

# Prior authorization — Premium

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Utilization management updates — July 1, 2021



Prior Authorization (PA) requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for safely treating specific conditions
- Cost more than other medications used to treat the same or similar conditions

## **The following medications require a PA for coverage.**

This means we need more information from your doctor to see if you can get coverage for your medication.

### **Getting a short-term supply**

If you must take a medication that requires prior authorization right away, there are two options that may work for you. First, ask your doctor if a sample is available. Or, check with your pharmacy to request a short-term supply of 5 days or less. Keep in mind, you will be responsible for the full cost at that time. If the prior authorization request is approved, then your pharmacist can fill the rest of your prescription.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the PA process, call the phone number on your member ID card.

## Premium non-specialty prior authorization list

Therapeutic use	Medication name	Quantity limit
<b>Anti-infectives</b>		
<b>Anthelmintics</b>	ALBENZA (albendazole)	None
<b>Antibiotics</b>	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin)	None
<b>Antifungals</b>	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	KERYDIN (tavaborole)	None
	NOXAFIL (posaconazole)	None
	ONMEL (itraconazole)	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
<b>Antimalarial</b>	QUALAQUIN (quinine)	None
<b>Antiretrovirals, HIV</b>	SELZENTRY (maraviroc)	None
	TROGARZO (ibalizumab-uiyk)	None
<b>Cardiology</b>		
<b>Antilipemic</b>	omega-3-acid 1 gm	None
	NEXLETOL (bempedoic acid)	1 tab/day
	NEXLIZET (bempedoic acid-ezetimibe)	1 tab/day
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
	VASCEPA (icosapent ethyl)	None
<b>Heart Failure</b>	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) Soln	15 mL/day
<b>Central nervous system</b>		
<b>ADHD Agents (PA age 19+ only)</b>	ADZENYS ER (amphetamine)	15 mL/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	amphetamine	6 tabs/day
	amphetamine/dextroamphetamine 30 mg tab	2 tabs/day
	amphetamine/dextroamphetamine	3 tabs/day
	amphetamine/detroamphetamine ER	1 cap/day
	APTENSIO XR (methylphenidate)	1 cap/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Therapeutic use	Medication name	Quantity limit
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	dexmethylphenidate	2 tabs/day
	dexmethylphenidate ER	1 cap/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO ODT (amphetamine) 5 mg, 10 mg	3 tabs/day
	EVEKEO ODT (amphetamine) 15 mg, 20 mg	2 tabs/day
	JORNAY PM (methylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/day
	METHYLIN (methylphenidate) Soln 10 mg/5 mL	30 mL/day
	METHYLIN (methylphenidate) Soln 5 mg/5 mL	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day
	methylphenidate	3 tabs/day
	METHYLPHENIDATE ER (methylphenidate) 10 mg	2 tabs/day
	methylphenidate ER tab osmotic release 36 mg	2 tabs/day
	methylphenidate ER tab osmotic release	1 tab/day
	MYDAYIS (amphetamine/dextroamphetamine)	1 cap/day
	PROCENTRA (dextroamphetamine) Sol	60 mL/day
	QUILLICHEW ER (methylphenidate) 30 mg	2 tabs/day
	QUILLICHEW ER (methylphenidate)	1 tab/day
	QUILLIVANT XR (methylphenidate)	12 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day

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<b>Therapeutic use</b>	<b>Medication name</b>	<b>Quantity limit</b>
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
	ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day
	ZENZEDI (dextroamphetamine)	3 tabs/day
	ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day
<b>Analgesics (non-opioid)</b>	diclofenac solution 1.5%	None
	naproxen-esomeprazole	2 tabs/day
	QUTENZA (capsaicin)	4 patches/3 months
<b>Analgesics (opioid)</b>	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-15	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-30	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-60	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	butorphanol nasal spray 10 mg/mL	1 bottle/fill, 2 fills/60 days
	BUTRANS (buprenorphine)	4 patches/28 days
	codeine tab 15 mg	21 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 40 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 30 mg	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 20 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 60 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 100 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 50 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	DOLOPHINE (methadone)	None
	EMBEDA (morphine/naltrexone)	2 caps/day
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days

