



**Department of Human Services**  
**Iowa Medicaid Program**  
**Fifteen Day Initial Prescription Supply Limit List**  
**Effective Date: January 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  
Cymbalta  
Fetzima  
Fluoxetine pmdd  
Luvox CR  
Maprotiline  
Nefazodone  
Oleptro  
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

**STIMULANTS**

Desoxyn  
Procentra

**STIMULANTS-AMPHETAMINES-LONG ACTING**

Dexedrine

**PDL CATEGORY OF MEDICATION**

**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.