

# Select Prior Authorization

Some medications must be authorized for coverage because they're only approved or effective in treating specific illnesses, they cost more or they may be prescribed for conditions for which safety and effectiveness have not been well-established.

## Reviewing Medications

Our review committee of independent doctors and pharmacists meets regularly to review medications and consider how they should be covered by pharmacy benefit plans. They also recommend prior authorization guidelines.

## Safe and Effective

When making recommendations, the review committee focuses on proven medication safety, effectiveness and cost. The committee considers:

- U.S. Food and Drug Administration (FDA) approved indications
- Manufacturer's package labeling instructions
- Well-accepted and/or published clinical recommendations

## Getting a Short-Term Supply

If you must start taking a medication that requires prior authorization right away, two options may be available to you. First, ask your doctor if a sample is available. If not, check with your pharmacy to request a short-term supply of five 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 dispense the rest of your prescription.

## Requesting a Prior Authorization

You, your pharmacist or your doctor can start the prior authorization review process by contacting our prior authorization department. A pharmacy technician then works with your doctor to get the information needed for the review. Once we receive a completed prior authorization form from your doctor, we conduct a clinical review within two business days. We then send you and your doctor a letter regarding the prior authorization decision.

## Select Non-Specialty Prior Authorization List

Products on these pages may require prior authorization as determined by your specific benefit plan design. For more information, contact customer service at the number on the back of your benefit plan ID card.

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
<b>Anti-infectives</b>		
Antibiotics	XIFAXAN (rifaximin)	None
Antifungals	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	CNL8 NAIL KIT (ciclopirox)	None
	JUBLIA (efinaconazole)	None
	KERYDIN (tavaborole)	None
	ONMEL (itraconazole)	None
	PEDIPIROX-4 NAIL KIT (ciclopirox)	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
	Antimalarial	QUALAQUIN (quinine)
Antiprotozoal	DARAPRIM (pyrimethamine)	None
<b>Cardiology</b>		
Antilipemic	VYTORIN 10-80 MG (simvastatin/ezetimibe)	None
	ZOCOR 80 mg (simvastatin)	None
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	ENTRESTO (sacubitril/valsartan)	2 tabs/day
<b>Central Nervous System</b>		
ADHD Agents (PA age 19+ only)	ADDERALL (amphetamine/dextroamphetamine)	3 tabs/day
	ADDERALL XR (amphetamine/dextroamphetamine mixed salts)	1 cap/day
	APTENSIO XR (methylphenidate)	1 cap/day
	CONCERTA (methylphenidate) 36 mg	2 tabs/day
	CONCERTA (methylphenidate)	1 tab/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day

	DYANAVEL XR (amphetamine)	24 mL/day
	EVEKEO (amphetamine)	6 tabs/day
	FOCALIN (dexmethylphenidate)	2 tabs/day
	FOCALIN XR (dexmethylphenidate) 20 mg	2 caps/day
	FOCALIN XR (dexmethylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/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 ER (methylphenidate) 10 mg	2 tabs/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
	RITALIN (methylphenidate)	3 tabs/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day
	VYVANSE (lisdexamfetamine)	1 cap/day
	ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day
	ZENZEDI (dextroamphetamine)	3 tabs/day
	ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day
Analgesics (non-opioid)	PENNSAID (diclofenac)	None
	QUTENZA (capsaicin)	4 patches/3 months
	VIMOVO (naproxen/esomeprazole)	2 tabs/day
Analgesics (opioid)	ABSTRAL (fentanyl citrate)	4 tabs/day
	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	BUNAVAIL (buprenorphine/naloxone) 2.1-0.3 mg	6 films/day
	BUNAVAIL (buprenorphine/naloxone) 6.3-1 mg	2 films/day
	BUNAVAIL (buprenorphine/naloxone) 4.2-0.7 mg	3 films/day
	BUTRANS (buprenorphine)	4 patches/28 days
	CONZIP (tramadol SR)	1 cap/day
	FENTORA (fentanyl citrate)	4 tabs/day
	LAZANDA (fentanyl citrate)	1 bottle/day

