

Premium 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.

Premium 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 your benefit plan ID card.

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Anti-infectives		
Antibiotics	XIFAXAN (rifaximin)	None
Antifungals	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	CNL8 NAIL KIT (ciclopirox)	None
	JUBLIA (efinaconazole)	None
	ONMEL (itraconazole)	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
Antimalarial	QUALAQUIN (quinine)	None
Cardiology		
Antilipemic	ezetimibe/simvastatin tab 10-80 mg	None
	ZOCOR 80 mg (simvastatin)	None
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	ENTRESTO (sacubitril/valsartan)	2 tabs/day
Central Nervous System		
ADHD Agents (PA age 19+ only)	ADDERALL (amphetamine/ dextroamphetamine)	3 tabs/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	amphetamine/dextroamphetamine 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) 5.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO (amphetamine)	6 tabs/day
	FOCALIN (dexmethylphenidate)	2 tabs/day

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
ADHD Agents (cont.)	FOCALIN XR (dexmethylphenidate)	1 cap/day
	FOCALIN XR (dexmethylphenidate) 20 mg	2 caps/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 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
	RITALIN (methylphenidate)	3 tabs/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day
	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
	Analgesics (non-opioid)	QUTENZA (capsaicin)
SPRIX (ketorolac)		5 bottles or 5 days supply/ 30 days
Analgesics (opioid)	acetaminophen/codeine soln 120-12 mg/ 5 mL	136 mL/day up to 7 days for treatment naïve, 166.5 mL/day for treatment experienced
	acetaminophen/codeine tab 300-15	13 tabs/day up to 7 days for treatment naïve, 13 tabs/day for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid) (cont.)	AVINZA (morphine ext-release)	1 cap/day
	AVINZA (morphine ext-release) 120 mg	2 caps/day
	BELBUCA (buprenorphine) film	2 films/day
	BUTRANS (buprenorphine)	4 patches/28 days
	CAPITAL/codeine susp 120-12mg /5 mL	136 mL/day up to 7 days for treatment naïve, 166.5 mL/day for treatment experienced
	codeine tab 15 mg	21 tabs/day up to 7 days for treatment naïve, 40 tabs/day for treatment experienced
	codeine tab 30 mg	10 tabs/day up to 7 days for treatment naïve, 20 tabs/day for treatment experienced
	codeine tab 60 mg	5 tabs/day up to 7 days for treatment naïve, 10 tabs/day for treatment experienced
	CONZIP (tramadol SR)	1 cap/day
	DEMEROL (meperidine) tab 100 mg	4 tabs/day up to 7 days for treatment naïve, 9 tabs/day for treatment experienced
	DEMEROL (meperidine) tab 50 mg	9 tabs/day up to 7 days for treatment naïve, 18 tabs/day for treatment experienced
	DOLOPHINE (methadone)	None
	DILAUDID (hydromorphone) liq 1 mg/mL	12.25 mL/day up to 7 days for treatment naïve, 22.5 mL/day for treatment experienced
	DILAUDID (hydromorphone) tab 2 mg	6 tabs/day up to 7 days for treatment naïve, 11 tabs/day for treatment experienced
	DILAUDID (hydromorphone) tab 4 mg	3 tabs/day up to 7 days for treatment naïve, 5 tabs/day for treatment experienced
	DILAUDID (hydromorphone) tab 8 mg	1 tabs/day up to 7 days for treatment naïve, 2 tabs/day for treatment experienced
	EMBEDA (morphine/naltrexone)	2 caps/day
	EXALGO (hydromorphone)	2 tabs/day
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid) (cont.)	HYCET (hydrocodone/acetaminophen) sol 7.5-325 mg/15 mL	98 mL/day up to 7 days for treatment naïve, 180 mL/day for treatment experienced
	hydrocodone/acetaminophen tab 10-325 mg	4 tabs/day up to 7 days for treatment naïve, 9 tabs/day for treatment experienced
	hydrocodone/acetaminophen tab 5-325 mg	9 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	hydrocodone/acetaminophen tab 7.5-325 mg	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	hydromorphone supp 3 mg	4 supps/day up to 7 days for treatment naïve, 7 supps/day for treatment experienced