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Therapeutic use	Medication name	Quantity limit
	hydrocodone/acetaminophen sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen sol 10-325 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 10-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-300 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-325 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/ibuprofen tab 7.5-200 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone liq 1 mg/mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 7 supps/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 2 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 4 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 5 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 8 mg	1 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab ER	2 tabs/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	levorphanol tab 2 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	levorphanol tab 3 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	LORTAB (hydrocodone/acetaminophen) elx 10-300 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced

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Therapeutic use	Medication name	Quantity limit
	meperidine/promethazine cap 50-25 mg	9 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 caps/day, 2 fills/60 days for treatment experienced
	mepridine sol 50 mg/5 mL	49 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	methadone	None
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4.5 mL/day, 2 fills/60 days for treatment experienced
	morphine supp 10 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 20 mg	2 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 30 mg	1 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 5 mg	9 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 supps/day, 2 fills/60 days for treatment experienced
	morphine tab 15 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	morphine tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	morphine sulfate ER cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	NALOCET (oxycodone/acetaminophen)	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 10 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 5 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced

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<b>Therapeutic use</b>	<b>Medication name</b>	<b>Quantity limit</b>
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/aspirin tab	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/ibuprofen tab 5-400 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone cap 5 mg	6 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 mL/day, 2 fills/60 days for treatment experienced
	oxycodone sol 5 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 10 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 15 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 20 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen sol 5-325 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 10-325 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 2.5-325 mg	12 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 7.5-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced

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<b>Therapeutic use</b>	<b>Medication name</b>	<b>Quantity limit</b>
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day
	pentazocine/naloxone tab 50-0.5 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	SYNALGOS-DC (aspirin/caffeine/dihydrocodeine) cap	11 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 caps/day, 2 fills/60 days for treatment experienced
	tramadol tab 50 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol/acetaminophen tab 37.5-325 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol ER cap	1 cap/day
	tramadol ER tab ER	1 tab/day
	TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	12 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	VICODIN HP (hydrocodone/acetaminophen) tab 10-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone cap ER	2 caps/day
	hydrocodone cap ER 50 mg	4 caps/day
<b>Anticonvulsants</b>	BANZEL (rufinamide)	None
	clobazam	None
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	SYMPAZAN (clobazam)	None
<b>Antipsychotics</b>	ADASUVE (loxapine)	None

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Therapeutic use	Medication name	Quantity limit
<b>Antitussives (PA age &lt;18)</b>	CAPCOF (phenylephrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CHERATUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODAR AR (chlorpheniramine/ codeine)	240 mL/fill, 2 fills/60 days
	CODAR D (pseudoephedrine/ codeine)	240 mL/fill, 2 fills/60 days
	CODAR GF (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/ codeine)	240 mL/fill, 2 fills/60 days
	FLOWTUSS (hydrocodone/ guaifenesin)	240 mL/fill, 2 fills/60 days
	guaifenesin/codeine	240 mL/fill, 2 fills/60 days
	HISTEX-AC (phenylephrine/ triprolidine/codeine)	240 mL/fill, 2 fills/60 days
	hydrocodone/chlorpheniramine	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/ homatropine)	240 mL/fill, 2 fills/60 days
	LEXUSS 210 (chlorpheniramine/ codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF BP (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END MAX D (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END WC (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	OBREDON (hydrocodone/ guaifenesin)	240 mL/fill, 2 fills/60 days
	PHENHIST DH (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-CLEAR AC (codeine/pyrilamine)	240 mL/fill, 2 fills/60 days
	promethazine/phenylephrine/codeine	240 mL/fill, 2 fills/60 days
	promethazine/codeine	240 mL/fill, 2 fills/60 days
	pseudoephedrine/chlorpheniramine/ hydrocodone	240 mL/fill, 2 fills/60 days
	PRO-RED AC (phenylephrine/ dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RELCOF C (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days

