

Iowa Medicaid Quantity Limits

Effective February 27, 2009

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, "PA Forms" and "Quantity Limits".

Drug Product	Quantity	Days Supply	Comments
ABILIFY 2MG	30	30	
ABILIFY 5MG	30	30	
ABILIFY 10MG	30	30	
ABILIFY 15MG	30	30	
ABILIFY 20MG	30	30	
ABILIFY 30MG	30	30	
ACEON 2MG	30	30	
ACEON 4MG	30	30	
ACEON 8MG	60	30	
ACIPHEX 20MG	60	30	
ACTONEL 5MG	30	30	
ACTONEL 30MG	30	30	
ACTONEL 35MG	4	30	
ACTOPLUS MET 15-500MG	60	30	
ACTOPLUS MET 15-850MG	60	30	
ACTOS 15MG	30	30	
ACTOS 30MG	30	30	
ACTOS 45MG	30	30	
ADALAT CC 30MG	30	30	
ADALAT CC 60MG	30	30	
ADALAT CC 90MG	30	30	
ADVAIR 100/50 DISKUS	60	30	
ADVAIR 250/50 DISKUS	60	30	
ADVAIR 500/50 DISKUS	60	30	
ADVAIR HFA	1 inhaler (12 grams)	30	
AEROBID	21	30	
AEROBID-M	21	30	
ALDARA	12 pkts	28	Max 48 pkts / 16 weeks
ALENDRONATE 5MG	30	30	
ALENDRONATE 10MG	30	30	
ALENDRONATE 40MG	30	30	
ALENDRONATE 70MG	4	30	
ALPRAZOLAM ER 0.5MG	30	30	
ALPRAZOLAM ER 1MG	30	30	
AMBIEN CR 6.25MG	15	30	PA required for greater than 15 days of Sedative Hypnotic therapy
AMBIEN CR 12.5MG	15	30	PA required for greater than 15 days of Sedative Hypnotic therapy
AMLODIPINE 2.5MG	30	30	
AMLODIPINE 5MG	30	30	
ANDROGEL 1%(25MG) GEL	30 PKTS	30	
ANDROGEL 1%(50MG) GEL	60 PKTS	30	

ANDROGEL PUMP	300GM	30	
ARICEPT ODT 5MG	30	30	
ARICEPT ODT 10MG	30	30	
ARICEPT 5MG	30	30	
ARICEPT 10MG	30	30	
ASTELIN NASAL SPRAY	30ML	30	
ATACAND 4MG	30	30	
ATACAND 8MG	30	30	
ATACAND 16MG	30	30	
ATACAND 32MG	30	30	
ATACAND HCT 16-12.5MG	30	30	
ATACAND HCT 32-12.5MG	30	30	
ATROVENT HFA	2 bottles (25.8 grams)	30	
ATROVENT INHALER	2 inhalers (28 grams)	30	
AVALIDE 150-12.5MG	30	30	
AVALIDE 300-12.5MG	30	30	
AVALIDE 300-25MG	30	30	
AVANDARYL 4MG/1MG	60	30	
AVANDARYL 4MG/2MG	60	30	
AVANDARYL 4MG/4MG	60	30	
AVANDIA 8MG	30	30	
AVAPRO 75MG	30	30	
AVAPRO 150MG	30	30	
AVAPRO 300MG	30	30	
AVINZA 30MG	30	30	
AVINZA 60MG	30	30	
AVINZA 90MG	30	30	
AVINZA 120MG	150	30	
AZMACORT	2 inhalers (40 grams)	30	
BECONASE AQ	2 inhalers (50 grams)	30	
BENICAR 5MG	30	30	
BENICAR 20MG	30	30	
BENICAR 40MG	30	30	
BENICAR HCT 20-12.5MG	30	30	
BENICAR HCT 40-12.5MG	30	30	
BENICAR HCT 40-25MG	30	30	
BISOPROLOL 5MG	30	30	
BONIVA 2.5MG	30	30	
BONIVA 150MG	1 tablet	30	
BONIVA SYR	1 syringe	90	
BUPROPION ER 150MG	30	30	
BUPROPION ER 300MG	30	30	
BUPROPION HCL 75MG	180	30	
BUPROPION HCL 100MG	90	30	
BUPROPION SR 100MG	60	30	
BUPROPION SR 150MG	60	30	
BUPROPION SR 200MG	60	30	
CADUET 2.5-20MG	30	30	