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	LORTAB (hydrocodone/acetaminophen) elx 10-300 mg/15 mL	73.5 mL/day up to 7 days for treatment naïve, 135 mL/day for treatment experienced
	meperidine/promethazine cap 50-25 mg	9 caps/day up to 7 days for treatment naïve, 18 caps/day for treatment experienced
	mepridine sol 50 mg/5 mL	49 mL/day up to 7 days for treatment naïve, 90 mL/day for treatment experienced
	MORPHABOND ER (morphine ext-release)	3 tabs/day
	morphine sol 10 mg/5 mL	24.5 mL/day up to 7 days for treatment naïve, 45 mL/day for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day up to 7 days for treatment naïve, 22.5 mL/day for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day up to 7 days for treatment naïve, 4.5 mL/day for treatment experienced
	morphine supp 10 mg	4 supps/day up to 7 days for treatment naïve, 9 supps/day for treatment experienced
	morphine supp 20 mg	2 supps/day up to 7 days for treatment naïve, 4 supps/day for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid) (cont.)	morphine supp 30 mg	1 supps/day up to 7 days for treatment naïve, 3 supps/day for treatment experienced
	morphine supp 5 mg	9 supps/day up to 7 days for treatment naïve, 18 supps/day for treatment experienced
	morphine tab 15 mg	3 tabs/day up to 7 days for treatment naïve, 6 tabs/day for treatment experienced
	morphine tab 30 mg	1 tab/day up to 7 days for treatment naïve, 3 tabs/day for treatment experienced
	MS CONTIN (morphine ext-release)	3 tabs/day
	NUCYNTA (tapentadol) tab 100 mg	1 tab/day up to 7 days for treatment naïve, 2 tabs/day for treatment experienced
	NUCYNTA (tapentadol) tab 50 mg	2 tabs/day up to 7 days for treatment naïve, 4 tabs/day for treatment experienced
	NUCYNTA (tapentadol) tab 75 mg	1 tab/day up to 7 days for treatment naïve, 3 tabs/day for treatment experienced
	OPANA (oxymorphone) tab 10 mg	1 tab/day up to 7 days for treatment naïve, 3 tabs/day for treatment experienced
	OPANA (oxymorphone) tab 5 mg	3 tabs/day up to 7 days for treatment naïve, 6 tabs/day for treatment experienced
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day up to 7 days for treatment naïve, 8 tabs/day for treatment experienced
	oxycodone/aspirin tab	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	oxycodone/ibuprofen tab 5-400 mg	6 tabs/day up to 7 days for treatment naïve, 8 tabs/day for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid) (cont.)	oxycodone cap 5 mg	6 caps/day up to 7 days for treatment naïve, 12 caps/day for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day up to 7 days for treatment naïve, 3 mL/day for treatment experienced
	oxycodone sol 5 mg/5 mL	32.6 mL/day up to 7 days for treatment naïve, 60 mL/day for treatment experienced
	oxycodone tab 10 mg	3 tabs/day up to 7 days for treatment naïve, 6 tabs/day for treatment experienced
	oxycodone tab 20 mg	1 tab/day up to 7 days for treatment naïve, 3 tabs/day for treatment experienced
	oxycodone/acetaminophen sol 5-325 mg/5 mL	32.6 mL/day up to 7 days for treatment naïve, 60 mL/day for treatment experienced
	oxycodone/acetaminophen tab 10-325 mg	3 tabs/day up to 7 days for treatment naïve, 6 tabs/day for treatment experienced
	oxycodone/acetaminophen tab 2.5-325 mg	12 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	oxycodone/acetaminophen tab 5-325 mg	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	oxycodone/acetaminophen tab 7.5-325 mg	4 tabs/day up to 7 days for treatment naïve, 8 tabs/day for treatment experienced
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day
	pentazocine/naloxone tab 50-0.5 mg	5 tabs/day up to 7 days for treatment naïve, 10 tabs/day for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day up to 7 days for treatment naïve, 6 tabs/day for treatment experienced
PRIMLEV (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced	

