



Department of Human Services Iowa Medicaid Program

Fifteen Day Initial Prescription Supply Limit List Effective Date: December 2, 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
Cymbalta
Effexor XR
Fluoxetine HCl Tablets (PMDD)
Fluvoxamine Maleate
Lexapro
Luvox CR
Maprotiline
Nefazodone
Oleptro
Paroxetine ER
Pexeva
Pristiq
Sarafem
Savella
Venlafaxine
Venlafaxine ER
Viibryd

ANTIPSYCHOTICS-ATYPICALS

Abilify
Fanapt
Geodon
Invega
Latuda
Risperdal
Risperidone
Saphris
Seroquel
Zyprexa

ANTISPASMODICS

Detrol
Flavoxate HCl
Sanctura

CATEGORY OF MEDICATION

ANTISPASMODICS- LONG ACTING

Detrol LA
Enblex
Gelnique
Oxybutynin Chloride 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 chew
Methylphenidate HCl solution

STIMULANTS-METHYLPHENIDATE-LONG ACTING

Concerta
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 discontinuation rates, or frequent dose adjustments. The initial prescription supply limit ensures cost effectiveness without waste of unused medications.