CADUET 2.5-40MG	30	30	
CADUET 2.5-100MG	30	30	
CADUET 5-10MG	30	30	
CADUET 5-20MG	30	30	
CADUET 5-40MG	30	30	
CADUET 5-80MG	30	30	
CADUET 10-10MG	30	30	
CADUET 10-20MG	30	30	
CADUET 10-40MG	30	30	
CADUET 10-80MG	30	30	
CARISOPRODOL 350MG	120	30	
CELEBREX 100MG	60	30	
CELEBREX 200MG	30	30	
CELEBREX 400MG	30	30	
CETIRIZINE 1MG/ML SYRUP	300	30	
CETIRIZINE 5MG	30	30	
CETIRIZINE 10MG	30	30	
CITALOPRAM 10MG	45	30	
CITALOPRAM 20MG	45	30	
COMBIVENT 14.7GM INHALER	3 inhalers	30	
COMBUNOX	28	30	
CONCERTA SA 18MG	60	30	
CONCERTA SA 27MG	60	30	
CONCERTA SA 36MG	60	30	
CONCERTA SA 54MG	60	30	
COZAAR 25MG	60	30	
COZAAR 50MG	60	30	
COZAAR 100MG	30	30	
CRESTOR 5MG	30	30	
CRESTOR 10MG	30	30	
CRESTOR 20MG	30	30	
CRESTOR 40MG	30	30	
CYMBALTA 20MG	60	30	
CYMBALTA 30MG	90	30	
CYMBALTA 60MG	60	30	
DAYTRANA 10MG/9 HOUR PATCH	30	30	
DAYTRANA 15MG/9 HOUR PATCH	30	30	
DAYTRANA 20MG/9 HOUR PATCH	30	30	
DAYTRANA 30MG/9 HOUR PATCH	30	30	
DETROL LA 2MG	30	30	
DETROL LA 4MG	30	30	
DEXTROAMPHETAMINE 5MG SR	60	30	
DEXTROAMPHETAMINE 10MG SR	60	30	
DEXTROAMPHETAMINE 15MG SR	60	30	
DIASTAT	6	30	
DIAZEPAM SYRINGES	15 syringes	30	
DIFFERIN 0.1% CREAM	45	30	
DIFFERIN 0.1% GEL	45	30	
DIOVAN 40MG	30	30	
DIOVAN 80MG	30	30	
DIOVAN 160MG	30	30	
DIOVAN 320MG	30	30	

DIOVAN HCT 80-12.5MG	30	30	
DIOVAN HCT 160-12.5MG	30	30	
DIOVAN HCT 160-25MG	30	30	
DIOVAN HCT 320-12.5MG	30	30	
DIOVAN HCT 320-25MG	30	30	
DITROPAN XL 5MG	30	30	
DORAL 7.5MG	30	30	
DORAL 15MG	30	30	
DUONEB 3ML VIAL	620ML	30	
EFFEXOR XR 37.5MG	30	30	
EFFEXOR XR 75MG	30	30	
EFFEXOR XR 150MG	90	30	
EMSAM 6MG/24 HOUR PATCH	30	30	
EMSAM 9MG/24 HOUR PATCH	30	30	
EMSAM 12MG/24 HOUR PATCH	30	30	
ENABLEX 7.5MG	30	30	
ENABLEX 15MG	30	30	
EPINEPHRINE, RACEMIC SOLUTION 2.25%	30	15	
EPIPEN	4 units	30	
EPIPEN, JR	4 units	30	
ESTRADERM	8 patches	30	
EXELON 1.5MG	60	30	
EXELON 2MG/ML ORAL SOLUTION	180ml	30	
EXELON 3MG	60	30	
EXELON 4.5MG	60	30	
EXELON 6MG	60	30	
FEXOFENADINE 30MG	60	30	
FEXOFENADINE 60MG	60	30	
FEXOFENADINE 180MG	30	30	
FLOVENT HFA 44MCG	1 inhaler (10.6 grams)	30	
FLOVENT HFA 110MCG	1 inhaler (12 grams)	30	
FLOVENT HFA 220MCG	2 inhalers (24 grams)	30	
FLUNISOLIDE 0.025% SPRAY	3 bottles (75ML)	30	
FLUOXETINE 20MG/5 ML SOLUT	600ml	30	
FLUOXETINE HCL 10MG	45	30	
FLUOXETINE HCL 10MG	30	30	
FLUOXETINE HCL 20MG	120	30	
FLUOXETINE HCL 40MG	60	30	
FLURAZEPAM 15MG	30	30	
FLUTICASONE PROPIONATE SUP 50MCG/ACT	2 inhalers (32 grams)	30	
FLUVOXAMINE 25MG	30	30	
FLUVOXAMINE 50MG	30	30	
FOCALIN XR 5MG	60	30	
FOCALIN XR 10MG	60	30	
FOCALIN XR 15MG	90	30	
FOCALIN XR 20MG	90	30	
FORADIL AEROLIZER	60	30	