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid) (cont.)	PRIMLEV (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day up to 7 days for treatment naïve, 8 tabs/day for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 10-200 mg	4 tabs/day up to 7 days for treatment naïve, 9 tabs/day for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 5-200 mg	9 tabs/day up to 7 days for treatment naïve, 16 tabs/day for treatment experienced
	ROXICODONE (oxycodone) tab 15 mg	2 tabs/day up to 7 days for treatment naïve, 4 tabs/day for treatment experienced
	ROXICODONE (oxycodone) tab 30 mg	1 tab/day up to 7 days for treatment naïve, 2 tabs/day for treatment experienced
	ROXICODONE (oxycodone) tab 5 mg	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	SYNALGOS-DC (aspirin/caffeine/ dihydrocodeine) cap	11 caps/day up to 7 days for treatment naïve, 11 caps/day for treatment experienced
	TREZIX (acetaminophen/caffeine/ dihydrocodeine) cap	12 caps/day up to 7 days for treatment naïve, 12 caps/day for treatment experienced
	TYLENOL (acetaminophen)/codeine #3	10 tabs/day up to 7 days for treatment naïve, 13 tabs/day for treatment experienced
	TYLENOL (acetaminophen)/codeine #4	5 tabs/day up to 7 days for treatment naïve, 10 tabs/day for treatment experienced
	VERDROCET (hydrocodone/acetaminophen) tab 2.5-325 mg	12 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	VICODIN (hydrocodone/acetaminophen) tab 5-300 mg	9 tabs/day up to 7 days for treatment naïve, 13 tabs/day for treatment experienced
	VICODIN ES (hydrocodone/acetaminophen) tab 7.5-300 mg	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
VICODIN HP (hydrocodone/acetaminophen) tab 10-300 mg	4 tabs/day up to 7 days for treatment naïve, 9 tabs/day for treatment experienced	

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid) (cont.)	VICOPROFEN (hydrocodone/ibuprofen) tab 7.5-200 mg	6 tabs/day up to 7 days for treatment naïve, 12 tabs/day for treatment experienced
	ZAMICET (hydrocodone/acetaminophen) sol 10-325 mg/15 mL	73.5 mL/day up to 7 days for treatment naïve, 135 mL/day for treatment experienced
Anticonvulsants	HORIZANT (gabapentin enacarbil)	2 tabs/day
	ONFI (clobazam)	None
Antipsychotics	ADASUVE (loxapine)	None
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
Parkinson's	DUOPA (carbidopa-levodopa) Susp	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	FLURAZEPAM (flurazepam)	1 cap/day
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	PROVIGIL (modafinil)	1 tab/day
Weight Loss	ADIPEX-P (phentermine)	None
	BELVIQ (lorcaserin)	None
	BELVIQ XR (lorcaserin)	None
	BONTRIL (phendimetrazine)	None
	CONTRAVE (naltrexone-bupropion)	None
	DIDREX (benzphetamine)	None
	LOMAIRA (phentermine)	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
	XENICAL (orlistat)	None
Dermatology		
Acne (Oral)	ABSORICA (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None

