

Prior authorization – Select

Utilization management updates
Jan. 1, 2024



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.

Select non-specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	ALBENZA (albendazole)	None
Antibiotics	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin)	None
Antifungals	CICLOPIROX KIT (ciclopirox)	None
	CRESEMBA (isavuconazonium sulfate)	None
	JUBLIA (efinaconazole)	None
	KERYDIN (tavaborole)	None
	NOXAFIL (posaconazole)	None
	SPORANOX (itraconazole)	None
	TOLSURA (itraconazole)	None
	VFEND (voriconazole)	None
	VIVJOA (oteseconazole)	None
	Antimalarial	QUALAQUIN (quinine)
Antiretrovirals, HIV	APRETUDE (cabotegravir)	None
	DESCOVY (emtricitabine/tenofovir alafenamide)	None
	SELZENTRY (maraviroc)	None
	SUNLENCA (lenacapavir) therapy pack	2 packs/day
	SUNLENCA (lenacapavir)	9 mL/365 days
	TRUVADA (emtricitabine/tenofovir disoproxil)	None
	CABENUVA (cabotegravir/rilpivirine)	None
	VOCABRIA (cabotegravir sodium)	None
Cardiology		
Antihypertensive Agents	NORLIQVA (amlodipine)	None
Antilipemic	ATORVALIQ (atorvastatin)	None
	LEQVIO (inclisiran)	2 syringes/180 days
	LOVAZA (fish oil, omega-3 fatty acids)	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
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) soln	15 mL/day
	FUROSCIX (furosemide)	None
	SOAANZ (torsemide)	None
	VERQUVO (vericiguat)	1 tab/day
Miscellaneous	DIBENZYLINE (phenoxybenzamine)	None
	DEMSEER (metyrosine)	16 caps/day
Central Nervous System		
Analgesics (Gastroprotective Agents)	DUEXIS (famotidine/ibuprofen)	3 tabs/day
	VIMOVO (naproxen/esomeprazole)	2 tabs/day

Therapy class	Medication name	Quantity limit
Analgesics (non-opioid)	ELYXYB (celecoxib)	28.8 mL/30 days
	PENNSAID (diclofenac)	None
	QUTENZA (capsaicin)	4 patches/90 days
	SPRIX (ketorolac)	5 bottles or 5 days supply/30 days
Analgesics (opioid)	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	BUTRANS (buprenorphine)	4 patches/28 days
	CONZIP (tramadol SR) cap	1 cap/day
	DURAGESIC (fentanyl transdermal)	15 patches/30 days
	DURAGESIC (fentanyl transdermal) 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	FENTORA (fentanyl citrate)	4 tabs/day
	hydrocodone ER	4 caps/day
	hydrocodone ER	2 caps/day
	hydromorphone ER	2 tabs/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	LAZANDA (fentanyl citrate)	1 bottle/day
	methadone	None
	morphine ER	2 caps/day
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	MS CONTIN (morphine ext-release)	3 tabs/day
	NUCYNTA ER (tapentadol)	2 tabs/day
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ext-release	4 tabs/day
	SUBSYS (fentanyl)	16 sprays/day
	tramadol ER tab	1 tab/day
XTAMPZA ER (oxycodone)	4 caps/day	
Anticonvulsants	BANZEL (rufinamide)	None
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	ZONISADE (zonisamide)	None
Antipsychotics	ADASUVE (loxapine)	None
	IGALMI (dexmedetomidine)	None
Antitussives (PA age <18)	CAPCOF (phenylephrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN DAC (pseudoephedrine/guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	guaifenesin/codeine	240 mL/fill, 2 fills/60 days
	HYCODAN (hydrocodone/homatropine)	6 tabs per Day, 7 day supply, 2 Rx per 60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	HYD POL/CPM (hydrocod polst-chlorphen ER)	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
	MAXI-TUSS CD (phenylephrine-chlorphen w/ codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/brompheniramine/codeine)	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

Therapy class	Medication name	Quantity limit
	PRO-RED AC (phenylephrine/dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TUSNEL C (pseudoephedrine w/ cod-gg)	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
Benzodiazepines	ONFI (clobazam)	None
	SYMPAZAN (clobazam)	None
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
	VYLEESI (bremelanotide acet)	1.8 mL (6 injections)/30 days
Migraine	AIMOVI (erenumab-aooe)	2 syringes/30 days
	AIMOVI (erenumab-aooe) 140 mg/mL	1 syringe/30 days
	AJOVY (fremanezumab-vfrm)	3 syringes/90 days
	CAFERGOT (ergotamine w/caffeine)	24 tabs/28 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
	ERGOMAR (ergotamine tartrate)	20 tabs/28 days
	MIGERGOT (ergotamine w/ caffeine)	20 supp/28 days
	MIGRANAL (dihydroergotamine)	1 package (8 vials)/30 days
	NURTEC (rimegepant)	8 tabs/30 days
	QULIPTA (atogepant)	1 tab/day
	REYVOW (lasmiditan)	4 tabs/30 days
	TRUDHESA (dihydroergotamine mesylate)	12 units/28 days
	UBRELVY (ubrogepant)	10 tabs/30 days
	VYEPTI (eptinezumab-jjmr)	3 mL/90 days
Miscellaneous	EXSERVAN (riluzole)	2 films/day
	NUDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
	TIGLUTIK (riluzole) susp	20 mL/day
Neurotoxins	BOTOX (onabotulinumtoxinA)	None
	BOTOX COSMETIC (onabotulinumtoxinA)	None
	DYSPO (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
Parkinson's	DUOPA (carbidopa/levodopa)	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	FLURAZEPAM (flurazepam)	1 cap/day
Stimulants	NUVIGIL (armodafinil)	1 tab/day
	NUVIGIL (armodafinil) 50 mg	2 tabs/day
	PROVIGIL (modafinil)	1 tab/day
	SUNOSI (solriamfetol)	1 tab/day
Weight Loss	ADIPEX-P (phentermine)	None
	CONTRAVE (naltrexone/bupropion)	None
	LOMAIRA (phentermine)	None
	QSYMIA (phentermine/topiramate)	None

