



**Department of Human Services**  
**Iowa Medicaid Program**  
**Fifteen Day Initial Prescription Supply Limit List**  
**Effective Date: June 1, 2018**

**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.

<b>PDL CATEGORY OF MEDICATION</b>	<b>RDL CATEGORY OF MEDICATION</b>
<b>ANTIDEPRESSANTS- SELECTED SSRI'S</b>	<b>ANTINEOPLASTICS - ANDROGEN BIOSYNTHESIS INHIBITOR</b>
Aplenzin	Zytiga
Fluoxetine pmdd	
Maprotiline	<b>ANTINEOPLASTICS - ANTIANDROGENS</b>
Nefazodone	Xtandi
Pristiq	
Sarafem	<b>ANTINEOPLASTICS – ANTIMETABOLITES</b>
Savella	Odomzo
	Tabloid
<b>ANTIDEPRESSANTS - TRI-CYCLICS</b>	
Anafranil	<b>ANTINEOPLASTICS - MISC.</b>
Imipramine Pamoate	Iclusig
Trimipramine	Pomalyst
	Revlimid
<b>ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC</b>	<b>ANTINEOPLASTICS - PARP INHIBITORS</b>
Diclegis	Lynparza
	Rubraca
<b>CYSTIC FIBROSIS AGENTS</b>	Zejula
Kalydeco	
	<b>ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS</b>
<b>MULTIPLE SCLEROSIS AGENTS</b>	Bosulif
Tecfidera	Cabometyx
	Caprelsa
<b>STIMULANTS</b>	Cotellic
Desoxyn	Gleevec
	Ibrance
	Imbruvica
	Inlyta
	Jakafi
	Nexavar
	Sprycel
	Sutent
	Tafinlar
	Tagrisso
	Tarceva
	Tasigna
	Tykerb
	Votrient
	Xalkori
	Zolinza
	Zykadia
	<b>ANTINEOPLASTICS - SELECTIVE RETINOID X RECEPTOR AGONISTS</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.