Therapy Class	Medication Name	Quantity Limit
Acne (PA age >25 only)	ATRALIN (tretinoin)	None
	AVITA (tretinoin)	None
	DIFFERIN (adapalene)	None
	RETIN-A (tretinoin)	None
	tretinoin microsphere gel	None
	TRETIN-X (tretinoin)	None
Skin Cancer	TARGRETIN (bexarotene) gel	None
Endocrinology and Metabolism		
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	ANDROID (methyltestosterone)	None
	ANDROXY (fluoxymesterone)	None
	METHITEST (methyltestosterone)	None
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
	TESTRED (methyltestosterone)	None
Androgens, Testosterone (Injectable)	AVEED (testosterone undecanoate)	None
	DELATESTRYL (testosterone enanthate)	None
	TESTOPEL (testosterone pellet)	None
	testosterone cypionate	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	ANDROGEL 1.62% (testosterone)	None
	NATESTO (testosterone nasal)	None
	STRIANT (testosterone)	None
Antidiabetic Agents	AFREZZA (insulin regular)	None
	metformin ER modified release	None
	SYMLINPEN (pramlintide)	None
Antidiabetic Agents (PA age > 65 only)	CHLORPROPAMIDE (chlorpropamide)	None
Gastroenterology		
Antiemetics	CESAMET (nabilone)	20 tabs/fill or 3 max days
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	120 mL/30 days
Irritable Bowel Syndrome	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
Opioid-Induced Constipation	RELISTOR (methylalntrexone)	1 syringe/day.
	RELISTOR (methylalntrexone) Kit	1 vial/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
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/year
	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
Immunizations	VARIZIG (varicella-zoster immune globulin)	None
Miscellaneous		
Calcium Modifier	SENSIPAR (cinacalcet)	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
Wound Care	REGRANEX (becaplermin)	None
Oncology		
Miscellaneous	PROVENGE (sipuleucel-T)	None
Ophthalmology		
Miscellaneous	RESTASIS (cyclosporine)	None
	XIIDRA (lifitegrast)	None
Respiratory		
Asthma/COPD	DALIRESP (roflumilast)	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.

Premium 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 your benefit plan ID card.

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Anti-infectives		
Antiprotozoals	DARAPRIM (pyrimethamine)	None
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
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	3 tabs/day
	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
Miscellaneous	RADICAVA (edaravone) Soln	None
Muscular Dystrophy	EMFLAZA (deflazacort)	None
	EXONDYS 51 (eteplirsen)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Neurotoxins	BOTOX (onabotulinumtoxinA)	None
	DYSPOK (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
Opiate Antagonist	VIVITROL (naltrexone)	None
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
Dermatology		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Atopic Dermatitis	DUPIXENT (dupilumab) Sosalyn	4 syringes (8mL) per 28 days
Electrolyte and Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology and 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 and 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
ZOLADEX (goserelin) 3.6 mg	1 injection/28 days	
ZOLADEX (goserelin) 10.8 mg	1 injection/84 days	

Therapy Class	Medication Name	Quantity Limit
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
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	OMNITROPE (somatropin)	None
	SEROSTIM (somatropin)	None
Growth Hormones and Related Therapy (Acromegaly)	ZORBTIVE (somatropin)	None
	INCRELEX (mecasermin)	None
Hormone Modifiers	SOMAVERT (pegvisomant)	None
	MYALEPT (metreleptin)	None
Miscellaneous	NATPARA (parathyroid hormone)	2 cartridges/28 days
	H.P. ACTHAR (corticotropin)	None
Osteoporosis	KORLYM (mifepristone)	4 tabs/day
	FORTEO (teriparatide)	None
Somatostatins	PROLIA (denosumab)	2 syringes/year
	TYMLOS (abaloparatide) Sopn	None
	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
Enzyme Replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase) Soln	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	KANUMA (sebelipase alfa)	None
LUMIZYME (alglucosidase alfa)	None	

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT	
Enzyme Replacement (cont.)	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	
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day	
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day	
Short Bowel Syndrome	GATTEX (teduglutide)	None	
Immunology			
Hematopoietic Agents	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	
	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	
HAEGARDA (c1 esterase)		None	
RUCONEST (c1 esterase) Solr		None	
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day	
	EPCLUSA (sofosbuvir-velpatasvir)	1 tab/day	
	HARVONI (ledipasvir-sofosbuvir)	1 tab/day	
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day	

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Hepatitis C Agents (cont.)	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 PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)	3 tabs/day
	VOSEVI (sofosbuvir-velpatasivir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Immune Globulins	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
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