Therapy class	Medication name	Quantity limit
	SAXENDA (liraglutide)	5 pens/30 days
	WEGOVY (semaglutide)	4 pens/28 days
	XENICAL (orlistat)	None
Dermatology		
Acne (Oral)	ABSORICA (isotretinoin)	None
	ABSORICA LD (isotretinoin)	None
Acne (Topical)	AKLIEF (trifarotene)	None
	ALTRENO (tretinoin)	None
	ARAZLO (tazarotene)	None
	ATRALIN (tretinoin)	None
	AVITA (tretinoin)	None
	DIFFERIN (adapalene)	None
	FABIOR (tazarotene)	None
	RETIN-A (tretinoin)	None
	RETIN-A MICRO (tretinoin)	None
	TAZORAC (tazarotene)	None
	WINLEVI (clascoterone)	None
Acne (topical) (PA age >25 only)	tazarotene	None
	adapalene	None
Local Anesthetics - Topical	LIDODERM (lidocaine)	None
mTOR Inhibitors	HYFTOR (sirolimus)	None
Plaque Psoriasis	DUOBRII (halobetasol/tazarotene)	None
	VTAMA (tapinarof)	None
	ZORYVE (roflumilast)	None
Electrolyte & Renal Agents		
Vasopressin Analog	NOCDURNA (desmopressin)	None
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA (finerenone)	1 tab/day
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	JATENZO/KYZATREX (testosterone undecanoate)	None
	METHITEST (methyltestosterone)	None
	methyltestosterone	None
	oxandrolone 10 mg	2 tabs/day
	oxandrolone 2.5 mg	8 tabs/day
	TLANDO (testosterone undecanoate)	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	ANDROGEL (testosterone)	None
	FORTESTA (testosterone)	None
	NATESTO (testosterone nasal)	None
	TESTIM (testosterone)	None
	testosterone	None
	VOGELXO (testosterone)	None
Androgens, Testosterone (Injectable)	AVEED (testosterone undecanoate)	None
	DEPO-TESTOSTERONE (testosterone cypionate)	None
	TESTOPEL (testosterone pellet)	None
	testosterone enanthate	None
	XYOSTED (testosterone enanthate)	None
Antidiabetic Agents	AFREZZA (insulin regular)	None
	GLUMETZA (metformin)	None

Therapy class	Medication name	Quantity limit
	SYMLINPEN (pramlintide)	None
	TZIELD (teplizumab-mzwv)	None
	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJECTION (insulin aspart protamine/aspart)	None
	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJECTION (insulin aspart protamine/aspart)	None
	INSULIN ASPART INJECTION 100/ML (insulin aspart)	None
	INSULIN ASPART INJECTION 70/30 (insulin aspart)	None
	INSULIN ASPART INJECTION FLEXPEN (insulin aspart)	None
	INSULIN ASPART INJECTION FLEXPEN (insulin aspart)	None
	INSULIN ASPART INJECTION PENFILL (insulin aspart)	None
	INSULIN ASPART INJECTION PENFILL (insulin aspart)	None
	INSULIN DEGLUDEC (insulin degludec)	None
	INSULIN DEGLUDEC (insulin degludec)	None
	INSULIN DEGLUDEC (insulin degludec)	None
	INSULIN GLARGINE (insulin glargine)	None
	INSULIN GLARGINE (insulin glargine)	None
	INSULIN GLARGINE (insulin glargine)	None
	NOVOLOG INJ FLEXPEN (insulin aspart)	None
	NOVOLOG INJ RELION (insulin aspart)	None
	NOVOLOG MIX INJ FLEX REL (insulin aspart protamine/aspart)	None
	NOVOLOG RELI INJ 70/30 (insulin aspart protamine/aspart)	None
Diabetic Supplies	BIGFOOT UNITY PROGRAM KIT	1 kit per 2 years
	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonists	ADLYXIN (lixisenatide)	2 pens (6 mL)/28 days
	ADLYXIN (lixisenatide)	2 starter kits (12 mL)/365 days
	BYDUREON BCISE (exenatide)	4 injectors/28 days
	BYETTA (exenatide)	1 pen-injector/30 days
	GLUMETZA (metformin)	None
	MOUNJARO (tirzepatide)	4 pens (2 mL)/28 days
	OZEMPIC (semaglutide)	1 pen/28 days
	OZEMPIC (semaglutide) 1 mg/dose (2 mg/1.5 mL)	2 pens/28 days
	RYBELSUS (semaglutide)	1 tab/day
	RYBELSUS (semaglutide)	60 tablets (2 boxes)/365 days
	TRULICITY (dulaglutide)	4 pen-injectors/28 days
VICTOZA (liraglutide)	3 pen-injectors/30 days	
Gonadotropins	MYFEMBREE (relugolix-estradiol-norethindrone acetate)	1 tab/day
	ORIAHNN (elagolix-estrad-noreth)	2 tabs/day
	ORLISSA (elagolix) 150mg	1 tab/day
	ORLISSA (elagolix) 200mg	2 tabs/day
Nutritive Agents	DOJOLVI (triheptanoin)	None
Gastroenterology		
Antiemetics	BONJESTA (doxylamine/pyridoxine)	2 tabs/day
	DICLEGIS (doxylamine/pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	4 mL/day

Therapy class	Medication name	Quantity limit
Constipation	IBSRELA (tenapanor)	2 tabs/day
	ZELNORM (tegaserod)	2 tabs/day
Helicobacter Pylori Agents	VOQUEZNA (amoxicillin/clarithromycin/vonoprazan)	None
	VOQUEZNA (amoxicillin/vonoprazan)	none
Irritable Bowel Syndrome	LOTRONEX (alosetron)	None
	mesalamine ER 24 HR 0.375 gm	None
	VIBERZI (eluxadoline)	2 tabs/day
Immunology		
Allergen Extracts	GRASTEK (timothy grass pollen)	1 tab/day
	ODACTRA (dust mite mixed ext)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) starter pack	2 packs/365 days
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) sample kit	2 kits/365 days
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Immune Globulins	VARIZIG (varicella-zoster immune globulin)	None
Miscellaneous		
Amino Acid	ENDARI (glutamine)	None
Anticholinergic	CUVPOSA (glycopyrrolate)	None
	DARTISLA ODT (glycopyrrolate)	672 tabs/year
	GLYCATE (glycopyrrolate)	6 tabs/day
	ROBINUL (glycopyrrolate)	4 tabs/day
	ROBINUL FORTE (glycopyrrolate)	4 tabs/day
Antimetabolites	SIKLOS (hydroxyurea)	None
Calcium Modifier	SENSIPAR (cinacalcet)	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
	REDITREX (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	GOCOVRI (amantadine)	None
	NOURIANZ (istradefylline)	None
	OSMOLEX ER (amantadine)	None
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
	PEDMARK (sodium thiosulfate)	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GEL-ONE (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
	GENVISC 850 (sodium hyaluronate)	None
	HYALGAN (sodium hyaluronate)	None
	HYMOVIS (sodium hyaluronate)	None
	MONOVISC (hyaluronan)	None
	ORTHOVISC (sodium hyaluronate)	None
	SUPARTZ (sodium hyaluronate)	None
	SUPARTZ FX (sodium hyaluronate)	None
SYNOJOYNT (sodium hyaluronate)	None	