	ONSOLIS (fentanyl citrate)	4 films/day
	SUBOXONE (buprenorphine/naloxone) 8-2 mg	3 tabs or films/day
	SUBOXONE (buprenorphine/naloxone) 12-3 mg	2 films/day
	SUBOXONE (buprenorphine/naloxone) 4-1 mg	6 films/day
	SUBOXONE (buprenorphine/naloxone) 2-0.5 mg	12 tabs or films/day
	SUBSYS (fentanyl)	16 sprays/day
	SUBUTEX (buprenorphine) 8 mg	3 tabs/day
	SUBUTEX (buprenorphine) 2 mg	12 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 5.7-1.4 MG	3 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 8.6/2.1 MG	2 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 11.4/2.9 MG	1 tab/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 2.9/0.71 MG	6 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 1.4-0.36 MG	12 tabs/day
Anticonvulsants	HORIZANT (gabapentin enacarbil)	2 tabs/day
Antipsychotics	ADASUVE (loxapine)	None
Benzodiazepines	FLURAZEPAM (flurazepam)	1 cap/day
	ONFI (clobazam)	None
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
Miscellaneous	RILUTEK (riluzole)	2 tabs/day
Parkinson's	DUOPA (carbidopa-levodopa) Susp	None
Stimulants	NUVIGIL (armodafinil)	1 tab/day
	NUVIGIL (armodafinil) 50 mg	2 tabs/day
	PROVIGIL (modafinil)	1 tab/day
Weight Loss	ADIPEX-P (phentermine)	None
	BELVIQ (lorcaserin)	None
	BONTRIL (phendimetrazine)	None
	CONTRAVE (naltrexone-bupropion)	None
	DIDREX (benzphetamine)	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	None

	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
	XENICAL (orlistat)	None
<b>Dermatology</b>		
Acne	ABSORICA (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLAVARIS (isotretinoin)	None
	MIRVASO (brimonidine tartrate) Gel	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (PA age >25 only)	ATRALIN (tretinoin)	None
	AVITA (tretinoin)	None
	DIFFERIN (adapalene)	None
	EPIDUO (adapalene/benzoyl peroxide)	None
	EPIDUO FORTE (adapalene/benzoyl peroxide)	None
	RETIN-A (tretinoin)	None
	RETIN-A MICRO (tretinoin)	None
	TRETIN-X (tretinoin)	None
	VELTIN (clindamycin/tretinoin)	None
	ZIANA (clindamycin/tretinoin)	None
Miscellaneous	ENSTILAR (calcipotriene-betamethasone dipropionate)	420 g/28 days
Miscellaneous ( PA age >25 only)	TAZORAC (tazarotene)	100 g/30 days
	FABIOR (tazarotene)	100 g/30 days
<b>Endocrinology &amp; Metabolism</b>		
Androgens, Anabolic Steroids	ANADROL-50 (oxymetholone)	None
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
Androgens, Testosterone	ANDRODERM (testosterone)	None
	ANDROGEL (testosterone)	None
	ANDROID (methyltestosterone)	None
	ANDROXY (fluoxymesterone)	None
	AVEED (testosterone undecanoate)	None
	AXIRON (testosterone)	None
	DELATESTRYL (testosterone enanthate)	None
	DEPO-TESTOSTERONE (testosterone cypionate)	None
	FORTESTA (testosterone)	None

	METHITEST (methyltestosterone)	None
	NATESTO (testosterone nasal)	None
	STRIANT (testosterone)	None
	TESTIM (testosterone)	None
	TESTOPEL (testosterone pellet)	None
	TESTRED (methyltestosterone)	None
	VOGELXO (testosterone)	None
<b>Endocrinology &amp; Metabolism</b>		
Antidiabetic Agents	AFREZZA (insulin regular)	None
	GLUMETZA (metformin) 500 mg	None
	SYMLIN (pramlintide)	None
Antidiabetic Agents (PA age > 65 only)	CHLORPROPAMIDE (chlorpropamide)	None
<b>Gastroenterology</b>		
Antiemetics	CESAMET (nabilone)	20 tabs/fill or 3 max days
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	60 caps/30 days
Irritable Bowel Syndrome	LOTROXEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
Opioid-induced Constipation	RELISTOR (methylalntrexone)	1 syringe/day.
	RELISTOR (methylalntrexone) Kit	1 vial/day
<b>Miscellaneous</b>		
Calcium Modifier	SENSIPAR (cinacalcet)	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate) 12.5 MG/0.25ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 7.5 MG/0.15ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 30 MG/0.6ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 27.5 MG/0.55ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 25 MG/0.5ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 22.5 MG/0.45ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 20 MG/0.4ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 15 MG/0.3ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 10 MG/0.2ML	4 auto-injectors/28 days
	RASUVO (methotrexate) 17.5 MG/0.35ML	4 auto-injectors/28 days
Wound Care	REGRANEX (becaplermin)	None
<b>Oncology</b>		
Miscellaneous	PROVENGE (sipuleucel-T)	None

