Prior Authorization *Premium Formulary*

Utilization Management
January 1, 2027



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.

Optum Rx®

Premium Non-Specialty Prior Authorization List

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole tab 200 mg	120 tablets per 180 days
Antibiotics	AEMCOLO TAB	None
	XIFAXAN TAB 550 MG	None
	ZINPLAVA IV SOLN	None
Antifungals	CICLOPIROX KIT	None
	CRESEMBA CAP	None
	NOXAFIL PACKET	None
	NOXAFIL SUSP	None
	NOXAFIL TAB	None
	SPORANOX	None
	tavaborole soln	None
	VFEND SUSP	None
	VFEND TAB	None
Antimalarial	QUALAQUIN CAP	None
Antiretrovirals, HIV	DESCOVY TAB 200-25 MG	None
	SELZENTRY	None
	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB 300 MG	2 packs per 365 days
	SUNLENCA TAB THERAPY PACK	2 packs per 365 days
Cardiology		
Antihypertensive Agents	TRYVIO TAB	1 tablet per day
Antilipemic	NEXLETOL TAB	1 tablet per day
	NEXLIZET TAB	1 tablet per day
	VASCEPA CAP	None
Heart Failure	VERQUVO TAB	1 tablet per day
Miscellaneous	DEMSER CAP 250 MG	16 capsules per day
	DIBENZYLINE CAP	None
Central Nervous System		
Analgesics (Cough Opioid)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days

Therapy class	Medication name	Quantity limit
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days
Analgesics (Non-Opioid)	diclofenac soln	None
	QUTENZA PATCH KIT	4 patches per 90 days
Analgesics (Opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 136 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 166.5 mL/day.
	acetaminophen/codeine tab 300-15 mg	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	buprenorphine patch	4 patches per 28 days
	butorphonal nasal spray 10 mg/mL	1 bottle per fill, 2 fills per 60 days
	codeine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 21 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 40 tabs/day.
	codeine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 20 tabs/day.
	codeine tab 60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	fentanyl patch	15 patches per 30 days

Therapy class	Medication name	Quantity limit
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day
	hydrocodone ER tab	1 tablet per day
	hydrocodone/acetaminophen soln 7.5-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 98 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 180 mL/day.
	hydrocodone/acetaminophen soln 10-300 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen soln 10-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen tab 7.5-300 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-300 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/ibuprofen tab 5-200 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 16 tabs/day.
	hydrocodone/ibuprofen tab 7.5-200 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/ibuprofen tab 10-200 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone ER tab	2 tablets per day
	hydromorphone liquid 1 mg/ml	If you are new to opioid treatment, your prescription will be limited to 10 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 mL/day.
	hydromorphone tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone tab 4 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	hydromorphone tab 8 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.

Therapy class	Medication name	Quantity limit
	hydromorphone supp 3 mg	If you are new to opioid treatment, your prescription will be limited to 3 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 supps/day.
	levorphanol tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	levorphanol tab 3 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	meperidine soln 50 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 49 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 90 mL/day.
	meperidine tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 tabs/day.
	methadone soln 5 mg/5 mL	None
	methadone soln 10 mg/5 mL	None
	methadone tab	None
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day
	morphine ER cap	2 capsules per day
	morphine ER tab	3 tablets per day
	morphine soln 10 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 24.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 45 mL/day.
	morphine soln 20 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 12.25 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 22.5 mL/day.

Therapy class	Medication name	Quantity limit
	morphine soln 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 2.4 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4.5 mL/day.
	morphine supp 5 mg	If you are new to opioid treatment, your prescription will be limited to 9 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 supps/day.
	morphine supp 10 mg	If you are new to opioid treatment, your prescription will be limited to 4 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 supps/day.
	morphine supp 20 mg	If you are new to opioid treatment, your prescription will be limited to 2 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 supps/day.
	morphine supp 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 supp/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 supps/day.
	morphine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	morphine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	NALOCET TAB 2.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	oxycodone cap 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 caps/day.