Therapy class	Medication name	Quantity limit
	SYNVISC (sodium hyaluronate)	None
	SYNVISC-ONE (sodium hyaluronate)	None
	TRILURON (sodium hyaluronate)	None
	TRIVISC (sodium hyaluronate)	None
	VISCO-3 (sodium hyaluronate)	None
Wound Care	REGANEX (becaplermin)	None
Obstetrics & Gynecology		
Contraceptives	PHEXXI (lactic acid/citric acid/potassium bitartrate)	1 box/60 days (60 units/60 days)
Miscellaneous	VEOZAH (fezolinetant)	1 tab/day
Ophthalmology		
Anti-inflammatory	VERKAZIA (cyclosporine)	4 vials/day
Dry Eye	EYSUVIS (loteprednol etabonate)	None
	CEQUA (cyclosporine)	None
	RESTASIS (cyclosporine)	None
	TYRVAYA (varenicline tartrate)	2 bottles/30 days
	XIIDRA (lifitegrast)	None
Miscellaneous	VUITY (pilocarpine)	3 bottles (7.5 mL)/28 days
	XIPERE (triamcinolone acetonide)	None
Vasoconstrictor	UPNEEQ (oxymetazoline)	None
Respiratory		
Asthma/COPD	DALIRESP (roflumilast)	None
	BUDESONIDE-FORMOTEROL	1 inhaler/30 days
	FLUTICASONE/SALMETEROL HFA (fluticasone/salmeterol)	1 inhaler/30 days
	FLUTICASONE/VILANTEROL (fluticasone furoate/vilanterol)	1 pack/30 days
Cystic fibrosis	BRONCHITOL (mannitol)	20 caps/day
Urology		
Cystitis Agents	ELMIRON (pentosan polysulfate sodium)	None
Clinical Duplicates		
	ABILIFY MYCITE (aripiprazole)	1 tab/day
	ABILIFY MYCITE (aripiprazole) starter pack	2 starter packs/365 days
	ACUVAIL (ketorolac tromethamine)	None
	ADLARITY (donepezil)	None
	ALA SCALP (hydrocortisone)	None
	ALKINDI SPRINKLE (hydrocortisone)	None
	ALLZITAL (butalbital-acetaminophen)	None
	ALOCRIAL (nedocromil sodium)	None
	ALREX (loteprednol etabonate)	None
	ANALPRAM-HC (hydrocortisone acetate)	None
	ANTARA (fenofibrate micronized)	None
	APEXICON E (diflorasone diacetate)	None
	ASPRUZYO (ranolazine)	2 packets/day
	BETOPIC-S (betaxolol)	None
	BRYHALI (halobetasol)	None
	BUTAL/APAP (butalbital-acetaminophen)	None
	CAPEX (fluocinolone acetonide)	None
	CLARINEX-D (desloratadine & pseudoephedrine)	None
	CONJUPRI (levamlodipine maleate)	None

Therapy class	Medication name	Quantity limit
	CONSENSI (amlodipine besylate-celecoxib)	1 tab/day
	CORDRAN (flurandrenolide)	None
	CORDRAN 80X3 TAP 4 mcg/cm (flurandrenolide)	None
	CORTISONE (cortisone)	None
	CYCLOBENZAPRINE/GABAPENTIN (cyclobenzaprine-gabapentin)	None
	DECADRON (dexamethasone)	None
	DENAVIR (penciclovir)	5 grams/30 days
	DEXABLISS (dexamethasone)	None
	DUREZOL (difluprednate)	None
	DURLAZA (aspirin)	None
	DUTOPROL (metoprolol hydrochlorothiazide)	None
	DXEVO 11-DAY PAK (dexamethasone)	None
	ECOZA (econazole nitrate)	None
	EPANED (enalapril)	None
	ERTACZO (sertaconazole nitrate)	None
	EXELDERM (sulconazole nitrate)	None
	FLECTOR (diclofenac epolamine)	2 patches/day, 15 days/fill, 1 fill/30 days
	FLEQSUVY (baclofen)	None
	FOSAMAX + D (alendronate sodium-cholecalciferol)	4 tabs/28 days
	GIALAX (polyethylene glycol)	None
	GILPHEX TR (phenylephrine-chlorphen)	None
	GILTUSS TR (phenylephrine w/dm)	None
	GIMOTI (metoclopramide)	None
	GLYCATE (glycopyrrolate)	none
	HALOG OINT (halcinonide)	None
	HALOG SOL (halcinonide)	None
	HEMADY (dexamethasone)	None
	HIDEX 6-DAY PAK (dexamethasone)	None
	IMPEKLO (clobetasol propionate)	None
	IMPOYZ (clobetasol propionate)	None
	INDERAL XL (propranolol hcl)	None
	INNOPRAN XL (propranolol hcl)	None
	KARBINAL ER (carbinoxamine maleate)	None
	KATERZIA (amlodipine benzoate)	None
	KRISTALOSE (lactulose)	None
	LEXETTE (halobetasol propionate)	None
	LICART (diclofenac epolamine)	1 patch/day
	LOREEV XR (lorazepam) 1 mg	1 cap/day
	LOREEV XR (lorazepam) 1.5 mg, 2 mg	5 caps/day
	LOREEV XR (lorazepam) 3 mg	3 caps/day
	LOTEMAX (loteprednol)	4 bottles/year
	LUZU (luliconazole)	None
	LYVISPAH (baclofen) 5 mg	9 packets/day
	LYVISPAH (baclofen) 10 mg	3 packets/day
	LYVISPAH (baclofen) 20 mg	4 packets/day
	MENTAX (butenafine)	None
	methocarbamol	None
	METFORMIN (metformin) 625 mg	None