## Ophthalmology

Miscellaneous	RESTASIS (cyclosporine)	None
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## Respiratory

Asthma/COPD	DALIRESP (roflumilast)	None
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**PLEASE NOTE:** This drug list is subject to periodic updates and may not be all inclusive. Drugs affected include both brand and generic where applicable and includes all dosage formulations unless otherwise specifically notated. If a new drug is approved and falls into one of the targeted PA categories, the new drug may automatically be added to this list. Quantity limits may also apply.

## Select Specialty Prior Authorization List

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THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Anti-infectives		
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
Cardiology		
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
	KYNAMRO (mipomersen)	4 syringes/28 days
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	90 tabs/30 days
	FLOLAN (epoprostenol)	None
	LETAIRIS (ambrisentan)	1 tab/day
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REMODULIN (treprostinil)	None
	REVATIO (sildenafil) Soln	None
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	TRACLEER (bosentan)	2 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
	VELETRI (epoprostenol)	None
	VENTAVIS (iloprost)	9 ampules/day
Vasopressors	NORTHERA (droxidopa)	None

Central Nervous System			
Anticonvulsants	SABRIL (vigabatrin) pack	None	
	SABRIL (vigabatrin) Tabs	None	
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days	
Neurotoxins	BOTOX (onabotulinumtoxinA)	None	
	DYSPOORT (abobotulinumtoxinA)	None	
	MYOBLOC (rimabotulinumtoxinB)	None	
	XEOMIN (incobotulinumtoxinA)	None	
Opiate Antagonist	VIVITROL (naltrexone)	None	
Parkinson's	APOKYN (apomorphine)	20 cartridges/30 days	
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day	
Dermatology			
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None	
Electrolyte & Renal Agents			
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day	
Endocrinology & Metabolism			
Gonadotropins	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	
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 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	
	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	
	VANTAS (histrelin)	1 implant/year	
	Growth Hormones and Related Therapy	EGRIFTA (tesamorelin) 1 mg	2 vials (1 mg each)/day



	EGRIFTA (tesamorelin) 2 mg	1 vial (2 mg each)/day
	GENOTROPIN (somatropin)	None
	HUMATROPE (somatropin)	None
	INCRELEX (mecasermin)	None
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	OMNITROPE (somatropin)	None
	SAIZEN (somatropin)	None
	SEROSTIM (somatropin)	None
	SOMAVERT (pegvisomant)	None
	TEV-TROPIN (somatropin)	None
	ZOMACTON (somatropin)	None
	ZORBTIVE (somatropin)	None
Hormone Modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
Miscellaneous	H.P. ACTHAR (corticotropin)	None
	Korlym (mifepristone)	4 tabs/day
Osteoporosis	FORTEO (teriparatide)	None
	PROLIA (denosumab)	2 syringes/year
Somatostatins	SANDOSTATIN (octreotide)	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR (pasireotide)	2 ampules/day
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None
Enzyme-Related		
Alpha-1 proteinase inhibitor	ARALAST (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None
	PROLASTIN (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Cystine-depleting Agents	ALDURAZYME (laronidase)	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None

