FORTE 2MG (glycopyrrolate)	120	30	
ROBITUSSIN DM SYRUP (dextromethorphan-guaifenesin 10-100mg/5ml)	240ML	30	Allowed for a cumulative 90 days per 12 month period
ROWASA, SFROWASA 4GM/60ML (mesalamine)	1680ML	28	
ROZEREM 8MG (ramelteon)	30	30	
RYKINDO 25MG (risperidone)	2 syringes	28	
RYKINDO 37.5MG (risperidone)	2 syringes	28	
RYKINDO 50MG (risperidone)	2 syringes	28	
RYZOLT 100MG (tramadol er)	30	30	
RYZOLT 200MG (tramadol er)	30	30	
RYZOLT 300MG (tramadol er)	30	30	
SABRIL 500MG PACKET (vigabatrin)	180	30	
SABRIL 500MG TAB (vigabatrin)	180	30	
SAPHRIS 5MG (asenapine)	60	30	
SAPHRIS 10MG (asenapine)	60	30	
SAVELLA 12.5MG (milnacipran)	60	30	
SAVELLA 25MG (milnacipran)	60	30	
SAVELLA 50MG (milnacipran)	60	30	
SAVELLA 100MG (milnacipran)	60	30	
SERAX 10MG (oxazepam)	120	30	
SERAX 15MG (oxazepam)	120	30	
SERAX 30MG (oxazepam)	120	30	
SEREVENT DISKUS 60 BLISTERS (salmeterol)	1 package (60)	30	
SEROQUEL 25MG (quetiapine)	90	30	
SEROQUEL 50MG (quetiapine)	90	30	
SEROQUEL 100MG (quetiapine)	90	30	
SEROQUEL 200MG (quetiapine)	90	30	
SEROQUEL 300MG (quetiapine)	60	30	
SEROQUEL 400MG (quetiapine)	60	30	
SEROQUEL XR 50MG (quetiapine)	60	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
SEROQUEL XR 150MG (quetiapine)	30	30	
SEROQUEL XR 200MG (quetiapine)	30	30	
SEROQUEL XR 300MG (quetiapine)	30	30	
SEROQUEL XR 400MG (quetiapine)	60	30	
SINGULAIR 4MG GRANULES (montelukast)	30	30	
SINGULAIR 4MG CHEW TABLET (montelukast)	30	30	
SINGULAIR 5MG CHEW TABLET (montelukast)	30	30	
SINGULAIR 10MG TABLET (montelukast)	30	30	
SKLICE (ivermectin)	117 grams	30	
SOMA 350MG (carisoprodol)	120	30	
SONATA 5MG (zaleplon)	30	30	
SONATA 10MG (zaleplon)	60	30	
SOTYKTU 6MG (deucravacitinib)	30	30	
SPIRIVA CAP HANDIHALER PKG SIZE 30 (tiotropium bromide)	30	30	
SPRITAM 250MG (levetiracetam)	60	30	
SPRITAM 500MG (levetiracetam)	60	30	
SPRITAM 750MG (levetiracetam)	60	30	
SPRITAM 1000MG (levetiracetam)	90	30	
STRATTERA 10MG (atomoxetine)	60	30	
STRATTERA 18MG (atomoxetine)	60	30	
STRATTERA 25MG (atomoxetine)	60	30	
STRATTERA 40MG (atomoxetine)	60	30	
STRATTERA 60MG (atomoxetine)	30	30	
STRATTERA 80MG (atomoxetine)	30	30	
STRATTERA 100MG (atomoxetine)	30	30	
STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir/ disoproxil fumarate)	30	30	
STROMEKTOL 3MG (ivermectin)	15	30	
SUBOXONE SL TABLET (buprenorphine/naloxone) 2MG-0.5MG	90	30	
SUBOXONE SL TABLET (buprenorphine/naloxone) 8MG-2MG	90	30	
SUBUTEX 2MG (buprenorphine)	90	30	
SUBUTEX 8MG (buprenorphine)	90	30	
SUDAFED 30MG (pseudoephedrine)	72	30	Allowed for a cumulative 90 days per 12 month period

