



Health and
Human Services

Department of Health and Human Services

Iowa Medicaid Program

Fifteen Day Initial Prescription Supply Limit List
Effective Date: October 1, 2024

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