Therapy class	Medication name	Quantity limit
	MILLIPRED (prednisolone)	None
	MILLIPRED DP PAK (dexamethasone)	None
	MOTOFEN (difenoxyin w/ atropine)	None
	NAPRELAN (naproxen sodium)	None
	NEOTUSS PLUS (phenylephrine-chlorphen-dextromethorphan)	None
	NEXICLON XR (clonidine)	None
	NORGESIC FORTE (orphenadrine)	4 tabs/day
	ORAVIG (miconazole buccal)	None
	ORTIKOS (budesonide)	None
	OTOVEL (ciprofloxacin-fluocinolone)	None
	OXISTAT (oxiconazole nitrate)	None
	OZOBAX (baclofen)	None
	PANDEL (hydrocortisone probutate)	None
	PLIAGLIS (lidocaine-tetracaine)	None
	PSORCON (diflorasone diacetate)	None
	QBRELIS (lisinopril)	None
	QMIIZ ODT (meloxicam)	None
	RAYOS (prednisone)	None
	RELAFEN DS (nabumetone)	None
	RELTONE (ursodiol)	None
	SANCUSO DIS 3.1 mg (granisetron)	2 patches/30 days
	SEGLENTIS (celecoxib/tramadol)	4 tabs/day
	SEMPREX-D (acrivastine & pseudoephedrine)	None
	SITAVIG TAB 50 mg (acyclovir)	2 tabs/30 days
	SIVEXTRO TAB 200 mg (tedizolid)	6 tabs/30 days
	SORILUX (calcipotriene)	None
	SPRITAM (levetiracetam)	None
	SULFAMYLON (mafenide acetate)	None
	SYNERA (lidocaine-tetracaine)	None
	TAPERDEX PAK (dexamethasone)	None
	TRIANEX (triamcinolone acetonide)	None
	ULTRAVATE (halobetasol)	None
	VALSARTAN SOL (valsartan)	None
	VANATOL LQ (butalbital/acetaminophen/caffeine)	None
	VERDESO (desonide)	None
	VEREGEN (sin catechins)	None
	VUSION (miconazole/zinc oxide/white petrolatum)	None
	XERESE (acyclovir/hydrocortisone)	None
	XOLEGEL (ketoconazole)	None
	YOSPRALA (aspirin/omeprazole)	1 tab/day
	ZCORT 7-DAY (dexamethasone)	None
	ZILRETTA (triamcinolone acetonide)	None
	ZUPLENZ (ondansetron)	10 films/30 days

Select specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotics	ARIKAYCE (amikacin)	None
	REBYOTA (fecal microbiota, live-jslm)	None
	VOWST (fecal microbiota spores, live-brpk)	24 caps/365 days
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antivirals	LIVTENCITY (maribavir)	None
Cardiology		
Antilipemic	EVKEEZA (evinacumab-dgnb)	None
	JUXTAPID (lomitapide)	1 tab/day
	JUXTAPID (lomitapide) 20 mg, 30 mg	2 tabs/day
Hemostatic Agent	BERINERT (c1 esterase)	10 vials/30 days
	CINRYZE (c1 esterase)	None
	FIRAZYR (icatibant)	6 syringes/30 days
	HAEGARDA (c1 esterase)	None
	KALBITOR (ecallantide)	6 vials/30 days
	ORLADEYO (berotralstat)	1 tab/day
	RUCONEST (c1 esterase)	8 vials/30 days
	TAKHZYRO (lanadelumab-flyo)	None
Miscellaneous	CAMZYOS (mavacamten)	1 cap/day
Pulmonary Arterial Hypertension	ADCIRCA/ALYQ (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	3 tabs/day
	FLOLAN (epoprostenol)	None
	LETAIRIS (ambrisentan)	1 tab/day
	LIQREV (sildenafil)	2 bottles/30 days
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	ORENITRAM (treprostinil diolamine)	2 kits/365 days
	REMODULIN (treprostinil)	None
	REVATIO (sildenafil) soln	None
	REVATIO (sildenafil) susp	2 bottles/30 days
	REVATIO (sildenafil) tab	3 tabs/day
	TADLIQ (tadalafil)	10 mL/day
	TRACLEER (bosentan) tab	2 tabs/day
	TRACLEER (bosentan) tab for susp	4 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	TYVASO DPI (treprostinil)	4 cartridges/day
	TYVASO DPI (treprostinil) 16-32 mcg	2 kits/365 days
	TYVASO DPI (treprostinil) 16-32-38 mcg	2 kits/365 days
	TYVASO DPI (treprostinil) 32-48 mcg	8 cartridges/day
	UPTRAVI (selexipag) tab	2 tabs/day
	UPTRAVI (selexipag) pack	2 packs/365 days
	UPTRAVI (selexipag) soln	None
VELETRI (epoprostenol)	None	
VENTAVIS (iloprost)	9 ampules/day	
Transthyretin Stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day

Therapy class	Medication name	Quantity limit
Vasopressors	NORTHERA (droxidopa)	None
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit/day
Central Nervous System		
Alzheimer's Agents	ADUHELM (aducanumab-avwa)	None
	LEQEMBI (lecanemab-irmb) 500 mg/5mL	5 vials/28 days
	LEQEMBI (lecanemab-irmb) 200 mg/2mL	None
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol) soln	None
	FINTEPLA (fenfluramine)	None
	SABRIL (vigabatrin) pack	None
	SABRIL (vigabatrin) tabs	None
	ZTALMY (ganaxolone)	None
Antidepressants	SPRAVATO (esketamine)	None
	ZULRESSO (brexanolone)	None
Antipruritic	KORSUVA (difelikefalin)	None
Depressant	LUMRYZ (sodium oxybate)	1 pack/day
	XYREM (sodium oxybate)	18 mL/day
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Gene Therapy	SKYSONA (elivaldogene autotemcel)	None
Miscellaneous	QALSODY (tofersen)	None
	RADICAVA (edaravone)	None
	RELYVRIO (sodium phenylbutyrate/taurursodiol)	2 packets/day
Muscular Dystrophy	AMONDYS 45 (casimersen)	None
	EMFLAZA (deflazacort)	None
	EXONDYS 51 (eteplirsen)	None
	VILTEPSO (viltolarsen)	None
	VYONDYS 53 (golodirsen)	None
Musculoskeletal Agents	FIRDAPSE (amifampridine)	None
Neurological Agents	AMVUTTRA (vutrisiran)	0.5 mL/ 90 days
	DAYBUE (trofinetide)	120 mL/day
	ONPATTRO (patisiran sodium)	None
	SKYCLARYS (omaveloxolone)	3 caps/day
	TEGSEDI (inotersen)	6 mL (4 syringes)/28 days
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
	HETLIOZ LQ (tasimelteon)	158mL/30 days
	WAKIX (pitolisant)	2 tabs/day
Weight Loss	IMCIVREE (setmelanotide)	0.3 mL/day
Dermatology		
Alkylating Agents	VALCHLOR (mechlorethamine) gel	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE (afamelanotide)	None
Electrolyte & Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & Metabolism		
C-type Natriuretic Peptide	VOXZOGO (vosoritide)	1 vial/day
Corticosteroid	TARPEYO (budesonide)	4 caps/day

