

3. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective *May 24, 2010*. A comprehensive list of all quantity limit edits appears on our website at: www.iowamedicaidpdl.com under the heading, "Quantity Limits".

| Drug Product | Quantity | Days Supply | Comments |
|-----------------------------------|-----------------|--------------------|--|
| Adderall XR® 5mg | 30 | 30 | |
| Adderall XR® 10mg | 30 | 30 | |
| Adderall XR® 15mg | 30 | 30 | |
| Adderall XR® 20mg | 60 | 30 | |
| Adderall XR® 25mg | 60 | 30 | |
| Adderall XR® 30mg | 60 | 30 | |
| amphetamine salt combo tab 5mg | 60 | 30 | |
| amphetamine salt combo tab 7.5mg | 60 | 30 | |
| amphetamine salt combo tab 10mg | 60 | 30 | |
| amphetamine salt combo tab 12.5mg | 120 | 30 | |
| amphetamine salt combo tab 15mg | 60 | 30 | |
| amphetamine salt combo tab 20mg | 120 | 30 | |
| amphetamine salt combo tab 30mg | 60 | 30 | |
| clindamycin 2% vaginal cream | 40 grams | 30 | |
| clonidine tab 0.1mg | 120 | 30 | |
| clonidine tab 0.2mg | 60 | 30 | |
| clonidine tab 0.3mg | 30 | 30 | |
| estazolam 1mg | 30 | 30 | |
| estazolam 2mg | 30 | 30 | |
| flurazepam 30mg | 30 | 30 | |
| guaifenesin-codeine 100-10mg/5ml | 900 | 30 | PA required for doses exceeding 30ml per day |
| guanfacine 1mg | 90 | 30 | |
| guanfacine 2mg | 60 | 30 | |
| Intuniv™ 1mg | 30 | 30 | |
| Intuniv™ 2mg | 30 | 30 | |
| Intuniv™ 3mg | 30 | 30 | |
| Intuniv™ 4mg | 30 | 30 | |
| metronidazole vaginal gel 0.75% | 70 grams | 30 | |
| Niaspan® 500mg | 30 | 30 | |
| Niaspan® 750mg | 60 | 30 | |
| Niaspan® 1000mg | 60 | 30 | |
| Nucynta™ 50mg | 180 | 30 | |
| Nucynta™ 75mg | 180 | 30 | |
| Nucynta™ 100mg | 180 | 30 | |
| Ryzolt™ 100mg | 30 | 30 | |
| Ryzolt™ 200mg | 30 | 30 | |
| Ryzolt™ 300mg | 30 | 30 | |
| Singulair® 4mg Granules | 30 | 30 | |
| Singulair® 4mg Chew Tablets | 30 | 30 | |
| Singulair® 5mg Chew Tablets | 30 | 30 | |
| Singulair® 10mg Tablets | 30 | 30 | |

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|--|--------------------------------|--|
| | Pramipexole | |
| | Risperdal® Oral Solution | |
| | Seconal® | |
| | Somnote® | |
| | Stelara™ ¹ | |
| | Tranlycypromine | |
| | Triaz® Cloth ¹ | |
| | Twynsta® ¹ | |
| | Valacyclovir | |
| | Vibativ™ | |
| | Xyrem® | |
| | Zithromax 100mg/5cc Suspension | |

¹Clinical PA Criteria Apply

²Grandfather Existing Users

³Preferred through 7-31-10 and Grandfather Existing Users for Seizure Disorder

⁴Temporary Status Change

2. New Drug Prior Authorization Criteria- See prior authorization criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.

- **Duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™):** Use Chronic Pain Syndromes PA Form (*Replaces the current Pregabalin (Lyrica®) PA*)

Prior authorization is required for duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™). Payment will be considered under the following conditions:

1. A diagnosis of fibromyalgia (Cymbalta®, Lyrica®, and Savella™)
 - a. a trial and therapy failure at a therapeutic dose with three drugs from three distinct therapeutic classes from the following: tricyclic antidepressant, muscle relaxant, SSRI/SNRI, tramadol, or gabapentin, **WITH**
 - b. documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**
 - c. documentation of a previous trial and therapy failure at a therapeutic dose with Savella™ when Cymbalta® and Lyrica® are requested.
2. A diagnosis of post-herpetic neuralgia (Lyrica®)

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, valproate, carbamazepine, or gabapentin.
3. A diagnosis of diabetic peripheral neuropathy (Cymbalta® and Lyrica®)

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin.
4. A diagnosis of partial onset seizures, as adjunct therapy (Lyrica®)
5. A diagnosis of major depressive disorder or generalized anxiety disorder (Cymbalta®)