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
SUDAFED 60MG (pseudoephedrine)	72	30	Allowed for a cumulative 90 days per 12 month period
SUDAFED 30MG/5ML (pseudoephedrine)	240	30	Allowed for a cumulative 90 days per 12 month period
SUTENT 12.5MG (sunitinib)	30	30	
SUTENT 25MG (sunitinib)	30	30	
SUTENT 37.5MG (sunitinib)	30	30	
SUTENT 50MG (sunitinib)	30	30	
SYMBICORT 80/4.5 (budesonide/formoterol fumarate)	240 inhalations	30	
SYMBICORT 160/4.5 (budesonide/formoterol fumarate)	240 inhalations	30	
SYMFI (efavirenz/lamivudine/tenofovir)	30	30	
SYMFI LO (efavirenz/lamivudine/tenofovir)	30	30	
SYNJARDY 5-500MG (empagliflozin/metformin)	60	30	
SYNJARDY 5-1000MG (empagliflozin/metformin)	60	30	
SYNJARDY 12.5-500MG (empagliflozin/metformin)	60	30	
SYNJARDY 12.5-1000MG (empagliflozin/metformin)	60	30	
TECFIDERA 120MG (dimethyl fumarate)	60	30	
TECFIDERA 240MG (dimethyl fumarate)	60	30	
TEGRETOL 100MG CHEW TAB (carbamazepine)	240	30	
TEGRETOL 200MG (carbamazepine)	240	30	
TEGRETOL 100MG/5ML (carbamazepine)	2400ML	30	
TEGRETOL XR 100MG (carbamazepine)	60	30	
TEGRETOL XR 200MG (carbamazepine)	60	30	
TEGRETOL XR 400MG (carbamazepine)	120	30	
TENEX 1MG (guanfacine)	120	30	
TENEX 2MG (guanfacine)	90	30	
TERAZOL 3 (terconazole)	20 grams	30	
TERAZOL 7 (terconazole)	45 grams	30	
TEZSPIRE 210MG (tezepelumab-ekko)	1 prefilled pen	28	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
TIMOPTIC OPTHALMIC SOLN 0.25% (timolol)	15ML	30	
TIMOPTIC OPTHALMIC SOLN 0.5% (timolol)	15ML	30	
TIMOPTIC-XE 0.25% (timolol gel forming)	15ML	30	
TIMOPTIC-XE 0.5% (timolol gel forming)	15ML	30	
TOPAMAX 25MG (topiramate)	60	30	
TOPAMAX 50MG (topiramate)	60	30	
TOPAMAX 100MG (topiramate)	60	30	
TOPAMAX 200MG (topiramate)	60	30	
TOPAMAX 15MG SPRINKLE CAP (topiramate)	180	30	
TOPAMAX 25MG SPRINKLE CAP (topiramate)	180	30	
TOPROL XL 25MG (metoprolol er)	45	30	
TOPROL XL 50MG (metoprolol er)	45	30	
TOPROL XL 100MG (metoprolol er)	45	30	
TOPROL XL 200MG (metoprolol er)	60	30	
TOVIAZ 4MG (fesoterodine)	30	30	
TOVIAZ 8MG (fesoterodine)	30	30	
TRANSDERM SCOP 1.5MG (scopolamine)	8	30	
TRANXENE-T 3.75MG (clorazepate)	120	30	
TRANXENE-T 7.5MG (clorazepate)	120	30	
TRANXENE-T 15MG (clorazepate)	120	30	
TRAVATAN Z (travoprost)	5ML	30	
TRICOR 48MG (fenofibrate)	30	30	
TRICOR 145MG (fenofibrate)	30	30	
TRIGLIDE 160MG (fenofibrate)	30	30	
TRILEPTAL 150MG (oxcarbazepine)	120	30	
TRILEPTAL 300MG (oxcarbazepine)	120	30	
TRILEPTAL 600MG (oxcarbazepine)	120	30	
TRILEPTAL 300MG/5ML (oxcarbazepine)	1200ML	30	
TWINJECT (epinephrine)	4 units	30	
TRINTELLIX 5MG (vortioxetine)	30	30	
TRINTELLIX 10MG (vortioxetine)	30	30	
TRINTELLIX 20MG (vortioxetine)	30	30	
TROKENDI XR 25MG (topiramate)	30	30	
TROKENDI XR 50MG (topiramate)	30	30	
TROKENDI XR 100MG (topiramate)	90	30	
TROKENDI XR 200MG (topiramate)	60	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS

Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
TYLENOL W/ CODEINE ELIXIR (apap w/ codeine)	2700ML	30	90ML per day
UBRELVY 50MG (ubrogepant)	16	30	
UBRELVY 100MG (ubrogepant)	16	30	
UCERIS 9MG (budesonide)	30	30	
ULORIC 40MG (febuxostat)	30	30	
ULORIC 80MG (febuxostat)	30	30	
ULTRAM ER 100MG (tramadol er)	30	30	
ULTRAM ER 200MG (tramadol er)	30	30	
ULTRAM ER 300MG (tramadol er)	30	30	
UROXATRAL (alfuzosin)	30	30	
UZEDY 50MG (risperidone)	1 syringe	30	
UZEDY 75MG (risperidone)	1 syringe	30	
UZEDY 100MG (risperidone)	1 syringe	30	
UZEDY 125MG (risperidone)	1 syringe	30	
UZEDY 150MG (risperidone)	1 syringe	60	
UZEDY 200MG (risperidone)	1 syringe	60	
UZEDY 250MG (risperidone)	1 syringe	60	
VALIUM 2MG (diazepam)	120	30	
VALIUM 5MG (diazepam)	120	30	
VALIUM 10MG (diazepam)	120	30	
VALTOCO 5MG, 10MG (diazepam)	5 cartons	30	10 blister packs
VALTOCO 15MG, 20MG (diazepam)	10 cartons	30	20 blister packs
VELTASSA POW 8.4GM (patiromer)	30 pkts	30	
VELTASSA POW 16.8GM (patiromer)	30 pkts	30	
VELTASSA POW 25.2GM (patiromer)	30 pkts	30	
VENLAFAXINE ER 37.5MG	30	30	
VENLAFAXINE ER 75MG	30	30	
VENLAFAXINE ER 150MG	60	30	
VENLAFAXINE ER 225MG	60	30	
VENTOLIN HFA 18GM (albuterol)	2 inhalers (36 grams)	30	
VEOZAH 45MG (fezolinetant)	30	30	
VEREGEN (sinecatechins)	30 grams	28	Max 120 grams / 16 weeks
VERKAZIA (cyclosporine ophthalmic emulsion 0.1%)	1 box (120 single-dose vials)	30	
VICODIN ES 7.5-300MG (hydrocodone/apap)	150	30	5 tablets per day
VICTOZA (liraglutide)	9ML	30	
VIGADRONE 500MG PACKET (vigabatrin)	180	30	
VIGAMOX (moxifloxacin)	6ML	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
VIIBRYD 10MG (vilazodone)	30	30	
VIIBRYD 20MG (vilazodone)	30	30	
VIIBRYD 40MG (vilazodone)	30	30	
VIJOICE 50MG blister pack (alpelisib)	28	28	
VIJOICE 125MG blister pack (alpelisib)	28	28	
VIJOICE 250MG blister pack (alpelisib)	56	28	
VIMPAT 50MG (lacosamide)	60	30	
VIMPAT 100MG (lacosamide)	60	30	
VIMPAT 150MG (lacosamide)	60	30	
VIMPAT 200MG (lacosamide)	60	30	
VIVELLE/VIVELLE-DOT (estradiol)	8 patches	28	
VOLTAREN GEL 1% (diclofenac)	900 grams	28	
VTAMA CRE 1% (tapinarof)	60 grams	30	
VUITY 1.25% OPTH SOLUTION (pilocarpine)	2.5 ML	30	
VYVANSE 10MG (lisdexamfetamine)	30	30	
VYVANSE 20MG (lisdexamfetamine)	30	30	
VYVANSE 30MG (lisdexamfetamine)	30	30	
VYVANSE 40MG (lisdexamfetamine)	30	30	
VYVANSE 50MG (lisdexamfetamine)	30	30	
VYVANSE 60MG (lisdexamfetamine)	30	30	
VYVANSE 70MG (lisdexamfetamine)	30	30	
WELCHOL 625MG (colesevelam)	180	30	
WELLBUTRIN 75MG (bupropion)	180	30	
WELLBUTRIN 100MG (bupropion)	90	30	
WELLBUTRIN SR 100MG (bupropion sr)	60	30	
WELLBUTRIN SR 150MG (bupropion sr)	60	30	
WELLBUTRIN SR 200MG (bupropion sr)	60	30	
WELLBUTRIN XL 150MG (bupropion er)	30	30	
WELLBUTRIN XL 300MG (bupropion er)	30	30	
WINLEVI (clascoterone cream 1%)	60 GM	30	
XALATAN (latanoprost)	5ML	30	
XALKORI 200MG (crizotinib)	60	30	
XALKORI 250MG (crizotinib)	60	30	
XANAX 0.25MG (alprazolam)	120	30	
XANAX 0.5MG (alprazolam)	120	30	
XANAX 1MG (alprazolam)	120	30	
XANAX 2MG (alprazolam)	120	30	
XANAX XR 0.5MG (alprazolam er)	30	30	