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

Therapy class	Medication name	Quantity limit
Cortisol Synthesis Inhibitor	ISTURISA (osilodrostat phosphate)	None
	RECORLEV (levoketoconazole)	8 tabs/day
Cyclic pyranopterin monophosphate (cPMP) substrate replacement therapy	NULIBRY (fosdenopterin)	None
Endothelin Receptor Antagonist	FILSPARI (sparsentan)	1 tab/day
Farnesyltransferase Inhibitor	ZOKINVY (lonafarnib)	4 caps/day
Gonadotropins	CAMCEVI (leuprolide) 42 mg (6-month)	1 injection/168 days
	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
	FENSOLVI (leuprolide)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/365 days
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	leuprolide 1 mg/0.2 mL	None
	LEUPROLIDE (leuprolide) 22.5 mg (3-month)	1 injection/84 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 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/365 days	
Growth Hormones and Related Therapy	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
	GENOTROPIN (somatropin)	None
	HUMATROPE (somatropin)	None
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	OMNITROPE (somatropin)	None
	SAIZEN (somatropin)	None
	SEROSTIM (somatropin)	None
	SKYTROFA (lonapegsomatropin-tcgd)	None
	SOGROYA (somapacitan-beco)	None
	ZOMACTON (somatropin)	None
	ZORBITIVE (somatropin)	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX (mecasermin)	None
	SOMAVERT (pegvisomant)	None
Hormone Modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
Hyperammonemia	CARBAGLU (carglumic acid)	None
Miscellaneous	ACTHAR/CORTROPHIN (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day

Therapy class	Medication name	Quantity limit
Monoclonal Antibody	TEPEZZA (teprotumumab-trbw)	None
Osteoporosis	EVENITY (romosozumab-aqqg)	2 syringes (2.34 mL)/28 days
	FORTEO (teriparatide)	None
	PROLIA (denosumab)	2 syringes/365 days
	TERIPARATIDE (teriparatide)	None
	TYMLOS (abaloparatide)	None
Somatostatins	MYCAPSSA (octreotide)	None
	octreotide	None
	SANDOSTATIN (octreotide)	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR (pasireotide)	2 ampules/day
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
Somatostatins	SOMATULINE DEPOT (lanreotide)	None
Vasopressin Antagonist	JYNARQUE (tolvaptan)	2 tabs/day
	SAMSCA (tolvaptan)	2 tabs/day
Enzyme-Related		
Alpha-1 proteinase inhibitor	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
Cystine-depleting Agents	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase)	None
	BUPHENYL (sodium phenylbutyrate)	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	ELFABRIO (pegunigalsidase alfa-iwxj)	None
	FABRAZYME (agalsidase beta)	None
	GALAFOLD (migalastat)	14 caps/28 days
	KANUMA (sebelipase alfa)	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa-vj bk)	None
	NAGLAZYME (galsulfase)	None
	NEXVIAZYME (avalglucosidase alfa-ngpt)	None
	OLPRUVA (sodium phenylbutyrate)	none
	PHEBURANE (sodium phenylbutyrate)	None
	RAVICTI (glycerol phenylbutyrate)	None
	REVCOVI (elapegedemase-lvlr)	None
	STRENSIQ (asfotase alfa)	None
	SUCRAID (sacrosidase)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XENPOZYME (olipudase alfa-rpcp)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
	Enzyme, Gout	KRYSTEXXA (pegloticase)
Metabolic Agents	NITYR (nitisinone)	None

Therapy class	Medication name	Quantity limit
	ORFADIN (nitisinone)	None
Phenylketonuria Treatment Agents	KUVAN/JAVYGTOR (sapropterin)	None
	PALYNZIQ (pegvaliase-pqz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqz) 20 mg/mL	2 syringes/day
Gastroenterology		
Gallstone Solubilizing Agents	CHENODAL (chenodiol)	None
Bile Acid Agents	CHOLBAM (cholic acid)	None
Diarrhea	XERMELO (telotristat etiprate)	3 tabs/day
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
	GIVLAARI (givosiran)	None
Ileal Bile Acid Transporter Inhibitor	BYLVAY (odevixibat)	None
	LIVMARLI (maralixibat chloride)	90 mL/30 days
Short Bowel Syndrome	GATTEX (teduglutide)	None
Hematology		
Gene Therapy	HEMGENIX (etranacogene dezaparvovec-drlb)	None
	ROCTAVIAN (valoctocogene roxaparvovec-rvox)	None
Hemolytic Anemia	PYRUKYND (mitapivat)	2 tabs/day
	PYRUKYND (mitapivat) taper pak	1 tab/day
Sickle Cell Disease	ADAKVEO (crizanlizumab-tmca)	None
	OXBRYTA (voxelotor) tab	3 tabs/day
	OXBRYTA (voxelotor) tab 300 mg	5 tabs/day
	OXBRYTA (voxelotor) tab for susp	5 tabs/day
	ZYNTEGLO (betibeglogene autotemcel)	None
Immunology		
APDS AGENT	JOENJA (leniolisib)	2 tabs/day
Atopic Dermatitis	ADBRY (tralokinumab-ldrm)	4 syringes/28 days
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
Complement Inhibitor	ENJAYMO (sutimlimab-jome)	None
	TAVNEOS (avacopan)	6 caps/day
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None
	DOPTELET (avatrombopag)	None
	EMPAVELI (pegcetacoplan)	None
	ENSPRYNG (satralizumab-mwge)	None
	EPOGEN (epoetin alfa)	None
	FULPHILA (pegfilgrastim-jmdb)	None
	FYLNTRA (pegfilgrastim-pbbk)	None
	GRANIX (tbo-filgrastim)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy peg-epoetin beta)	None
	MULPLETA (lusutrombopag)	None
	NEULASTA (pegfilgrastim)	None
	NEUPOGEN (filgrastim)	None
	NIVESTYM (filgrastim-aafi)	None
	NPLATE (romiplostim)	None
	NYVEPRIA (pegfilgrastim-apgf)	None
	PROCRIT (epoetin alfa)	None
	PROMACTA (eltrombopag)	None