	KANUMA (sebelipase alfa) Soln	None
	LUMIZYME (alglucosidase alfa)	None
	MYOZYME (alglucosidase alfa)	None
	NAGLAZYME (galsulfase)	None
	RAVICTI (glycerol phenylbutyrate)	None
	STRENSIQ (asfotase alfa)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
Enzyme, Gout	KRYSTEXXA (pegloticase)	None
Phenylketonuria Treatment Agents	KUVAN (sapropterin)	None
Gastroenterology		
Bile Acid Agents	CHOLBAM (cholic acid)	None
Short Bowel Syndrome	GATTEX (teduglutide)	None
Immunology		
Allergen Extracts	GRASTEK (timothy grass pollen)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR ADULT SAMPLE KIT (mixed grass pollens allergen) Kit	1 kit per year
	ORALAIR ADULT STARTER PACK (mixed grass pollens allergen)	1 pack per year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allerg)	2 kits/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allerg)	2 packs/year
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None
	EPOGEN (epoetin alfa)	None
	GRANIX (tbo-filgrastim)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy polyethylene glycol-epoetin)	None
	MOZOBIL (plerixafor)	8 vials (9.6 mL) per transplant
	NEULASTA (pegfilgrastim)	None
	NEUMEGA (oprelvekin)	None

	NEUPOGEN (filgrastim)	None
	NPLATE (romiplostim)	None
	PROCRIT (epoetin alfa)	None
	PROMACTA (eltrombopag)	None
	SOLIRIS (eculizumab)	None
	ZARXIO (filgrastim)	None
Hemostatic Agent	BERINERT (c1 esterase)	None
	CINRYZE (c1 esterase)	None
	FIRAZYR (icatibant) Soln	None
	KALBITOR (ecallantide) Soln	None
	RUCONEST (c1 esterase) Solr	None
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride) 30 mg	3 tabs/day
	DAKLINZA (daclatasvir dihydrochloride) 60 mg	1 tab/day
	HARVONI (ledipasvir-sofosbuvir)	1 tab/day
	OLYSIO (simeprevir)	1 cap/day
	PEGASYS (peginterferon alfa-2a)	None
	PEG-INTRON (peginterferon alfa-2b)	None
	SOVALDI (sofosbuvir)	1 tab/day
	TECHNIVIE (ombitasvir-paritaprevir- ritonavir)	2 tabs/day
	VIEKIRA (simeprevir)	4 tabs/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Immune Globulins	BIVIGAM (immune globulin)	None
	CARIMUNE (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

	VARIZIG (varicella-zoster immune globulin)	None
Immunomodulators	ACTEMRA (tocilizumab) Sosy	None
	CIMZIA (certolizumab)	None
	COSENTYX (secukinumab)	None
	ENBREL (etanercept)	None
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab)	None
	KINERET (anakinra)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	REMICADE (infliximab)	None
	SIMPONI (golimumab)	None
	SIMPONI ARIA (golimumab)	None
	STELARA (ustekinumab)	None
	XELJANZ (tofacitinib)	None
	XELJANZ XR (tofacitinib)	None
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/4 weeks
Miscellaneous	BENLYSTA (belimumab)	None
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	1 kit/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	1 kit/30 days
	EXTAVIA (interferon beta-1b)	1 package/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	1 kit/30 days
	LEMTRADA (alemtuzumab)	None
	NOVANTRONE (mitoxantrone)	None
	PLEGRIDY (peginterferon beta)	2 PENS/SYR PER 28 DAYS.
	PLEGRIDY (peginterferon beta) Starter Pack	1 starter pack/30 days
	REBIF (interferon beta-1 a)	12 syringes/28 days
	REBIF (interferon beta-1a) Starter Pack	1 starter pack/year
TECFIDERA (dimethyl fumarate)	2 caps/day	

