



**Department of Human Services**  
**Iowa Medicaid Program**  
 Fifteen Day Initial Prescription Supply Limit List  
 Effective Date: January 1, 2020

**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
	<b>ANTINEOPLASTICS - ANDROGEN BIOSYNTHESIS INHIBITOR</b>
	Yonsa
	Zytiga
	<b>ANTINEOPLASTICS - ANTIADRENALS</b>
	Lysodren
	<b>ANTINEOPLASTICS - ANTIANDROGENS</b>
	Xtandi
	<b>ANTINEOPLASTICS - ANTIMETABOLITES</b>
	Daurismo
	Erivedge
	Odomzo
	<b>ANTINEOPLASTICS - MISC.</b>
	Iclusig
	Tibsovo
	<b>ANTINEOPLASTICS - PARP INHIBITORS</b>
	Lynparza
	Rubraca
	Talzenna
	Zejula
	<b>ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS</b>
	Alunbrig
	Mektovi
	Nerlynx
	Vizimpro
	<b>ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS</b>
	Bosulif
	Cabometyx
	Gleevec
	Imbruvica
	Inlyta
	Jakafi
	Nexavar
	Sprycel
	Sutent
	Tafinlar
	Tagrisso
	Tarceva
	Tasigna
	Votrient
	Xalkori
	Zolanza
	Zykadia
	<b>ANTINEOPLASTICS - SELECTIVE RETINOID X RECEPTOR</b>
	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.