FOSINORPIL 10MG	60	30	
FOSINORPIL 20MG	60	30	
FOSINORPIL 40MG	60	30	
GEODON 20MG	60	30	
GEODON 40MG	60	30	
GEODON 60MG	60	30	
GEODON 80MG	60	30	
GLIMEPIRIDE 1MG	30	30	
GLIMEPIRIDE 2MG	30	30	
GLUCAGEN EMERGENCY KIT	5	30	
GLUCAGON EMERGENCY KIT	5	30	
HALOPERIDOL DECANOATE 50mg/ml-1ml vial	1ML	30	
HALOPERIDOL DECANOATE 50mg/ml-5ml vial	10ML	30	
HALOPERIDOL DECANOATE 100mg/ml-1ml vial	1ML	30	
HALOPERIDOL DECANOATE 100mg/ml-5ml vial	5ML	30	
HYZAAR 50-12.5MG	30	30	
HYZAAR 100-25MG	30	30	
INNOPRAN XL 80MG	30	30	
INTAL INHALER	3 inhalers (42.6 grams)	30	
INVEGA 3MG	30	30	
INVEGA 6MG	60	30	
INVEGA 9MG	30	30	
IPATROPIUM 0.03% NASAL SPRAY	2 bottles	30	
IPATROPIUM 0.06% NASAL SPRAY	2 bottles	30	
LEFLUOMIDE 10MG	30	30	
LEFLUOMIDE 20MG	30	30	
LEFLUOMIDE 100MG	3	30	
LESCOL 20MG	30	30	
LEXAPRO 5MG	15	30	
LEXAPRO 10MG	15	30	
LEXAPRO 20MG	60	30	
LIPITOR 10MG	30	30	
LIPITOR 20MG	30	30	
LIPITOR 40MG	30	30	
LORATADINE 10MG	30	30	
LOVASTATIN 10MG	30	30	
LOVASTATIN 20MG	30	30	
LOVASTATIN 40MG	60	30	
LUNESTA 1MG	15	30	PA required for greater than 15 days of Sedative Hypnotic therapy
LUNESTA 2MG	15	30	PA required for greater than 15 days of Sedative Hypnotic therapy
LUNESTA 3MG	15	30	PA required for greater than 15 days of Sedative Hypnotic therapy
LYRICA 25MG	90	30	
LYRICA 50MG	90	30	
LYRICA 75MG	90	30	
LYRICA 100MG	90	30	

LYRICA 150MG	90	30	
LYRICA 200MG	90	30	
LYRICA 225MG	60	30	
LYRICA 300MG	60	30	
MAVIK 1MG	30	30	
MAVIK 2MG	30	30	
MAVIK 4MG	60	30	
MAXAIR AUTOINHALER 14G	2 inhalers	30	
MELOXICAN 7.5MG	30	30	
MELOXICAN 15MG	30	30	
METADATE CD 10MG	60	30	
METADATE CD 20MG	90	30	
METADATE CD 30MG	60	30	
METADATE CD 40MG	60	30	
METADATE CD 50MG	60	30	
METADATE CD 60MG	60	30	
METADATE ER 10MG	90	30	
METADATE ER 20MG	90	30	
METHYLIN ER 10MG SA	90	30	
METHYLIN ER 20MG SA	90	30	
METHYLPHENIDATE ER 20MG	90	30	
METOPROLOL ER 25MG	45	30	
METOPROLOL ER 50MG	45	30	
METOPROLOL ER 100MG	45	30	
METOPROLOL ER 200MG	60	30	
MIACALCIN NASAL 200 U/DOSE	4ML	30	
MIRTAZAPINE 15MG	45	30	
MIRTAZAPINE 30MG	30	30	
MIRTAZAPINE 45MG	30	30	
MORPHINE SULFATE SA 15MG	90	30	
MORPHINE SULFATE SA 30MG	90	30	
MORPHINE SULFATE SA 60MG	90	30	
MORPHINE SULFATE SA 100MG	300	30	
NAMENDA 2MG/1ML ORAL SOLUTION	300ml	30	Comes in 360ml containers
NAMENDA 5MG	60	30	
NAMENDA 10MG	60	30	
NASACORT AQ	2 bottles	30	
NASONEX 50MCG NASAL SPRAY	2 bottles	30	
NEXIUM 20MG	30	30	
NEXIUM 40MG	60	30	
OMEPRAZOLE 10MG	30	30	
OMEPRAZOLE 20MG	30	30	
PAROXETINE 10MG	30	30	
PAROXETINE 20MG	30	30	
PAROXETINE 30MG	30	30	
PAROXETINE 40MG	45	30	
PAXIL CR 12.5MG	30	30	
PAXIL CR 25MG	60	30	

