



Department of Human Services  
Iowa Medicaid Program  
Fifteen Day Initial Prescription Supply Limit List  
Effective Date: August 1<sup>st</sup>, 2011

**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.

### CATEGORY OF MEDICATION

#### ANTIDEPRESSANTS- SELECTED SSRI'S

Aplenzin  
Bupropion  
Bupropion SR  
Citalopram Hydrobromide  
Cymbalta  
Effexor XR  
Fluoxetine  
Fluvoxamine Maleate  
Lexapro  
Luvox CR  
Maprotiline  
Mirtazapine  
Nefazodone  
Oleptro  
Paroxetine  
Pexeva  
Pristiq  
Sarafem  
Savella  
Sertraline  
Trazodone  
Venlafaxine  
Venlafaxine ER

#### ANTIPSYCHOTICS-ATYPICALS

Abilify  
Fanapt  
Geodon  
Invega  
Latuda  
Risperdal  
Risperidone  
Saphris  
Seroquel  
Zyprexa

#### ANTISPASMODICS

Detrol  
Flavoxate HCL  
Oxybutynin Chloride  
Sanctura

### CATEGORY OF MEDICATION

#### ANTISPASMODICS- LONG ACTING

Detrol LA  
Enablex  
Gelnique  
Oxybutynin ER  
Oxytrol  
Sanctura XR  
Toviaz  
Vesicare

#### CHOLINERGIC

Bethanechol Chloride

#### STIMULANTS

Desoxyn  
Procentra

#### STIMULANTS-AMPHETAMINES-LONG ACTING

Adderall XR  
Dexedrine  
Vyvanse

#### STIMULANTS-AMPHETAMINES-SHORT ACTING

Amphetamine-Dextroamphetamine  
Dextroamphetamine Sulfate

#### STIMULANTS-METHYLPHENIDATE

Focalin  
Methylin  
Methylphenidate hcl

#### STIMULANTS-METHYLPHENIDATE-LONG ACTING

Concerta  
Daytrana  
Focalin XR  
Metadate  
Methylphenidate hcl SR  
Ritalin LA  
Ritalin SR

#### STIMULANTS-OTHER STIMULANTS/LIKE STIMULANTS

Intuniv  
Kapvay  
Nuvigil  
Provigil  
Strattera

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