



Department of Human Services
Iowa Medicaid Program
 Fifteen Day Initial Prescription Supply Limit List
 Effective Date: June 1, 2019

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	RDL CATEGORY OF MEDICATION
ANTIDOTES - CHELATING AGENTS	ANTINEOPLASTICS - ANDROGEN BIOSYNTHESIS INHIBITOR
Exjade	Yonsa
Jadenu	Zytiga
IDIOPATHIC PULMONARY FIBROSIS	ANTINEOPLASTICS - ANTIADRENALS
Esbriet	Lysodren
Ofev	
	ANTINEOPLASTICS - ANTIANDROGENS
	Xtandi
	ANTINEOPLASTICS - ANTIMETABOLITES
	Daurismo
	Erivedge
	Odomzo
	ANTINEOPLASTICS - MISC.
	Iclusig
	Tibsovo
	ANTINEOPLASTICS - PARP INHIBITORS
	Lynparza
	Rubraca
	Talzenna
	Zejula
	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS
	Alunbrig
	Mektovi
	Nerlynx
	Vizimpro
	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS
	Bosulif
	Cabometyx
	Gleevec
	Imbruvica
	Inlyta
	Jakafi
	Nexavar
	Sprycel
	Sutent
	Tafinlar
	Tagrisso
	Tarceva
	Tasigna
	Votrient
	Xalkori
	Zolanza
	Zykadia
	ANTINEOPLASTICS - SELECTIVE RETINOID X RECEPTOR
	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.