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<b>Therapeutic use</b>	<b>Medication name</b>	<b>Quantity limit</b>
	REZIRA (pseudoephedrine/hydrocodone)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRICODE AR (pseudoephedrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRYMINE CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	TUSNEL C (pseudoephedrine w/cod-gg)	240 mL/fill, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 10-8 mg	2 caps/day, 7 day supply, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 5-4 mg	4 caps/day, 7 day supply, 2 fills/60 days
	TUSSIGON (hydrocodone/homatropine)	6 tabs/day, 7 day supply, 2 fills/60 days
	TUSSIONEX (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	TUXARIN ER (codeine/chlorpheniramine)	2 tabs/day, 7 day supply, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VIRTUSSIN (pseudoephedrine w/cod-gg)	240 mL/fill, 2 fills/60 days
	VITUZ (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	ZUTRIPRO (pseudoephedrine/chlorpheniramine/hydrocodone)	240 mL/fill, 2 fills/60 days
<b>Hypoactive Sexual Desire Disorder</b>	ADDYI (flibanserin)	1 tab/day
	VYLEESI (bremelanotide)	6 injections/30 days
<b>Migraine</b>	AIMOVIG (erenumab)	2 syringes/30 days
	AIMOVIG (erenumab) 140 mg/mL	1 syringe/30 days
	D.H.E. 45(dihydroergotamine)	24 ampules/28 days
	EMGALITY (galcanezumab-gnlm)	1 syringe/auto-injector/30 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injectors/30 days
	MIGRANAL (dihydroergotamine)	8 vials/30 days
	NURTEC (rimegepant)	8 tabs/30 days
	REYVOW (lasmitidan)	4 tabs/30 days
	UBRELVY (ubrogepant)	10 tabs/30 days
	VYEPTI (eptinezumab-jjmr)	3 ml per 90 days
<b>Miscellaneous</b>	NUEDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
	TIGLUTIK (riluzole)	20 mL/day

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Therapeutic use	Medication name	Quantity limit
<b>Parkinson's</b>	DUOPA (carbidopa-levodopa) Susp	None
	NUPLAZID (pimavanserin)	None
<b>Sedative Hypnotics</b>	FLURAZEPAM (flurazepam)	1 cap/day
<b>Stimulants</b>	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
	SUNOSI (solriamfetol)	1 tab/day
<b>Weight Loss</b>	BONTRIL (phendimetrazine)	None
	DIDREX (benzphetamine)	None
	LOMAIRA (phentermine)	None
	phentermine	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
XENICAL (orlistat)	None	
<b>Dermatology</b>		
<b>Acne (Oral)</b>	ABSORICA (isotretinoin)	None
	ABSORICA LD (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
<b>Acne (Topical)</b>	adapalene	None
	ALTRENO (tretinoin)	None
	ATRALIN (tretinoin)	None
	PLIXDA (adapalene)	None
	tazarotene	None
	tretinoin cream	None
	tretinoin microsphere gel	None
	TRETIN-X (tretinoin)	None
WINLEVI (clascoterone)	None	
<b>Endocrinology &amp; Metabolism</b>		
<b>Androgens, Testosterone (Oral)</b>	ANADROL-50 (oxymetholone)	None
	METHITEST (methyltestosterone)	None
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
<b>Androgens, Testosterone (Injectable)</b>	TESTOPEL (testosterone pellet)	None
	testosterone cypionate	None
	testosterone enanthate	None
	XYOSTED (testosterone enanthate)	None

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Therapeutic use	Medication name	Quantity limit
<b>Androgens, Testosterone (Topical)</b>	ANDRODERM (testosterone)	None
	STRIANT (testosterone)	None
	testosterone gel 1.62%	None
<b>Antidiabetic Agents</b>	AFREZZA (insulin regular)	None
	SYMLINPEN (pramlintide)	None
<b>Gonadotropins</b>	ORIAHNN (elagolix-estradiol-noreth)	2 tabs/day
	ORLISSA (elagolix) 150mg	1 tab/day
	ORLISSA (elagolix) 200mg	2 tabs/day
<b>Gastroenterology</b>		
<b>Antiemetics</b>	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 caps/fill or 3 max days supply
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	120 mL/30 days
<b>Constipation</b>	ZELNORM (tegaserod)	2 tabs/day
<b>Irritable Bowel Syndrome</b>	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
<b>Immunology</b>		
<b>Allergen Extracts</b>	GRASTEK (timothy grass pollen)	1 tab/day
	ODACTRA (house dust mite)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Starter Pack	2 packs/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Sample Kit	2 kits/year;
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
<b>Immunizations</b>	VARIZIG (varicella-zoster immune globulin)	None
<b>Miscellaneous</b>		
<b>Amino Acid</b>	ENDARI (glutamine)	None
<b>Antimetabolites</b>	SIKLOS (hydroxyurea) 100 mg	None
<b>Calcium Modifier</b>	cinacalcet	None
<b>Methotrexate Auto-Injectors</b>	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
	REDITREX (methotrexate)	4 auto-injectors/28 days
<b>Movement Disorder Agents</b>	NOURIANZ (istradefylline)	None
<b>Toxicology</b>	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None