Therapy class	Medication name	Quantity limit
	REBLOZYL (luspatercept-aamt)	None
	RELEUKO (filgrastim-ayow)	None
	RETACRIT (epoetin alfa-epbx)	None
	ROLVEDON (eflapegrastim-xnst)	None
	SOLIRIS (eculizumab)	None
	STIMUFEND (pegfilgrastim-fpgk)	None
	TAVALISSE (fostamatinib)	None
	UDENYCA (pegfilgrastim-cbqv)	None
	ULTOMIRIS (ravulizumab-cwvz)	None
	UPLIZNA (inebilizumab-cdon)	None
	ZARXIO (filgrastim-sndz)	None
	ZIEXTENZO (pegfilgrastim-bmez)	None
	Hepatitis C Agents	EPCLUSA (sofosbuvir-velpatasvir)
EPCLUSA (sofosbuvir-velpatasvir) pellet pack 150-375 mg		1 pack/day
EPCLUSA (sofosbuvir-velpatasvir) pellet pack 200-50 mg		2 packs/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
MAVYRET (glecaprevir-pibrentasvir) pellet pack		5 packs/day
PEGASYS (peginterferon alfa-2a)		None
SOVALDI (sofosbuvir) 400 mg		1 tab/day
SOVALDI (sofosbuvir) tab and pellet pack 200 mg		2 tabs or packs/day
SOVALDI (sofosbuvir) pellet pack 150mg		1 tab/day
VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)		1 tab/day
ZEPATIER (elbasvir-grazoprevir)		1 tab/day
Immune Globulins	ASCENIV (immune globulin)	None
	BIVIGAM (immune globulin)	None
	CARIMUNE (immune globulin)	None
	CUTAQUIG (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus immune globulin)	None
	FLEBOGAMMA (immune globulin)	None
	GAMASTAN (immune globulin)	None
	GAMMAGARD/SD (immune globulin)	None
	GAMMAKED (immune globulin)	None
	GAMMAPLEX (immune globulin)	None
	GAMUNEX-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PANZYGA (immune globulin [human]-ifas)	None
	PRIVIGEN (immune globulin)	None
	XEMBIFY (immune globulin)	None
	Immunomodulators	ACTEMRA (tocilizumab) IV
ACTEMRA (tocilizumab) 162 mg/0.9 mL		4 syringes/28 days
ADALIMUMAB-ADAZ (adalimumab-adaz) 20 mg/0.2mL, 40 mg/0.4mL		4 syringes/28 days

Therapy class	Medication name	Quantity limit
	ADALIMUMAB-ADAZ (adalimumab-adaz) 10 mg/0.1mL, 80 mg/0.8mL	2 syringes/28 days
	ADALIMUMAB-FKJP (adalimumab-fkjp) 20 mg/0.4mL, 40 mg/0.8mL	4 syringes/28 days
	AMJEVITA (adalimumab-atto) 20 mg/0.4mL, 40 mg/0.8mL	4 syringes/28 days
	AMJEVITA (adalimumab-atto) 10 mg/0.2mL	2 syringes/28 days
	AVSOLA (infliximab-axxq)	None
	CIBINQO (abrocitinib)	1 tab/day
	CIMZIA (certolizumab) 200 mg/mL	4 syringes/28 days
	CIMZIA (certolizumab) Starter Kit	1 starter kit/365 days
	CYLTEZO (adalimumab-adbm) 10 mg/0.2mL	2 syringes/28 days
	CYLTEZO (adalimumab-adbm) 20 mg/0.4mL, 40 mg/0.8mL	4 syringes/28 days
	COSENTYX (secukinumab) 150 mg/mL (300 mg dose)	2 syringes/28 days
	COSENTYX (secukinumab) 150 mg/mL, 75 mg/0.5 MI	1 syringe/28 days
	ENBREL (etanercept) 25mg/0.5mL	8 vials or syringes/28 days
	ENBREL (etanercept) 50mg/mL	4 syringes or cartridges/28 days
	ENTYVIO (vedolizumab)	None
	HADLIMA (adalimumab-bwwd) 40 mg/0.4mL, 40 mg/0.8mL	4 syringes/28 days
	HULIO (adalimumab-fkjp) 20 mg/0.4mL, 40 mg/0.8mL	4 syringes/28 days
	HUMIRA (adalimumab) 20mg/0.2mL, 40mg/0.8mL, 40 mg/0.4mL	4 syringes/28 days
	HUMIRA (adalimumab) 10 mg/0.1mL, 80 mg/0.8mL	2 syringes/28 days
	HUMIRA (adalimumab) Starter Pack	1 starter kit/365 days
	HYRIMOZ (adalimumab-adaz) 20 mg/0.2mL, 40 mg/0.4mL	4 syringes/28 days
	HYRIMOZ (adalimumab-adaz) 10 mg/0.1mL, 80 mg/0.8mL	2 syringes/28 days
	HYRIMOZ (adalimumab-adaz) Starter Kit	1 starter kit/year
	IDACIO (adalimumab-aacf)	4 syringes/28 days
	ILUMYA (tildrakizumab-asmn)	1 syringe/84 days
	INFLECTRA (infliximab)	None
	KEVZARA (sarilumab)	2 syringes/28 days
	KINERET (anakinra)	None
	OLUMIANT (baricitinib)	1 tab/day
	ORENCIA (abatacept) IV injection	None
	ORENCIA (abatacept) subcutaneous injection	4 syringes/28 days
	OTEZLA (apremilast)	2 tabs/day
	OTEZLA (apremilast) Starter Pack	1 pack/365 days
	REMICADE/INFLIXIMAB/RENFLIXIS (infliximab)	None
	RINVOQ (upadacitinib)	1 tab/day
	SILIQ (brodalumab)	2 syringes/28 days
	SIMPONI (golimumab)	1 syringe/28 days
	SIMPONI ARIA (golimumab)	None
	SKYRIZI (risankizumab-rzaa)	None
	SKYRIZI (risankizumab-rzaa) 75 mg/0.83mL	2 syringe/84 days
	SKYRIZI (risankizumab-rzaa) 150 mg/mL	1 syringe/84 days
	SKYRIZI (risankizumab-rzaa) 180 mg/1.2mL, 360 mg/2.4mL	1 cartridge/56 days
	SOTYKTU (deucravacitinib)	1 tab/day
	STELARA (ustekinumab) 45 mg/0.5mL, 90 mg/mL	1 syringe/56 days