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
XANAX XR 1MG (alprazolam er)	30	30	
XARELTO 2.5MG (rivaroxaban)	60	30	
XARELTO 10MG (rivaroxaban)	30	30	
XARELTO 15MG (rivaroxaban)	30	30	Twice daily dosing will be allowed for 21 days
XARELTO 20MG (rivaroxaban)	30	30	
XCOPRI 50MG (cenobamate)	30	30	
XCOPRI 100MG (cenobamate)	30	30	
XCOPRI 150MG (cenobamate)	60	30	
XCOPRI 200MG (cenobamate)	60	30	
XELJANZ 5MG (tofacitinib)	60	30	
XELJANZ 10MG (tofacitinib)	60	30	
XELJANZ XR 11MG (tofacitinib)	30	30	
XELJANZ XR 22MG (tofacitinib)	30	30	
XOLAIR SOL 150MG (omalizumab)	6	30	
XOPENEX HFA 15GM (levalbuterol)	2 inhalers (15 grams)	30	
XYLON 10-200MG (hydrocodone/ibuprofen)	150	30	5 tablets per day
XYREM 500MG/ML (sodium oxybate)	540ML	30	
ZAMICET (hydrocodone/apap)	2700ML	30	90ML per day
ZARONTIN 250MG (ethosuximide)	180	30	
ZARONTIN 250MG/5ML (ethosuximide)	900ML	30	
ZAVESCA (miglustat)	90	30	
ZEBETA 5MG (bisoprolol)	30	30	
ZELBORAF 240MG (vemurafenib)	240	30	
ZENZEDI 2.5MG (dextroamphetamine)	30	30	
ZENZEDI 5MG (dextroamphetamine)	30	30	
ZENZEDI 7.5MG (dextroamphetamine)	30	30	
ZENZEDI 10MG (dextroamphetamine)	30	30	
ZENZEDI 15MG (dextroamphetamine)	30	30	
ZENZEDI 20MG (dextroamphetamine)	30	30	
ZENZEDI 30MG (dextroamphetamine)	30	30	
ZETIA 10MG (ezetimibe)	30	30	
ZOCOR 5MG (simvastatin)	30	30	
ZOCOR 10MG (simvastatin)	30	30	
ZOCOR 20MG (simvastatin)	30	30	
ZOCOR 40MG(simvastatin)	30	30	
ZOXYDRO ER 10MG (hydrocodone bitartrate cap er 12 hr abuse-deterrent)	60	30	2 capsules per day
ZOXYDRO ER 15MG (hydrocodone bitartrate cap er 12 hr abuse-deterrent)	60	30	2 capsules per day
ZOXYDRO ER 20MG (hydrocodone bitartrate cap er 12 hr abuse-deterrent)	60	30	2 capsules per day

Department of Health and Human Services
Iowa Medicaid Program
QUANTITY LIMITS
Effective Date: October 1, 2026

Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation the form. The override form can be found at our website, www.iowamedicaidpdl.com under the heading, "PDL/PA" and "PA Forms".

In addition to the quantity limits below, a morphine milligram equivalent limit applies to opioid medications. Short acting opioids are not listed on the quantity limit chart but are subject to a quantity limit of 6 units per day, unless otherwise indicated on the chart. Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.

Drug Product	Quantity	Days Supply	Comments
ZOXYDRO ER 30MG (hydrocodone bitartrate cap er 12 hr abuse-deterrent)	60	30	2 capsules per day
ZOXYDRO ER 40MG (hydrocodone bitartrate cap er 12 hr abuse-deterrent)	60	30	2 capsules per day
ZOXYDRO ER 50MG (hydrocodone bitartrate cap er 12 hr abuse-deterrent)	60	30	2 capsules per day
ZOLOFT 50MG (sertraline)	45	30	
ZONALON 5% CREAM (doxepin)	45 grams	30	
ZOVIRAX 5% OINTMENT (acyclovir)	30 grams	30	
ZYBAN 150MG (bupropion er)	60	30	Allowed for a cumulative 168 days per 12 month period
ZYPREXA 2.5MG (olanzapine)	30	30	
ZYPREXA 5MG (olanzapine)	30	30	
ZYPREXA 7.5MG (olanzapine)	30	30	
ZYPREXA 10MG (olanzapine)	30	30	
ZYPREXA 15MG (olanzapine)	30	30	
ZYPREXA 20MG (olanzapine)	30	30	
ZYPREXA RELPREVV 210MG (olanzapine)	2 vials	28	
ZYPREXA RELPREVV 300MG (olanzapine)	2 vials	28	
ZYPREXA RELPREVV 405MG (olanzapine)	1 vial	28	
ZYPREXA ZYDIS 5MG (olanzapine)	30	30	
ZYPREXA ZYDIS 10MG (olanzapine)	30	30	
ZYPREXA ZYDIS 15MG (olanzapine)	30	30	
ZYPREXA ZYDIS 20MG (olanzapine)	30	30	
ZYRTEC 1MG/ML LIQUID OTC (cetirizine)	300	30	
ZYRTEC 5MG TABLET OTC (cetirizine)	30	30	
ZYRTEC 10MG TABLET OTC (cetirizine)	30	30	