Therapy class	Medication name	Quantity limit
	oxycodone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone conc 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 1.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 mL/day.
	oxycodone soln 5 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxycodone tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	oxycodone tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	oxycodone tab 20 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	oxycodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	oxycodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	oxycodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxycodone/acetaminophen soln 5-325 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxymorphone ER tab	4 tablets per day
	oxymorphone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxymorphone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	pentazocine/naloxone tab 50-0.5 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	PROLATE SOLN 10-300 MG/5 ML	If you are new to opioid treatment, your prescription will be limited to 16.3 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 30 mL/day.
	PROLATE TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	PROLATE TAB 7.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PROLATE TAB 10-300 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	tramadol ER tab	1 tablet per day
	tramadol tab 25 mg	If you are new to opioid treatment, your prescription will be limited to 8 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 75 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	tramadol tab 100 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	tramadol/acetaminophen tab 37.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	TREZIX CAP 320.5-30-16 MG	If you are new to opioid treatment, your prescription will be limited to 10 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 caps/day.

Therapy class	Medication name	Quantity limit
	XODOL TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	XTAMPZA ER CAP	4 capsules per day
Analgesics Gastroprotective Agents	naproxen/esomeprazole tab	2 tablets per day
Anticonvulsants	BANZEL	None
	HORIZANT	2 tablets per day
Antipsychotics	ADASUVE INHALER 10 MG	None
	IGALMI FILM	None
Benzodiazepines	clobazam, SYMPAZAN	None
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	6 syringes per 30 days
Migraine	AIMOVIG INJ	2 syringes per 28 days
	AIMOVIG INJ 140 MG/ML	1 syringe per 28 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	EMGALITY INJ 100MG/ML	3 syringes per 28 days
	EMGALITY INJ 120 MG/ML	1 syringe per 28 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	8 vials per 30 days
	NURTEC ODT	16 tablets per 30 days
	QULIPTA TAB	1 tablet per day
	UBRELVY TAB	16 tablets per 30 days
	VYEPTI IV SOLN	3 vials per 84 days
	ZAVZPRET NASAL SPRAY 10 MG/ACT	6 devices per 30 days
Miscellaneous	NUEDEXTA CAP	None
	RILUTEK TAB (Brand only)	2 tablets per day
Neurotoxins	BOTOX COSMETIC INJ	None
	BOTOX INJ	None
	DAXXIFY INJ	None
	DYSPORT INJ	None
	MYOBLOC INJ	None
	XEOMIN INJ	None
Parkinson's Agents	DUOPA SUSP 4.63-20 MG/ML	None
	NUPLAZID CAP	None
	NUPLAZID TAB	None
Sedative Hypnotics	flurazepam cap	1 capsule per day
Stimulants	armodafinil tab	1 tablet per day
	armodafinil tab 50 mg	2 tablets per day
	modafinil tab	1 tablet per day

Therapy class	Medication name	Quantity limit
	SUNOSI TAB	1 tablet per day
Weight Loss	FOUNDAYO TAB	1 tablet per day
	liraglutide inj	5 syringes per 30 days
	LOMAIRA TAB 8 MG	None
	QSYMIA CAP	None
	WEGOVY HD INJ 7.2 MG/0.75 ML	4 syringes per 28 days
	WEGOVY INJ	4 syringes per 28 days
	WEGOVY TAB	1 tablet per day
	XENICAL CAP 120 MG	None
	ZEPBOUND	4 syringes per 28 days
Dermatology		
Acne (Oral)	ABSORICA LD CAP	None
Acne (Topical)	AKLIEF CREAM	None
	ALTRENO, ATRALIN, tretinoin	None
	tazarotene	None
Beta-Blocker	HEMANGEOL SOLN 4.28 MG/ML	None
Molluscum Contagiosum Agents	YCANTH SOLN 0.7%	None
	ZELSUVMI GEL 10.3%	None
Electrolyte & Renal Agents		
Vasopressin Analog	NOCDURNA SL TAB	None
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Androgens, Testosterone (Injectable)	TESTONE CIK KIT 200 MG/ML	4 kits per 28 days
	testosterone cypionate inj	1 vial (10mL) per 28 days
	TESTOSTERONE CYPIONATE INJ 200 MG/ML	4 vials (1mL/each) per 28 days
	testosterone enanthate inj 200 mg/mL	1 vial (5 mL) per 28 days
	testosterone pellets	None
Androgens, Testosterone (Oral)	KYZATREX CAP	4 capsules per day
	KYZATREX CAP 100 MG	7 capsules per day
	METHITEST TAB 10 MG	20 tablets per day
	methyltestosterone cap 10 mg	20 capsules per day
Androgens, Testosterone (Topical)	testosterone gel pump 1.62%	2 bottles (75 gm/each) per 30 days
	testosterone gel pump 10 mg/act	2 bottles (60 gm/each) per 30 days
	testosterone gel 1% (25 mg)	4 packets per day
	testosterone gel 1% (50 mg)	2 packets per day
	testosterone gel 1.62% (20.25 mg)	4 packets per day
	testosterone gel 1.62% (40.5 mg)	2 packets per day
	testosterone soln 30 mg/act	2 bottles (90 mL/each) per 30 days
	testosterone gel pump 1%	4 bottles (75 gm/each) per 30 days
Antidiabetic Agents	AFREZZA INHALATION POWDER	None
	SYMLINPEN INJ	None