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Therapeutic use	Medication name	Quantity limit
<b>Wound Care</b>	REGANEX (becaplermin)	None
<b>Ophthalmology</b>		
<b>Anti-inflammatory</b>	EYSUVIS (loteprednol)	None
<b>Miscellaneous</b>	RESTASIS (cyclosporine)	None
	XIIDRA (lifitegrast)	None
<b>Vasoconstrictor</b>	UPNEEQ (oxymetazoline)	None
<b>Respiratory</b>		
<b>Asthma/COPD</b>	DALIRESP (roflumilast)	None

### Premium specialty prior authorization list

Therapeutic use	Medication name	Quantity limit
<b>Anti-infectives</b>		
<b>Antiprotozoals</b>	DARAPRIM (pyrimethamine)	None
<b>Respiratory</b>	ARIKAYCE (amikacin)	None
<b>Antithrombotic Agents</b>		
<b>von Willebrand Factor-Directed Antibody</b>	CABLVI (caplacizumab-yhdp)	1 kit per day
<b>Cardiology</b>		
<b>Antilipemic</b>	JUXTAPID (lomitapide)	1 tab/day
<b>Pulmonary Arterial Hypertension</b>	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	bosentan tab	2 tabs/day
	FLOLAN (epoprostenol)	None
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REVATIO (sildenafil) Soln	None
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	tadalafil	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	treprostinil	None
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
VELETRI (epoprostenol)	None	
VENTAVIS (iloprost)	9 ampules/day	

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Therapeutic use	Medication name	Quantity limit
<b>Tranthyretin Stabilizers</b>	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day
<b>Vasopressors</b>	NORTHERA (droxidopa)	None
<b>Central Nervous System</b>		
<b>Anticonvulsants</b>	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol) soln	None
	FINTEPLA (fenfluramine)	None
	vigabatrin tabs	None
<b>Antidepressants</b>	SPRAVATO (esketamine)	None
	ZULRESSO (brexanolone)	None
<b>Depressant</b>	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
<b>Miscellaneous</b>	RADICAVA (edaravone) Soln	None
<b>Muscular Dystrophy</b>	EMFLAZA (deflazacort)	None
<b>Musculoskeletal Agents</b>	FIRDAPSE (amifampridine phosphate)	None
	RUZURGI (amifanpridine)	None
<b>Neurological Agents</b>	ONPATTRO (patisiran sodium)	None
	TEGSEDI (inotersen)	None
<b>Neurotoxins</b>	BOTOX (onabotulinumtoxinA)	None
	BOTOX COSMETIC (onabotulinumtoxinA)	None
	DYSPORE (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
<b>Parkinson's</b>	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
	KYNMOBI (apomorphine)	5 films/day
	KYNMOBI (apomorphine) titration kit	20 films/365 days
<b>Sleep Disorder</b>	HETLIOZ (tasimelteon)	1 cap/day
	WAKIX (pitolisant)	2 tabs/day
<b>Weight Loss</b>	IMCIVREE (setmelanotide)	9 vials/30 days
<b>Dermatology</b>		
<b>Alkylating Agents</b>	VALCHLOR (mechlorethamine) Gel	None
<b>Alpha-Melanocyte Stimulating Hormone Analog</b>	SCENESSE (afamelanotide acetate implant)	None
<b>Electrolyte &amp; Renal Agents</b>		
<b>Diuretics</b>	KEVEYIS (dichlorphenamide)	4 tabs/day
<b>Endocrinology &amp; Metabolism</b>		
<b>Cortisol Synthesis Inhibitor</b>	ISTURISA (osilodrostat phosphate)	None
<b>Gonadotropins</b>	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days

