



Department of Health and Human Services
Iowa Medicaid Program
 Fifteen Day Initial Prescription Supply Limit List
 Effective Date: June 1, 2023

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.

RDL CATEGORY OF MEDICATION	RDL CATEGORY OF MEDICATION
ANTINEOPLASTICS - ANKYLATED AGENTS	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS
Myleran	Tafinlar
	Tagrisso
ANTINEOPLASTICS - ANDROGEN BIOSYNTHESIS INHIBITOR	Tarceva
Yonsa	Tasigna
Zytiga	Tepmetko
	Turalio
ANTINEOPLASTICS - ANTIADRENALS	Verzenio
Lysodren	Vizimpro
	Votrient
ANTINEOPLASTICS - ANTIANDROGENS	Xalkori
Casodex	Zolinza
Xtandi	Zykadia
ANTINEOPLASTICS - ANTIMETABOLITES	ANTINEOPLASTICS - RETINOIDS
Daurismo	Tretinoin
Erivedge	
Odomzo	
	ANTINEOPLASTICS - SELECTIVE RETINOID X RECEPTOR AGONISTS
ANTINEOPLASTICS - MISC.	Targretin
Iclusig	
Lytgobi	
Rezlidhia	
Tibsovo	
Vitakvi	
ANTINEOPLASTICS - PARP INHIBITORS	
Lynparza	
Rubraca	
Talzenna	
Zejula	
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	
Afinitor	
Afinitor Disperz	
Alunbrig	
Ayvakit	
Bosulif	
Brukinsa	
Cabometyx	
Calquence	
Caprelsa	
Cometriq	
Copiktra	
Gavreto	
Gleevec	
Imbruvica	
Inlyta	
Inrebic	
Iressa	
Jakafi	
Lorbrena	
Mektovi	
Nerlynx	
Nexavar	
Piqray	
Retevmo	
Sprycel	
Sutent	

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.