Therapy class	Medication name	Quantity limit
Diabetic Supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonists	BYDUREON BCISE	4 syringes per 28 days
	BYETTA INJ	1 syringe per 30 days
	liraglutide	3 syringes per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	OZEMPIC, RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 capsules per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Gastroenterology		
Antiemetics	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	MARINOL CAP	2 capsules per day
	SYNDROS SOLN	4 mL per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Hepatic Agents	REZDIFFRA TAB	1 tablet per day
Irritable Bowel Syndrome	LOTRONEX TAB	None
	VIBERZI TAB	2 tablets per day
Hematology		
Sickle Cell Disease	glutamine powder pack	None
	SIKLOS TAB	None
	XROMI SOLN	None
Immunology		
Allergen Extracts	GRASTEK SL TAB	1 tablet per day
	ODACTRA SL TAB 12 SQ-HDM	1 tablet per day
	ORALAIR SL TAB 100 IR	2 packs per 365 days
	ORALAIR SL TAB 300 IR	1 tablet per day
	RAGWITEK SL TAB	1 tablet per day
Immune Globulins	VARIZIG	None
Miscellaneous		
Anticholinergic	CUVPOSA SOLN 1 MG/5 ML	None
	GLYCATE TAB 1.5 MG	6 tablets per day
	GLYCOPYRROLATE INJ	None
	ROBINUL FORTE TAB 2 MG (Brand only)	4 tablets per day
	ROBINUL TAB 1 MG (Brand only)	4 tablets per day

Therapy class	Medication name	Quantity limit
Calcium Modifier	cinacalcet tab	None
Methotrexate Auto-Injectors	RASUVO INJ	4 syringes per 28 days
Movement Disorder Agents	NOURIANZ TAB	None
Toxicology	EXJADE, JADENU	None
	FERRIPROX SOLN 100 MG/ML	None
	FERRIPROX TAB	None
	PEDMARK INJ 12.5 GM	None
Viscosupplements	DUROLANE INJ 60 MG/3 ML	2 syringes per 180 days
	EUFLEXXA 20 mg/2 ml	6 syringes per 180 days
	GELSYN-3 INJ 16.8 MG/2 ML	6 syringes per 180 days
Wound Care	REGRANEX GEL	None
Non-Solid Oral Dosage Forms		
Analgesics (Non-Opioid)	meloxicam susp 7.5 mg/5 ml	None
Antidepressants	RALDESY SOLN 10 MG/ML	None
Antihypertensive Agents	ARBLI SUSP 10 MG/ML	None
	LOPRESSOR SOLN 10 MG/ML	None
	NORLIQVA SOLN 1 MG/ML (Brand only)	None
Oncology (Oral)	JYLAMVO SOLN 2 MG/ML	None
	XATMEP SOLN 2.5 MG/ML	None
Ophthalmology		
Dry Eye	CEQUA SOLN 0.09%	2 vials per day
	EYSUVIS SUSP 0.25%	1 bottle per 30 days
	MIEBO SOLN 1.3 GM/ML	3 mL per 30 day
	RESTASIS EMULSION 0.05%	2 vials per day or 1 bottle per 30 days
	TRYPTYR SOLN 0.003%	2 vials per day
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	VEVYE SOLN 0.1%	1 bottle per 30 days
	XIIDRA SOLN 5%	2 vials per day
Miscellaneous	XIPERE SUSP 40 MG/ML	None
Prostaglandins	IDOSE TR IMPLANT	None
Vasoconstrictor	UPNEEQ SOLN	None
Respiratory		
Asthma/COPD	DALIRESP TAB	None