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Therapeutic use	Medication name	Quantity limit
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FENSOLVI (leuprolide)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/year
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/28 days
	LUPRON (leuprolide) 1 mg/0.2 mL	None
	LUPRON DEPOT (leuprolide) 3.75 mg & 7.5 mg (1-month)	None
	LUPRON DEPOT-PED (leuprolide)	None
	ORGOVYX (relugolix)	None
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR DEPOT (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR LA (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
	VANTAS (histrelin)	1 implant/year
<b>Growth Hormones and Related Therapy</b>	EGRIFTA (tesamorelin)	2 vials (1 mg each)/day
	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	SEROSTIM (somatropin)	None
	ZORBTIVE (somatropin)	None
<b>Growth Hormones and Related Therapy (Acromegaly)</b>	INCRELEX (mecasermin)	None
	SOMAVERT (pegvisomant)	None
<b>Hormone Modifiers</b>	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
<b>Miscellaneous</b>	ACTHAR (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day
<b>Monoclonal Antibody</b>	TEPEZZA (teprotumumab-trbw)	None
<b>Osteoporosis</b>	EVENITY (romosozumab-aqqg)	2 syringes (2.34 mL) per 28 days
	PROLIA (denosumab)	2 syringes/year
	TERIPARATIDE	None
	TYMLOS (abaloparatide) Sopn	None
<b>Somatostatins</b>	BYNFEZIA (octreotide)	None
	octreotide inj	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None

Therapeutic use	Medication name	Quantity limit
<b>Enzyme-Related</b>		
<b>Alpha-1 proteinase inhibitor</b>	ARALAST (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None
	PROLASTIN-C (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
<b>Cystine-depleting Agents</b>	CYSTADROPS (cysteamine)	4 bottles/28 days
	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
<b>Enzyme Replacement</b>	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase) Soln	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	KANUMA (sebelipase alfa)	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	RAVICTI (glycerol phenylbutyrate)	None
	REVCOVI (elapegademase-lvr)	None
	STRENSIQ (asfotase alfa)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
	<b>Enzyme, Gout</b>	KRYSTEXXA (pegloticase)
<b>Metabolic Agents</b>	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
<b>Phenylketonuria Treatment Agents</b>	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day
	sapropterin	None
<b>Gastroenterology</b>		
<b>Gallstone Solubilizing Agents</b>	CHENODAL (chenodiol)	None
<b>Bile Acid Agents</b>	CHOLBAM (cholic acid)	None
<b>Diarrhea</b>	XERMELO (telotristat ethyl)	3 tabs/day
<b>Hepatic Agents</b>	OCALIVA (obeticholic acid)	1 tab/day
	GIVLAARI (givosiran)	None
<b>Short Bowel Syndrome</b>	GATTEX (teduglutide)	None
<b>Sickle Cell Disease</b>	ADAKVEO (crizanlizumab)	None

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Therapeutic use	Medication name	Quantity limit
<b>Immunology</b>		
<b>Hematopoietic Agents</b>	ARANESP (darbepoetin alfa)	None
	DOPTELET (avatrombopag)	None
	ENSPRYNG (satralizumab)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy polyethylene glycol-epoetin)	None
	MOZOBIL (plerixafor)	8 vials (9.6 mL) per transplant
	MULPLETA (lusutrombopag)	None
	NEULASTA (pegfilgrastim)	None
	NIVESTYM (filgrastim-aafi)	None
	NPLATE (romiplostim)	None
	NYVEPRIA (pegfilgrastim)	None
	PROMACTA (eltrombopag)	None
	REBLOZYL (luspatercept)	None
	RETACRIT (epoetin alfa-epbx)	None
	SOLIRIS (eculizumab)	None
	TAVALISSE (fostamatinib)	None
	ULTOMIRIS (ravulizumab-cwvz)	None
	UPLIZNA (inebilizumab-cdon)	None
	ZARXIO (filgrastim)	None
<b>Hemostatic Agent</b>	BERINERT (c1 esterase)	10 vials/30 days
	CINRYZE (c1 esterase)	None
	FIRAZYR (icatibant) Soln	6 syringes/30 days
	HAEGARDA (c1 esterase)	None
	KALBITOR (ecallantide) Soln	6 vials/30 days
	ORLADEYO (berotralstat)	1 tab/day
	RUCONEST (c1 esterase) Solr	8 vials/30 days
	TAKHZYRO (lanadelumab-flyo)	None
<b>Hepatitis C Agents</b>	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day
	EPCLUSA (sofosbuvir-velpatasvir)	1 tab/day
	HARVONI (ledipasvir-sofosbuvir) tab and pellet pack 90-400 mg, 33.75-150mg	1 tab/day
	HARVONI (ledipasvir-sofosbuvir) tab and pellet pack 45-200 mg	2 tabs/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day
	PEGASYS (peginterferon alfa-2a)	None
	PEG-INTRON (peginterferon alfa-2b)	None
	SOVALDI (sofosbuvir) 400 mg	1 tab/day
	SOVALDI (sofosbuvir) tab and pellet pack 200 mg	2 tabs/day
	SOVALDI (sofosbuvir) pellet pack 150mg	1 tab/day
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VOSEVI (sofosbuvir-velpatasvir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day