Therapy class	Medication name	Quantity limit
	STELARA (ustekinumab) IV injection	None
	TALTZ (ixekizumab)	1 syringe/28 days
	TREMFYA (guselkumab)	1 syringe/56 days
	XELJANZ (tofacitinib)	2 tabs/day
	XELJANZ (tofacitinib) soln	10 mL/day
	XELJANZ XR (tofacitinib)	1 tab/day
	YUFLYMA (adalimumab-aaty)	4 syringes/28 days
	YUSIMRY (adalimumab-aqvh)	4 syringes/28 days
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/28 days
	SPEVIGO (spesolimab-sbzo)	30 mL/84 days
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
	LUPKYNIS (voclosporin)	6 caps/day
	SAPHNELO (anifrolumab-fnia)	None
Monoclonal Antibody	CINQAIR (reslizumab)	None
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
	FASENRA (benralizumab)	None
	GAMIFANT (emapalumab-lzsg)	None
	NUCALA (mepolizumab)	3 vials/28 days
	NUCALA (mepolizumab) 40 mg/0.4 mL	1 syringe/28 days
	TEZSPIRE (tezepelumab-ekko)	1 syringe/28 days
	XOLAIR (omalizumab)	None
Multiple Sclerosis	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
	BRIUMVI (ublituximab-xiiy)	None
	COPAXONE/GLATOPA (glatiramer) 20 mg/mL	30 syringes/30 days
	COPAXONE/GLATOPA (glatiramer) 40 mg/mL	12 syringes/28 days
	EXTAVIA (interferon beta-1b)	1 package/28 days
	GILENYA (fingolimod)	1 cap/day
	KESIMPTA (ofatumumab)	1 syringe/30 days
	LEMTRADA (alemtuzumab)	None
	MAVENCLAD (cladribine)	None
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 1 mg, 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs/365 days
	mitoxantrone	None
	OCREVUS (ocrelizumab)	4 vials/365 days
	PLEGRIDY (peginterferon beta)	2 pens or syringes/28 days
	PLEGRIDY (peginterferon beta) kit	1 kit/28 days
	PONVORY (ponesimod)	1 tab/day
	PONVORY (ponesimod)	2 starter packs/365 days
	REBIF (interferon beta-1a)	12 syringes/28 days

Therapy class	Medication name	Quantity limit	
	REBIF (interferon beta-1a) starter pack	1 starter pack/365 days	
	TASCENSO ODT (fingolimod)	1 tab/day	
	TECFIDERA (dimethyl fumarate)	2 caps/day	
	TECFIDERA (dimethyl fumarate) starter pack	2 starter packs/365 days	
	TYSABRI (natalizumab)	1 injection /28 days	
	VUMERITY (diroximel)	4 caps/day	
	ZEPOSIA (ozanimod)	1 cap/day	
	ZEPOSIA Starter Pack (ozanimod cap pack)	2 starter packs/365 days	
	ZEPOSIA Starter Kit (ozanimod cap pack)	2 kits/365 days	
Neonatal Fc Receptor Antagonist	VYVGART (efgartigimod alfa-fcab)	None	
	VYVGART HYTRULO (efgartigimod alf-hyaluronidase-qvfc)	None	
Peanut Allergy	PALFORZIA (peanut powder)	None	
Miscellaneous			
Blood Modifier	RYPLAZIM (plasminogen, human-tvmh)	None	
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None	
Diagnostic	THYROGEN (thyrotropin alfa)	None	
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day	
	AUSTEDO (deutetrabenazine)	2 starter packs/365 days	
	AUSTEDO XR (deutetrabenazine) 6 mg	7 tabs/day	
	AUSTEDO XR (deutetrabenazine) 12 mg	3 tabs/day	
	AUSTEDO XR (deutetrabenazine) 24 mg	2 tabs/day	
	AUSTEDO XR (deutetrabenazine) titration pack	84 tabs/365 days	
	INGREZZA (valbenazine tosylate)	1 cap/day	
	INGREZZA (valbenazine tosylate) pack	2 packs/365 days	
Musculoskeletal Agents	XENAZINE (tetrabenazine)	None	
	EVRYSDI (risdiplam)	8 mL/day	
	SPINRAZA (nusinersen)	None	
Toxicology	ZOLGENSMA (onasemnogene abeparovvec-xioi)	None	
	CUPRIMINE (penicillamine)	None	
	CUVRIOR (trientine)	None	
Obstetrics & Gynecology	SYPRINE (trientine)	None	
	Obstetrics & Gynecology		
	Fertility Agents	CETROTIDE (cetorelix)	None
CHORIONIC GONADOTROPIN (chorionic gonadotropin)		None	
FOLLISTIM AQ (follitropin beta)		None	
FYREMADEL (ganirelix acetate)		None	
GONAL-F RFF (follitropin alfa) 300 IU		None	
GONAL-F RFF REDIIJECT (follitropin alfa) 900 IU		None	
MENOPUR (menotropins)		None	
NOVAREL (chorionic gonadotropin)		None	
OVIDREL (chorionic gonadotropin)		None	
PREGNYL (chorionic gonadotropin)		None	
Hormone Replacement	hydroxyprogesterone caproate	None	
	MAKENA (hydroxyprogesterone caproate)	None	
Oncology (Injectable)			
Alkylating Agents	BELRAPZO (bendamustine)	None	
	BENDEKA (bendamustine)	None	
	TREANDA (bendamustine)	None	
	VIVIMUSTA (bendamustine)	None	

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

Therapy class	Medication name	Quantity limit
	ZEPZELCA (lurbinectedin)	None
Antifolate	FOLOTYN (pralatrexate)	None
	TECENTRIQ (atezolizumab)	None
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
Asparagine specific enzyme	RYLAZE (asparaginase erwinia chrys)	None
CAR-T Therapy	ABECMA (idecabtagene vicleucel)	None
	BREYANZI (lisocabtagene maraleucel)	None
	CARVYKTI (ciltacabtagene autoleucel)	None
	KYMRIAH (tisagenlecleucel)	None
	TECARTUS (brexucabtagene autoleucel)	None
	YESCARTA (axicabtagene ciloleucel)	None
Interferons	BESREMI (ropeginterferon alfa-2b-njft)	None
	INTRON A (interferon alfa-2b)	None
Interleukins	ELZONRIS (tagraxofusp-erzs)	None
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)	None
	BESPONSA (inotuzumab ozogamicin)	None
	FYARRO (sirolimus)	None
	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab)	None
	VELCADE (bortezomib)	None
	VYXEOS (daunorubicin/cytarabine)	None
	ZALTRAP (ziv-aflibercept)	None
	BELEODAQ (belinostat)	None
	COSELA (trilaciclib)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	PROVENGE (sipuleucel-T)	None
	ROMIDEPSIN (romidepsin)	None
	SYNRIBO (omacetaxine)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DANYELZA (naxitamab-gqgk)	None
	DARZALEX (daratumumab)	None
	DARZALEX FASPRO (daratumumab/hyaluronidase-fihj)	None
	ELAHERE (mirvetuximab soravtansine-gynx)	None
	EMPLICITI (elotuzumab)	None
	ENHERTU (fam-trastuzumab deruxtecan-nxki)	None
	ERBITUX (cetuximab)	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	HERCEPTIN HYLECTA (trastuzumab/hyaluronidase-oysk)	None
	HERZUMA (trastuzumab-pkrb)	None
	IMFINZI (durvalumab)	None
	IMJUDO (tremelimumab-actl)	None
	JEMPERLI (dostarlimab-gxly)	None