Premium Specialty Prior Authorization List

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotics	ARIKAYCE SUSP 590 MG/8.4 ML	None
	REBYOTA SUSP	None
Antifungals	REZZAYO IV SOLN	None
Antiprotozoal	DARAPRIM TAB	None
Antivirals	LIVTENCITY TAB	None
Cardiology		
Antilipemic	EVKEEZA IV SOLN	None
	JUXTAPID CAP 2MG	112 capsules per 365 days
	JUXTAPID CAP 5 MG	56 capsules per 365 days
	JUXTAPID CAP 10 MG	56 capsules per 365 days
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
	TRYNGOLZA INJ	1 syringe per 28 days
Hereditary Angioedema Agents	ANDEMBRY INJ 200 MG/1.2 ML	1 syringe per 28 days
	BERINERT INJ	10 vials per 30 days
	DAWNZERA INJ 80 MG/0.8 ML	1 syringe per 28 days
	HAEGARDA INJ 2000 UNIT	24 vials per 28 days
	HAEGARDA INJ 3000 UNIT	16 vials per 28 days
	icatibant inj	6 syringes per 30 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	ORLADEYO PELLETS	1 packet per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO INJ	2 syringes/vials per 28 days
Pulmonary Arterial Hypertension	ADEMPAS TAB	3 tablets per day
	ambrisentan tab	1 tablet per day
	bosentan tab	2 tablets per day
	FLOLAN, VELETRI	None
	macitentan	1 tablet per day
	ORENITRAM TAB	None
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	treprostinil	None
	sildenafil iv sol	None
	sildenafil susp	2 bottles per 30 days
	sildenafil tab	3 tablets per day
	tadalafil tab	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-64 MCG	8 cartridges per day
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day

Therapy class	Medication name	Quantity limit
	UPTRAVI IV SOLN	None
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
	WINREVAIR INJ	1 kit per 21 days
	YUTREPIA CAP	5 capsules per day
	YUTREPIA CAP 106 MCG	8 capsules per day
	YUTREPIA CAP 79.5 MCG	10 capsules per day
Transthyretin Stabilizers	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day
Vasopressors	NORTHERA CAP	None
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Anticonvulsants	DIACOMIT	None
	EPIDIOLEX SOLN	None
	FINTEPLA SOLN	None
	vigabatrin, VIGAFYDE	None
	ZTALMY	None
Antidepressants	SPRAVATO NASAL SPRAY	None
	ZULRESSO IV SOLN	None
Antipruritic	KORSUVA INJ 50 MCG/ML	None
Depressant	sodium oxybate soln	18 mL per day
	XYWAV SOLN	18 mL per day
Gene Therapy	KEBILIDI	None
	LENMELDY	None
	SKYSONA	None
Miscellaneous	QALSODY SOLN	None
	RADICAVA	None
	RELYVRIO PAK 3-1 GM	2 packets per day
Muscular Dystrophy	AGAMREE	None
	deflazacort	None
Neurological Agents	AMVUTTRA INJ	1 syringe per 90 days
	ONPATTRO IV SOLN	None
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ	1 syringe per 28 days
Parkinson's Agents	APOKYN INJ	30 cartridges per 30 days
	INBRIJA CAP	None
	ONAPGO INJ 98 MG/20 ML	20 mL per day
	VYALEV INJ	None
Sleep Disorder	tasimelteon cap	1 capsule per day
	WAKIX TAB	2 tablets per day