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<b>Therapeutic use</b>	<b>Medication name</b>	<b>Quantity limit</b>
<b>Immune Globulins</b>	BIVIGAM (immune globulin)	None
	CARIMUNE (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus immune globulin)	None
	FLEBOGAMMA (immune globulin)	None
	FLEBOGAMMA DIF (immune globulin)	None
	GAMASTAN (immune globulin)	None
	GAMMAGARD (immune globulin)	None
	GAMMAKED (immune globulin)	None
	GAMMAPLEX (immune globulin)	None
	GAMUNEX (immune globulin)	None
	GAMUNEX-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PRIVIGEN (immune globulin)	None
	<b>Immunomodulators</b>	ACTEMRA (tocilizumab) Sosy
AVSOLA (infliximab-axxq)		None
CIMZIA (certolizumab)		None
ENBREL (etanercept)		None
ENTYVIO (vedolizumab)		None
HUMIRA (adalimumab)		None
ILUMYA (tildrakizumab-asmn)		None
INFLECTRA (infliximab)		None
KEVZARA (sarilumab)		None
KINERET (anakinra)		None
ORENCIA (abatacept)		None
OTEZLA (apremilast)		None
RINVOQ (upadacitinib)		None
SILIQ (brodalumab) Sosy		None
SIMPONI (golimumab)		None
SIMPONI ARIA (golimumab)		None
SKYRIZI (risankizumab-rzaa)		None
STELARA (ustekinumab)		1 unit/56 days
STELARA (ustekinumab) IV		None
TALTZ (ixekizumab)		None
TREMFYA (guselkumab)		None
XELJANZ (tofacitinib)		None
XELJANZ XR (tofacitinib)		None
<b>Interleukins</b>	ARCALYST (riloncept)	None
	ILARIS (canakinumab)	2 vials/4 weeks

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Therapeutic use	Medication name	Quantity limit	
<b>Miscellaneous</b>	ACTIMMUNE (interferon gamma-1b)	None	
	BENLYSTA (belimumab)	None	
	CRYSVITA (burosumab-twza)	None	
<b>Monoclonal Antibody</b>	CINQAIR (reslizumab)	None	
	DUPIXENT (duilumab)	4 syringes/28 days	
	FASENRA (benralizumab)	None	
	NUCALA (mepolizumab)	3 vials/28 days	
	XOLAIR (omalizumab)	None	
<b>Multiple Sclerosis</b>	AMPYRA (dalfampridine)	2 tabs/day	
	AUBAGIO (teriflunomide)	1 tab/day	
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days	
	BAFIERTAM (monomethyl fumarate)	4 caps/day	
	BETASERON (interferon beta-1b)	1 package/28 days	
	COPAXONE (glatiramer) SOSY 20 mg/ml	30 syringes/30 days	
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days	
	dimethyl fumarate	2 caps/day	
	dimethyl fumarate Starter Pack	2 starter packs/365 days	
	GILENYA (fingolimod)	1 cap/day	
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days	
	KESIMPTA (ofatumumab)	1 syringe/30 days	
	LEMTRADA (alemtuzumab)	None	
	MAVENCLAD (cladribine)	None	
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day	
	MAYZENT (siponimod fumarate) 2 mg	1 tab/day	
	MAYZENT (siponimod fumarate) starter pack	2 starter packs (24 tabs)/365 days	
	NOVANTRONE (mitoxantrone)	None	
	OCREVUS (ocrelizumab) Soln	40 mL/365 days	
	TYSABRI (natalizumab)	1 injection /28 days	
	VUMERITY (diroximel)	4 caps/day	
	VUMERITY (diroximel)	212 caps/365 days	
	ZEPOSIA (ozanimod)	1 cap/day	
	ZEPOSIA 7DAY CAP STR PACK (ozanimod cap pack)	14 caps/365 days	
	ZEPOSIA STARTER KIT (ozanimod cap pack)	74 caps/365 days	
	<b>Immunosuppressive Agents</b>		
	<b>Monoclonal Antibody</b>	GAMIFANT (emapalumab-lzsg)	None
<b>Miscellaneous</b>			
<b>Collagenase</b>	XIAFLEX (collagenase clostridium histolyticum)	None	
<b>Diagnostic</b>	THYROGEN (thyrotropin alfa)	None	
<b>Movement Disorder Agents</b>	AUSTEDO (deutetrabenazine)	4 tabs/day	
	INGREZZA (valbenazine tosylate)	1 cap/day	
	INGREZZA (valbenazine tosylate) pack	56 caps (2 packs) per 365 days	