PAXIL CR 37.5MG	60	30	
PRAVASTATIN 10MG	30	30	
PRAVASTATIN 20MG	30	30	
PRAVASTATIN 40MG	30	30	
PRAVASTATIN 80MG	30	30	
PREMARIN 0.625MG	30	30	
PREMARIN VAGINAL CREAM	1 tube	30	
PREVACID 15MG	30	30	PA required for greater than 60 days of PPI therapy
PREVACID 30MG	60	30	PA required for greater than 60 days of PPI therapy
PREVACID GRANULES 15MG	30	30	PA required for greater than 60 days of PPI therapy
PREVACID GRANULES 30MG	60	30	PA required for greater than 60 days of PPI therapy
PREVACID SOLUTABS 15MG	30	30	PA required for greater than 60 days of PPI therapy
PREVACID SOLUTABS 30MG	60	30	PA required for greater than 60 days of PPI therapy
PRILOSEC 20MG OTC	120	30	PA required for greater than 60 days of PPI therapy
PRILOSEC 40MG	60	30	
PRISTIQ 50MG	30	30	
PRISTIQ 100MG	30	30	
PROAIR HFA 8.5GM	3 inhalers (25.5 grams)	30	
PROTONIX 20MG	30	30	PA required for greater than 60 days of PPI therapy
PROTONIX 40MG	60	30	PA required for greater than 60 days of PPI therapy
PROTOPIC OINTMENT	120	30	
PROVIGIL 100MG	30	30	
PROVIGIL 200MG	60	30	
PULMICORT FLEXHALER 180MCG/DOSE	2	30	
PULMICORT TURBUHALER	2	30	
QVAR 40MCG	3 inhalers	30	
QVAR 80MCG	3 inhalers	30	
RAMIPRIL 1.25MG	30	30	
RAMIPRIL 2.5MG	30	30	
RAMIPRIL 5MG	30	30	
RAMIPRIL 10MG	60	30	
RHINOCORT AQUA SUS	8.6 grams	30	
RISPERDAL 0.5MG M-TAB	120	30	
RISPERDAL 1MG M-TAB	120	30	
RISPERDAL 2MG M-TAB	90	30	
RISPERDAL 3MG M-TAB	60	30	
RISPERDAL 4MG M-TAB	60	30	
RISPERDAL CONSTA 25MG SYRINGE	2 syringes	28	

RISPERDAL CONSTA 37.5MG SYRINGE	2 syringes	28	
RISPERDAL CONSTA 50MG SYRINGE	2 syringes	28	
RISPERIDONE 0.25MG	120	30	
RISPERIDONE 0.5MG	120	30	
RISPERIDONE 1MG	120	30	
RISPERIDONE 2MG	90	30	
RISPERIDONE 3MG	60	30	
RISPERIDONE 4MG	60	30	
RITALIN LA 10MG	30	30	
RITALIN LA 20MG	30	30	
RITALIN LA 30MG	60	30	
RITALIN LA 40MG	30	30	
ROZEREM 8MG	15	30	
SEREVENT DISKUS 60 BLISTERS	1 package	30	
SERTRALINE 50MG	45	30	
SIMVASTATIN 5MG	30	30	
SIMVASTATIN 10MG	30	30	
SIMVASTATIN 20MG	30	30	
SIMVASTATIN 40MG	30	30	
SONATA 5MG	15	30	
SONATA 10MG	15	30	
SPIRIVA CAP HANDIHALER PKG SIZE 30	30	30	
STRATTERA 10MG	60	30	
STRATTERA 18MG	60	30	
STRATTERA 25MG	60	30	
STRATTERA 40MG	60	30	
STRATTERA 60MG	30	30	
STRATTERA 80MG	30	30	
STRATTERA 100MG	30	30	
TERAZOSIN 1MG	30	30	
TERAZOSIN 2MG	60	30	
TERAZOSIN 5MG	30	30	
TERAZOSIN 10MG	60	30	
TILADE INHALER	3 inhalers	30	
TRAMADOL 50MG	240	30	
TRAMADOL/ACETAMINOPHEN 325MG/37.5MG	240	30	
TRICOR 48MG	30	30	
TRICOR 145MG	30	30	
TRIGLIDE 160MG	30	30	
ULTRAM ER 100MG	30	30	
ULTRAM ER 200MG	30	30	
ULTRAM ER 300MG	30	30	
UROXATROL	30	30	
VIVELLE/VIVELLE-DOT	8 patches	28	
XOLAIR SOL 150MG	6	30	
ZEGERID 20MG	30	30	
ZEGERID 40MG	60	30	
ZEGERID POWDER FOR ORAL SUSP 20MG	30	30	
ZEGERID POWDER FOR ORAL SUSP 40MG	60	30	
ZETIA 10MG	30	30	