Therapy class	Medication name	Quantity limit
Dermatology		
Alkylating Agents	VALCHLOR GEL	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE IMPLANT	None
Epidermolysis Bullosa Agent	VYJUVEK GEL	10 mL per 28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS, ORMALVI TAB	4 tablets per day
Endocrinology & Metabolism		
Antidiabetic Agents	LANTIDRA IV SUSP	None
Congenital Adrenal Hyperplasia Agent	CRENESSITY CAP	3 capsules per day
	CRENESSITY CAP 100 MG	4 capsules per day
	CRENESSITY SOLN 50 MG/ML	8 mL per day
Copper Replacement Agents	ZYCUBO INJ 2.9 MG	1 vial per day
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Cyclic Pyranopterin Monophosphate (cPMP) Substrate Replacement Therapy	NULIBRY IV SOLN	None
Endothelin Receptor Antagonist	VANRAFIA TAB	1 tablet per day
	VOYXACT INJ 400 MG/2 ML	1 syringe per 28 days
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD INJ 7.5 MG	1 injection per 28 days
	ELIGARD INJ 22.5 MG	1 injection per 84 days
	ELIGARD INJ 30 MG	1 injection per 112 days
	ELIGARD INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	leuprolide inj 1 mg/0.2 mL	None
	LEUPROLIDE INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT INJ	None
	LUPRON DEPOT-PED (3-MONTH)	1 syringe per 84 days
	LUPRON DEPOT-PED (6 MONTH) 45 MG INJ	1 syringe per 168 days
	LUPRON DEPOT-PED	1 syringe per 28 days
	ORGOVYX TAB	None
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
	TRIPTODUR INJ	1 injection per 168 days

Therapy class	Medication name	Quantity limit
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial per day
	EGRIFTA WR KIT 11.6 MG	1 kit per 28 days
	NORDITROPIN, NUTROPIN AQ, OMNITROPE	None
	NGENLA	None
	SEROSTIM INJ	None
	SKYTROFA INJ	None
	SOGROYA INJ	None
	ZORBTIVE INJ	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX	None
	SOMAVERT	None
Hormone Modifiers	MYALEPT INJ	None
Hyperammonemia Agents	CARBAGLU TAB 200 MG	None
Hypoparathyroidism Agent	YORVIPATH INJ	2 syringes per 28 days
Miscellaneous	ACTHAR, CORTROPHIN INJ GEL	None
	KORLYM TAB	4 tablets per day
Monoclonal Antibody	TEPEZZA IV SOLN	None
Osteoporosis	BILDYOS INJ 60 MG/ML	2 syringes per 365 days
	BONSITY, TERIPARATIDE	None
	ENOBY SOLN 60 MG/ML	2 syringes per 365 days
	EVENITY INJ	2 syringes per 28 days
	STOBOCLO INJ 60 MG/ML	2 syringes per 365 days
	TYMLOS INJ	None
Prader-Willi Syndrome Agent	VYKAT XR TAB 25 MG	4 tablets per day
	VYKAT XR TAB 75 MG	7 tablets per day
	VYKAT XR TAB 100 MG	3 tablets per day
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day
Somatostatins	octreotide inj	None
	SANDOSTATIN LAR INJ	None
	SIGNIFOR LAR INJ	1 vial per 28 days
	SOMATULINE INJ	None
Vasopressin Antagonist	tolvaptan tab	2 tablets per day
	tolvaptan therapy pack	2 tablets per day
	SAMSCA TAB	2 tablets per day
Enzyme-Related		
Alpha-1 Proteinase Inhibitor	ARALAST NP, PROLASTIN-C, ZEMAIRA INJ	None
	GLASSIA, PROLASTIN-C INJ	None
Cystine-Depleting Agents	PROCYSBI CAP	None
	PROCYSBI GRANULES PACKET	None