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Therapeutic use	Medication name	Quantity limit
	XENAZINE (tetrabenazine)	None
<b>Musculoskeletal Agents</b>	EVRYSDI (risdiplam)	8 mL/day
	SPINRAZA (nusinersen) Soln	None
	ZOLGENSMA (onasemnogene)	None
<b>Toxicology</b>	CUPRIMINE (penicillamine)	None
	SYPRINE (trientine)	None
<b>Viscosupplements</b>	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
<b>Obstetrics &amp; Gynecology</b>		
<b>Fertility Agents</b>	chorionic gonadotropin	None
	FOLLISTIM AQ (follitropin beta)	None
	ganirelix acetate	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	OVIDREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
<b>Hormone Replacement</b>	hydroxyprogesterone caproate	None
	MAKENA (hydroxyprogesterone caproate)	None
<b>Oncology (Injectable)</b>		
<b>Alkylating Agents</b>	BENDEKA (bendamustine)	None
	ZEPZELCA (lurbinectedin)	None
<b>Antifolate</b>	FOLOTYN (pralatrexate) Soln	None
	TECENTRIQ (atezolizumab) Soln	None
<b>Antimicrotubular</b>	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
<b>CAR-T Therapy</b>	KYMRIAH (tisagenlecleucel)	None
	TECARTUS (brexucabtagene autoleucel)	None
	YESCARTA (axicabtagene ciloleucel)	None
<b>Interferons</b>	INTRON A (interferon alfa-2b)	None
	SYLATRON (peginterferon alfa-2b)	None
<b>Interleukins</b>	ELZONRIS (tagraxofusp-erzs)	None
<b>Kinase and Molecular Target Inhibitors</b>	ALIQOPA (copanlisib)	None
	BESPONSA (inotuzumab)	None
	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab) Soln	None
	VELCADE (bortezomib)	None
	VYXEOS (daunorubicin-cytarabine)	None
	ZALTRAP (ziv-aflibercept)	None
<b>Miscellaneous</b>	AVASTIN (bevacizumab)	None
	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None

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Therapeutic use	Medication name	Quantity limit
	ISTODAX (romidepsin)	None
	ONUREG (azacitadine)	None
	PROVENGE (sipuleucel-T)	None
	ROMIDEPSIN	None
	SYNRIBO (omacetaxine)	None
<b>Monoclonal Antibody</b>	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab) Soln	None
	BLENREP (belantamab mafodotin)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DANYELZA (naxitamab)	None
	DARZALEX (daratumumab) Soln	None
	DARZALEX FASPRO(daratumumab-hyaluronidase-fihj) Soln	None
	EMPLICITI (elotuzumab) Solr	None
	ENHERTU (fam-trastuzumab deruxtecan)	None
	ERBITUX (cetuximab) Soln	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	HERCEPTIN HYLECTA (trastuzumab and hyaluronidase-oysk)	None
	IMFINZI (durvalumab) Soln	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KANJINTI (trastuzumab-anns)	None
	KEYTRUDA (pembrolizumab)	None
	LARTRUVO (olaratumab)	None
	LIBTAYO (cemiplimab-rwlc)	None
	LUMOXITI (moxetumomab pasudotox-tdfk)	None
	MONJUVI (tafasitamab)	None
	MVASI (bevacizumab-awwb)	None
	MYLOTARG (gemtuzumab)	None
	ONTRUZANT (trastuzumab-dttb)	None
	OPDIVO (nivolumab)	None
	PADCEV (enfortumab vedotin-ejfv)	None
	PERJETA (pertuzumab)	None
	PHESGO (pertuzumab-trastuz-hyaluron-zzxf)	None
	POLIVY (polatuzumab vedotin-piiq)	
	POTELIGEO (mogamulizumab-kpkc)	None
	RIABNI (rituxumab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	RUXIENCE (rituximab)	None
	SARCLISA (isatuximab-irfc )	None
	SYLVANT (siltuximab)	None