Therapy class	Medication name	Quantity limit
	KADCYLA (ado-trastuzumab emtansine)	None
	KANJINTI (trastuzumab-anns)	None
	KEYTRUDA (pembrolizumab)	None
	LIBTAYO (cemiplimab-rwlc)	None
	LUMOXITI (moxetumomab pasudotox-tdfk)	None
	LUNSUMIO (mosunetuzumab-axgb)	None
	MARGENZA (margetuximab-cmkb)	None
	MONJUVI (tafasitamab-cxix)	None
	MYLOTARG (gemtuzumab)	None
	OGIVRI (trastuzumab-dkst)	None
	ONTRUZANT (trastuzumab-dttb)	None
	OPDIVO (nivolumab)	None
	OPDUALAG (nivolumab/relatlimab-rmbw)	None
	PADCEV (enfortumab vedotin-efv)	None
	PERJETA (pertuzumab)	None
	PHESGO (pertuzumab-trastuz-hyaluron-zzxf)	None
	POLIVY (polatuzumab vedotin-piiq)	None
	POTELIGEO (mogamulizumab-kpkc)	None
	RIABINI (rituximab)	None
	RITUXAN (rituximab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	RUXIENCE (rituximab-pvvr)	None
	RYBREVANT (amivantamab-vmjw)	None
	SARCLISA (isatuximab-irfc)	None
	SYLVANT (siltuximab)	None
	TECVAYLI (teclistamab-cqyv)	None
	TIVDAK (tisotumab vedotin-tftv)	None
	TRAZIMERA (trastuzumab-qyyp)	None
	TRODELVY (sacituzumab govitecan-hziy)	None
	TRUXIMA (rituximab-abbs)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
	ZYNLONTA (loncastuximab tesirine-lpyl)	None
	ZYNYZ (retifanlimab-dlwr)	None
T-cell Receptor	KIMMTRAK (tebentafusp-tebn)	None
Vascular Endothelial Growth Factor (VEGF) Inhibitor	ALYMSYS (bevacizumab-maly)	None
	AVASTIN (bevacizumab)	None
	MVASI (bevacizumab-awwb)	None
	VEGZELMA (bevacizumab-adcd)	None
	ZIRABEV (bevacizumab-bvzr)	None
Oncology (Oral)		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	BRUKINSA (zanubrutinib)	None
	ERLEADA (apalutamide)	None
	INREBIC (fedratinib)	None
	NUBEQA (darolutamide)	None
	ROZLYTREK (entrectinib)	None
	XTANDI (enzalutamide)	None

Therapy class	Medication name	Quantity limit
	YONSA (abiraterone)	None
	ZYTIGA (abiraterone)	None
Histone Methyltransferase (HMT) Inhibitor	TAZVERIK (tazemetostat)	None
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	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/365 days
	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) 300 mg	None
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetinib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	EXKIVITY (mobocertinib succinate)	None
	FOTIVDA (tivozanib)	None
	GAVRETO (pralsetinib)	None
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 10 mg, 15 mg	1 tab/day
	ICLUSIG (ponatinib) 30 mg, 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	IMBRUVICA (ibrutinib) oral suspension	None
	IMBRUVICA (ibrutinib) tablet	1 tab/day
	IMBRUVICA (ibrutinib) capsule	1 cap/day
	IMBRUVICA (ibrutinib) 140 mg capsule	3 cap/day
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 5 mg, 10 mg	2 tabs/day
	JAYPIRCA (pirtobrutinib) 50 mg tablet	1 tab/day
	JAYPIRCA (pirtobrutinib) 100mg tablet	None
	KOSELUGO (selumetinib)	None
	KRAZATI (adagrasib)	None
LENVIMA (lenvatinib)	None	
LORBRENA (lorlatinib)	None	
LUMAKRAS (sotorasib)	None	
LYNPARZA (olaparib)	None	
LYTGOBI (futibatinib)	None	

Therapy class	Medication name	Quantity limit
	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
	SCEMBLIX (asciminib)	None
	SCEMBLIX (asciminib) 20 mg	2 tabs/day
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TABRECTA (capmatinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TALZENNA (talazoparib)	None
	TALZENNA (talazoparib) 0.5 mg, 0.25 mg	1 cap/day
	TARCEVA (erlotinib) 100 mg, 150 mg	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TEPMETKO (tepotinib)	None
	TRUSELTIQ (infigratinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VIJOICE (alpelisib)	1 tab/day
	VIJOICE (alpelisib) 250 mg	1 pack/28 days
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VONJO (pacritinib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib)	None
ZEJULA (niraparib) 100 mg tablet	1 tab/day	
ZELBORAF (vemurafenib)	None	
ZYDELIG (idelalisib)	None	
ZYKADIA (ceritinib)	None	
Miscellaneous	INQOVI (decitabine/cedazuridine)	None
	KISQALI (ribociclib)	None
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole)	None

Therapy class	Medication name	Quantity limit
	LONSURF (trifluridine-tipiracil)	None
	ONUREG (azacitadine)	None
	ORSERDU (elacestrant)	None
	REZLIDHIA (olutasidenib)	None
	RUBRACA (rucaparib camsylate)	None
	TARGRETIN (bexarotene) caps	None
	TARGRETIN GEL (bexarotene)	None
	TIBSOVO (ivosidenib)	None
	XELODA (capecitabine)	None
	XPOVIO (selinexor)	None
	WELIREG (belzutifan)	None
	ZOLINZA (vorinostat)	None
	ROCK2 Inhibitor	REZUROCK (belumosudil mesylate)
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Ophthalmology		
Complement Inhibitor	SYFOVRE (pegcetacoplan)	None
Miscellaneous	LUXTURN A (voretigene neparvovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day, 112 mL/lifetime
Vascular Endothelial Growth Factor (VEGF) Inhibitor	BEOVU (brolucizumab-dbll)	None
	BYOOVIZ (ranibizumab-nuna)	None
	CIMERLI (ranibizumab-eqrn)	None
	EYLEA (afibercept)	None
	LUCENTIS (ranibizumab)	None
	MACUGEN (pegaptanib sodium)	None
	SUSVIMO (ranibizumab)	None
VABYSMO (faricimab-svoa)	None	
Respiratory		
Cystic fibrosis	CAYSTON (aztreonam)	None
	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor/ivacaftor)	112 tablets per 28 days
	ORKAMBI (lumacaftor/ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor/ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) granules	2 packets/day
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) tablet	3 tabs/day
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	None
Urology		
Miscellaneous	OXLUMO (lumasiran)	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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