Therapy class	Medication name	Quantity limit
Enzyme Replacement	ADZYNMA KIT	None
	ALDURAZYME INJ	None
	AQNEURSA POWDER PACKET	4 packets per day
	BRINEURA KIT	None
	CERDELGA CAP	None
	CEREZYME INJ	None
	ELAPRASE	None
	ELELYSO INJ	None
	FABRAZYME IV SOLN	None
	GALAFOLD CAP	14 capsules per 28 days
	KANUMA IV SOLN	None
	LAMZEDE IV SOLN 10 MG	None
	LUMIZYME IV SOLN	None
	MEPSEVII IV SOLN	None
	MIPLYFFA CAP	3 capsules per day
	NAGLAZYME IV SOLN	None
	NEXVIAZYME IV SOLN 100 MG	None
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	PHEBURANE PELLETS	None
	POMBILITI	None
	REVCOVI INJ	None
	sodium phenylbutyrate powder 3 gm/ teaspoonful	None
	sodium phenylbutyrate tab 500 mg	None
	STRENSIQ INJ	None
	SUCRAID SOLN 8500 UNIT/ML	None
	VIMIZIM INJ	None
	VPRIV INJ	None
	XENPOZYME	None
	XURIDEN GRANULES PACKET	4 packets per day
	ZAVESCA CAP	None
Enzyme, Gout	KRYSTEXXA INJ	None
Metabolic Agents	nitisinone cap	None
	NITYR TAB	None
	ORFADIN SUSP	None
Phenylketonuria Treatment Agents	sapropterin powder packet	None
	sapropterin tab	None
Thymidine Kinase 2 Deficiency Agents	KYGEVVI POWDER PACK 2 GM/2 GM	None
Gastroenterology		
Acute Hepatic Porphyria Agents	GIVLAARI INJ	None
Bile Acid Agents	CHENODAL TAB	None
	CHOLBAM CAP	None
	CTEXLI TAB	None

Therapy class	Medication name	Quantity limit
Diarrhea	XERMELO	3 tablets per day
Hepatic Agents	IQIRVO TAB	1 tablet per day
	LIVDELZI CAP	1 capsule per day
	OCALIVA TAB	1 tablet per day
Ileal Bile Acid Transporter Inhibitor	BYLVAY	None
Short Bowel Syndrome	GATTEX KIT	None
Hematology		
Gene Therapy	OMISIRGE	None
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Hemophilia Agents	HEMGENIX	None
	QFITLIA	None
	ROCTAVIAN INJ	None
Sickle Cell Disease	ADAKVEO INJ	None
	CASGEVY	None
	LYFGENIA	None
	ZYNTEGLO INJ	None
Immunology		
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days
	DUPIXENT INJ	4 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
Bruton Tyrosine Kinase Inhibitor	RHAPSIDO TAB 25 MG	2 tablets per day
Complement Inhibitor	ENJAYMO IV SOLN	None
	VEOPOZ INJ 400 MG/2 ML	None
	ZILBRYSQ	None
Graft Versus Host Agents	RYONCIL	None
Hematopoietic Agents	ARANESP	None
	BKEMV INJ	None
	EMPAVELI INJ	None
	ENSPRYNG INJ	None
	EPYSQLI INJ	None
	FABHALTA CAP 200 MG	2 capsules per day
	LEUKINE	None
	MIRCERA INJ	None
	NEULASTA	None
	NIVESTYM	None
	PROCRIT INJ	None
	REBLOZYL INJ	None
	RETACRIT INJ	None
	SOLIRIS IV SOLN	None
	TAVALISSE TAB	None

