IOWA Health and Human Services

Department of Health and Human Services
Iowa Medicaid Program

Fifteen Day Initial Prescription Supply Limit List
Effective Date: January 1, 2026

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
ANTINEOPLASTICS - ANDROGEN BIOSYNTHESIS INHIBITOR
Yonsa
Zytiga
ANTINEOPLASTICS - ANTIADRENALS
Lysodren
ANTINEOPLASTICS - ANTIANDROGENS
Casodex
Xtandi
ANTINEOPLASTICS – ANTIMETABOLITES
Daurismo
Erivedge
Odomzo
Orserdu
ANTINEOPLASTICS - COMBINATIONS
Akeega
ANTINEOPLASTICS - MISC.
Augtyro
Iclusig
Iwilfin
Lytgobi
Rezlidhia
Tibsovo
Vitrakvi
ANTINEOPLASTICS - PARP INHIBITORS
Lynparza
Rubraca
Talzenna
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS
Alunbrig
Ayvakit
Bosulif tablets
Brukinsa
Cabometyx
Calquence
Caprelsa
Copiktra
Fruzaqla
Gavreto
Gleevec
Inlyta
Inrebic
Iressa
Jakafi
Jaypirca
Lazcluze
Lorbrena
Mektovi
Nerlynx
Nexavar
Ogsiveo
Piqray
Retevmo

RDL CATEGORY OF MEDICATION
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS
Sprycel
Sutent
Tagrisso
Tarceva
Tasigna
Turalio
Vanflyta
Verzenio
Vizimpro
Votrient
Xalkori
Zolinza
Zykadia
ANTINEOPLASTICS - RETINOIDS
Tretinoin
ANTINEOPLASTICS - SELECTIVE RETINOID X RECEPTOR AGONISTS
Targretin