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Therapeutic use	Medication name	Quantity limit
	TRAZIMERA (trastuzumab-qyyp)	None
	TRODELVY (sacituzumab govitecan-hziy)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
	ZIRABEV (bevacizumab)	None
<b>Oncology (Oral)</b>		
<b>Alkylating Agents</b>	TEMODAR (temozolomide)	None
<b>Antiandrogen</b>	BRUKINSA (zanubrutinib)	None
	INREBIC (fedratinib)	None
	NUBEQA (darolutamide)	None
	ROZLYTREK (entrectinib)	None
	XTANDI (enzalutamide )	None
<b>Kinase and Molecular Target Inhibitors</b>	AFINITOR DISPERZ (everolimus)	None
	ALECENSA (alectinib)	None
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg, 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Pack	1 pack/year
	AYVAKIT (avapritinib)	1 tab/day
	BALVERSA (erdafitinib)	None
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CAPRELSA (vandetanib)	None
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetnib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	everolimus	1 tab/day
	FARYDAK (panobinostat)	None
	GAVRETO (pralsetnib)	None
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	ICLUSIG (ponatinib) 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	IMBRUVICA (ibrutinib)	None
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None

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Therapeutic use	Medication name	Quantity limit
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	KOSELUGO (selumetinib)	None
	LENVIMA (lenvatinib)	None
	LORBRENA (lorlatinib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	PEMAZYRE (pemigatinib)	1 tab/day
	PIQRAY (alpelisib)	None
	QINLOCK (ripretinib)	None
	RETEVMO (selpercatinib)	None
	RYDAPT (midostaurin)	None
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TALZENNA (talazoparib tosylate)	None
	TARCEVA (erlotinib) 100 mg, 150 mg	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib tosylate)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None

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Therapeutic use	Medication name	Quantity limit
<b>Miscellaneous</b>	bexarotene caps	None
	INQOVI (decitabine/cedazuridine)	None
	KISQALI (ribociclib)	None
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	None
	LONSURF (trifluridine-tipiracil) 15-6.14 mg	None
	LONSURF (trifluridine-tipiracil) 20-8.19 mg	None
	RUBRACA (rucaparib camsylate)	None
	TIBSOVO (ivosidenib)	None
	XELODA (capecitabine)	None
	XPOVIO (selinexor)	None
	ZOLINZA (vorinostat)	None
<b>Skin Cancer</b>	TARGRETIN GEL (bexarotene)	None
<b>Thalidomide-related Agents</b>	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
<b>Ophthalmology</b>		
<b>Miscellaneous</b>	LUXTURNA (voretigene neparovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
<b>Vascular Endothelial Growth Factor (VEGF) Inhibitor</b>	EYLEA (aflibercept)	None
	LUCENTIS (ranibizumab)	None
	MACUGEN (pegaptanib)	None
<b>Respiratory</b>		
<b>Cystic fibrosis</b>	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor)	3 tabs/day
<b>Pulmonary Fibrosis</b>	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None
<b>Respiratory Syncytial Virus Agents</b>	SYNAGIS (palivizumab)	None

**PLEASE NOTE:** This drug list may have regular updates and may not include all medications. Drugs in this list include brand and generic and all dosage types unless noted. If a new drug is approved and falls into one of the targeted PA categories, the new drug may be automatically added to this list.



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