Therapy class	Medication name	Quantity limit
	UDENYCA INJ	None
	ULTOMIRIS IV SOLN	None
	UPLIZNA IV SOLN	None
	VOYDEYA	6 tablets per day
	ZARXIO INJ	None
Hepatitis C Agents	MAVYRET	3 tablets per day
	MAVYRET PELLET PACK 50-20 MG	5 packs per day
	PEGASYS	None
	VOSEVI	1 tablet per day
	ZEPATIER	1 tablet per day
Immune Globulins	BIVIGAM, FLEBOGAMMA, GAMMAPLEX, OCTAGAM, PRIVIGEN INJ	None
	CUTAQUIG INJ	None
	CUVITRU, HIZENTRA INJ	None
	CYTOGAM	None
	GAMASTAN INJ	None
	GAMMAGARD SD INJ	None
	GAMMAGARD, GAMMAKED, GAMUNEX-C INJ	None
	HIZENTRA INJ	None
	HYQVIA	None
	PANZYGA INJ	None
	XEMBIFY INJ	None
Immunomodulators	ACTEMRA INJ	4 syringes per 28 days
	ACTEMRA IV SOLN	None
	AMJEVITA INJ 10 MG/0.2 ML	2 syringes per 28 days
	AMJEVITA INJ	4 syringes per 28 days
	AMJEVITA INJ 80 MG/0.8 ML	2 syringes per 28 days
	AVSOLA IV SOLN	None
	AVTOZMA INJ	4 syringes per 28 days
	AVTOZMA IV SOLN	None
	BIMZELX INJ	1 syringe per 28 days
	CIBINQO TAB	1 tablet per day
	CIMZIA KIT 200 MG	4 syringes per 28 days
	CIMZIA PREFL KIT 200 MG/ML	4 syringes per 28 days
	ENBREL INJ 25 MG/0.5 ML	8 vials/syringes per 28 days
	ENBREL INJ 50 MG/ML	4 syringes per 28 days
	ENBREL MINI INJ 50 MG/ML	4 cartridges per 28 days
	ENBREL SRCLK INJ 50 MG/ML	4 syringes per 28 days
	ENTYVIO INJ 108 MG/0.68 ML	2 syringes per 28 days
	ENTYVIO IV SOLN	None
	ICOTYDE TAB 200 MG	1 tablet per day
	ILUMYA INJ 100 MG/ML	1 syringe per 84 days
	INFLECTRA IV SOLN	None
	KEVZARA INJ	2 syringes per 28 days

Therapy class	Medication name	Quantity limit
	KINERET INJ	None
	LEQSELVI TAB 8 MG	2 tablets per day
	LITFULO CAP	1 capsule per day
	OLUMIANT TAB	1 tablet per day
	OMVOH INJ 100 MG/ML	2 syringes per 28 days
	OMVOH INJ 100/200 MG/ML	1 package per 28 days
	OMVOH INJ 200 MG/2 ML	1 syringe per 28 days
	OMVOH IV SOLN 300 MG/15 ML	45 mL per 365 days
	ORENCIA INJ	4 syringes per 28 days
	ORENCIA IV SOLN	None
	OTEZLA STARTER PACK	1 starter pack per 365 days
	OTEZLA TAB	2 tablets per day
	OTEZLA XR TAB 75 MG	1 tablet per day
	RINVOQ LQ SOLN 1 MG/ML	12 mL per day
	RINVOQ TAB	1 tablet per day
	RINVOQ TAB 45 MG	1 tablet per day, 84 tablets per 365 days
	SILIQ INJ 210 MG/1.5 ML	2 syringes per 28 days
	SIMPONI ARIA IV SOLN	None
	SIMPONI INJ	1 syringe per 28 days
	SKYRIZI INJ 55 MG/0.37 ML	1 syringe per 84 days
	SKYRIZI INJ 150 MG/ML	1 syringe per 84 days
	SKYRIZI PEN INJ 150 MG/ML	1 syringe per 84 days
	SKYRIZI INJ 180 MG/1.2 ML	1 syringe per 56 days
	SKYRIZI INJ 360 MG/2.4 ML	1 syringe per 56 days
	SKYRIZI IV SOLN	None
	STARJEMZA INJ 45 MG/0.5 ML	1 vial per 56 days
	STARJEMZA INJ 45 MG/0.5 ML	1 syringe per 56 days
	STARJEMZA INJ 90 MG/ML	1 syringe per 56 days
	STARJEMZA INJ 130 MG/26 ML	None
	TALTZ INJ	1 syringe per 28 days
	tofacitinib soln	10 mL per day
	tofacitinib tab	2 tablets per day
	tofacitinib xr tab	1 tablet per day
	TREMFYA INJ 100 MG/ML	1 syringe per 56 days
	TREMFYA INJ 200 MG/2 ML	1 syringe per 28 days
	TREMFYA IV SOLN 200 MG/20 ML	None
	VELSIPITY TAB	1 tablet per day
	WEZLANA INJ 45 MG/0.5 ML	1 syringe/vial per 56 days
	WEZLANA INJ 90 MG/ML	1 syringe per 56 days
	WEZLANA IV SOLN	None
	YESINTEK INJ	1 syringe per 56 days
	YESINTEK IV SOLN	None