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Immunomodulators (cont.)	REMICADE (infliximab)	None
	SILIQ (brodalumab) Sosy	None
	SIMPONI (golimumab)	None
	SIMPONI ARIA (golimumab)	None
	STELARA (ustekinumab)	None
	TREMFYA (guselkumab)	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	30 syringes/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	LEMTRADA (alemtuzumab)	None
	NOVANTRONE (mitoxantrone)	None
	OCREVUS (ocrelizumab) Soln	40 mL/365 days
	TECFIDERA (dimethyl fumarate)	2 caps/day
	TECFIDERA (dimethyl fumarate) Starter Pack	1 starter pack/year
	TYSABRI (natalizumab)	1 injection /28 days
	ZINBRYTA (daclizumab)	None
Transplant	NULOJIX (belatacept)	None
	ZORTRESS (everolimus)	None
Miscellaneous		
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Diagnostic	THYROGEN (thyrotropin alfa)	None
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	XENAZINE (tetrabenazine)	None
Musculoskeletal Agents	SPINRAZA (nusinersen) Soln	None
Toxicology	CUPRIMINE (penicillamine)	None
	SYPRINE (trientine)	None

Therapy Class	Medication Name	Quantity Limit
Viscosupplements	EUFLEXXA (sodium hyaluronate)	None
	GEL-ONE (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
	HYALGAN (sodium hyaluronate)	None
	HYMOVIS (sodium hyaluronate)	None
	MONOVISC (hyaluronan)	None
	ORTHOVISC (sodium hyaluronate)	None
	SUPARTZ (sodium hyaluronate)	None
	SYNVISC (sodium hyaluronate)	None
SYNVISC-ONE (sodium hyaluronate)	None	
Obstetrics and Gynecology		
Fertility Agents	CETROTIDE (cetorelix)	None
	Chorionic gonadotropin	None
	Ganirelix acetate	None
	GONAL-F (follitropin alfa) 450 IU	None
	GONAL-F RFF (follitropin alfa) Pens 300 IU	None
	GONAL-F RFF REDIINJECT (follitropin alfa) Soln 900 IU	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
Hormone Replacement	Hydroxyprogesterone caproate	None
	MAKENA (hydroxyprogesterone caproate)	None
Oncology (Injectable)		
Antifolate	FOLOTYN (pralatrexate) Soln	None
	TECENTRIQ (atezolizumab) 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	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab) Soln	2 vials/21 days
	VELCADE (bortezomib)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	SYNRIBO (omacetaxine)	None

Therapy Class	Medication Name	Quantity Limit
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab) Soln	None
	BESPONSA (inotuzumab)	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
	LARTRUVO (olaratumab)	None
	OPDIVO (nivolumab)	None
	PERJETA (pertuzumab)	None
	RITUXAN (rituximab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	SYLVANT (siltuximab)	None
UNITUXIN (dinutuximab)	None	
XGEVA (denosumab)	None	
YERVOY (ipilimumab)	None	
Oncology (Oral)		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	XTANDI (enzalutamide)	None
	ZYTIGA (abiraterone)	None
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	AFINITOR DISPERZ (everolimus)	None
	ALECENSA (alectinib)	8 caps/day
	BOSULIF (bosutinib)	None
	CABOMETYX (cabozantinib s-malate)	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

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Kinase and Molecular Target Inhibitors (cont.)	FARYDAK (panobinostat)	6 caps/ 21 days
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	IDHIFA (enasidenib)	1 tab/day
	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
	LENVIMA (lenvatinib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	3 caps/28 days
	ODOMZO (sonidegib)	None
	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
	VENCLEXTA (venetoclax)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
ZELBORAF (vemurafenib)	None	
ZYDELIG (idelalisib)	None	
ZYKADIA (ceritinib)	None	
Miscellaneous	KISQALI (ribociclib)	63 tablets per 28 days
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	91 tablets per 28 days
	LONSURF (trifluridine-tipiracil) 15-6.14 mg	100 tabs/28 days

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Miscellaneous (cont.)	LONSURF (trifluridine-tipiracil) 20-8.19 mg	80 tabs/28 days
	RUBRACA (rucaparib camsylate)	4 tabs per day
	TARGRETIN (bexarotene) caps	None
	XELODA (capecitabine)	None
	ZOLINZA (vorinostat)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Respiratory		
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)	4 tabs/day
	PULMOZYME (dornase alfa)	None
Monoclonal Antibody	CINQAIR (reslizumab)	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.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.