	TECFIDERA (dimethyl fumarate) Starter Pack	1 starter pack/year
	TYSABRI (natalizumab)	1 injection /28 days
Transplant	NULOJIX (belatacept)	None
	ZORTRESS (everolimus)	None
Miscellaneous		
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Diagnostic	THYROGEN (thyrotropin alfa)	None
Movement Disorder Agents	XENAZINE (tetrabenazine)	None
Toxicology	CUPRIMINE (penicillamine)	None
	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone) Soln	None
	FERRIPROX (deferiprone) Tabs	None
	JADENU (deferasirox)	None
	SYPRINE (trientine)	None
Viscosupplements	EUFLEXXA (sodium hyaluronate)	None
	GEL-ONE (sodium hyaluronate)	None
	HYALGAN (sodium hyaluronate)	None
	MONOVISC (hyaluronan)	None
	ORTHOVISC (sodium hyaluronate)	None
	SUPARTZ (sodium hyaluronate)	None
	SYNVISC (sodium hyaluronate)	None
	SYNVISC-ONE (sodium hyaluronate)	None
Obstetrics & Gynecology		
Fertility Agents	BRAVELLE (urofollitropin)	None
	CETROTIDE (cetorelix)	None
	Chorionic gonadotropin (chorionic gonadotropin)	None
	FOLLISTIM AQ (follitropin beta)	None
	Ganirelix acetate (ganirelix)	None
	GONAL-F (follitropin alfa) 450 IU	None
	GONAL-F RFF (follitropin alfa) Pens 300 IU	None
	GONAL-F RFF REDIIINJECT (follitropin alfa) Soln 900 IU	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
Hormone Replacement	MAKENA (hydroxyprogesterone caproate)	None

Oncology		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	XTANDI (enzalutamide )	None
	ZYTIGA (abiraterone)	None
Antifolate	FOLOTYN (pralatrexate) Soln	None
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
Interferons	INTRON A (interferon alfa-2b)	None
	SYLATRON (peginterferon alfa-2b)	None
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	AFINITOR DISPERZ (everolimus)	None
	ALECENSA (alectinib)	8 caps/day
	BOSULIF (bosutinib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CAPRELSA (vandetanib) 300 mg	None
	COMETRIQ (carbozantinib)	None
	COTELLIC (cobimetnib)	63 tabs/28 days
	ERIVEDGE (vismodegib)	None
	FARYDAK (panobinostat)	6 caps/ 21 days
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	ICLUSIG (ponatinib) 45 mg	None
	IMBRUVICA (ibrutinib)	None
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	KYPROLIS (carfilzomib)	None
	LENVIMA (lenvatinib)	None
	LYNPARZA (olaparib)	None
MEKINIST (trametinib)	None	
NEXAVAR (sorafenib)	None	
NINLARO (ixazomib)	3 caps/28 days	
ODOMZO (sonidegib)	None	
PORTRAZZA (necitumumab) Soln	2 vials/21 days	

	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	1 tab/day
	TARCEVA (erlotinib) 100 mg, 150 mg	1 tab/day
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TYKERB (lapatinib)	None
	VELCADE (bortezomib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	ZALTRAP (ziv-aflibercept)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
Miscellaneous	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	LONSURF (trifluridine-tipiracil) 15-6.14 MG	100 tabs/28 days
	LONSURF (trifluridine-tipiracil) 20-8.19 MG	80 tabs/28 days
	SYNRIBO (omacetaxine)	None
	TARGRETIN (bexarotene) caps	None
	TARGRETIN (bexarotene) Gel	None
	XELODA (capecitabine)	None
	ZOLINZA (vorinostat)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DARZALEX (daratumumab) Soln	None
	EMPLICITI (elotuzumab) Solr	None
	ERBITUX (cetuximab) Soln	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	KADCYLA (ado-trastuzumab emtansine)	None

	KEYTRUDA (pembrolizumab) Soln	None
	KEYTRUDA (pembrolizumab) Solr	None
	OPDIVO (nivolumab)	None
	PERJETA (pertuzumab)	None
	RITUXAN (rituximab)	None
	SYLVANT (siltuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
<b>Respiratory</b>		
Asthma/COPD	NUCALA (mepolizumab)	1 vial/28 days
	XOLAIR (omalizumab)	None
Cystic fibrosis	CAYSTON (aztreonam)	None
	KALYDECO (ivacaftor)	None
	KALYDECO (ivacaftor) Packs	None
	ORKAMBI (lumacaftor-ivacaftor)	112 tabs/28 days
	PULMOZYME (dornase alfa)	None
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	None

**PLEASE NOTE:** This drug list is subject to periodic updates and may not be all inclusive. Drugs affected include both brand and generic where applicable and includes all dosage formulations unless otherwise specifically notated. If a new drug is approved and falls into one of the targeted PA categories, the new drug may automatically be added to this list. Quantity limits may also apply.



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