Therapy class	Medication name	Quantity limit
Interleukins	ARCALYST	None
	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO INJ 300 MG/2 ML	1 syringe per 28 days
	SPEVIGO IV SOLN	30 mL per 84 days
Miscellaneous	ACTIMMUNE INJ	None
	BENLYSTA	None
	CRYSVITA INJ	None
	SAPHNELO INJ	4 syringes per 28 days
	SAPHNELO IV SOLN 300 MG/2 ML	None
Monoclonal Antibody	CINQAIR IV SOLN	None
	DUPIXENT INJ	4 syringes per 28 days
	FASENRA INJ 10 MG/0.5 ML	1 syringe per 56 days
	FASENRA INJ 30 MG/ML	1 syringe per 28 days
	FASENRA PEN INJ 30 MG/ML	1 syringe per 28 days
	GAMIFANT IV SOLN	None
	NUCALA	3 vials/syringes per 28 days
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR	None
	XOLAIR INJ 75 MG/0.5 ML	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days
Multiple Sclerosis	AVONEX INJ 30 MCG/0.5 ML	1 kit per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON INJ	1 package per 28 days
	BRIUMVI INJ 150 MG/6 ML	None
	cladribine	4 cycles per lifetime
	dalfampridine tab	2 tablets per day
	dimethyl fumarate cap	2 capsules per day
	dimethyl fumarate starter pack	2 starter packs per 365 days
	glatiramer inj 20 mg/ml	1 syringe per day
	glatiramer inj 40 mg/ml	12 syringes per 28 days
	fingolimod, GILENYA CAP 0.25 MG	1 capsule per day
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	LEMTRADA	3.6 mL per 365 days
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB	1 tablet per day
	mitoxantrone inj	None
	OCREVUS IV SOLN	None
	OCREVUS ZUNOVO INJ	1 syringe per 180 days
	teriflunomide tab	1 tablet per day
	TYRUKO INJ 300 MG/15 ML	1 vial per 28 days

Therapy class	Medication name	Quantity limit
	TYSABRI INJ 300 MG/15 ML	1 vial per 28 days
	VUMERITY CAP	4 capsules per day
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Neonatal Fc Receptor Antagonist	RYSTIGGO INJ 280 MG/3ML	6 vials per 28 days
	RYSTIGGO INJ	4 vials per 28 days
	VYVGART HYTRULO INJ	None
	VYVGART HYTRULO INJ 1000 MG/10000 UNIT/5 ML	4 syringes per 28 days
	VYVGART IV SOLN	None
Prurigo Nodularis Agent	NEMLUVIO INJ 30 MG	2 syringes per 28 days
Thrombopoietin Receptor Agonists	ALVAIZ	None
	DOPTELET SPRINKLE CAP 10 MG	2 capsules per day
	DOPTELET TAB	None
	MULPLETA TAB	None
	NPLATE	None
WHIM Syndrome	XOLREMDI CAP	4 capsules per day
Miscellaneous		
Barth Syndrome Agents	FORZINITY INJ 280 MG/3.5 ML	14 mL per 28 days
Blood Modifier	RYPLAZIM IV SOLN	None
Collagenase	XIAFLEX INJ	None
Diagnostic	THYROGEN INJ	None
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsule per day
	INGREZZA SPRINKLE CAP	1 capsule per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
	XENAZINE TAB	None
Musculoskeletal Agents	ITVISMA INJ	None
	SPINRAZA INJ	None
	ZOLGENSMA INJ	None
Toxicology	DEPEN TAB 250 MG	None
	SYPRINE CAP	None
Obstetrics & Gynecology		
Fertility Agents	cetrorelix inj	None
	CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL INJ	None
	FOLLISTIM AQ INJ	None
	FYREMADEL INJ	None
	MENOPUR INJ	None
	OVIDREL INJ 250 MCG/0.5 ML	None

Therapy class	Medication name	Quantity limit
Oncology (Injectable)		
Alkylating Agents	bendamustine iv soln	None
	BENDEKA	None
	ZEPZELCA IV SOLN	None
Antibiotics	ZUSDURI INJ 80 MG	None
Antifolate	FOLOTYN IV SOLN	None
	TECENTRIQ HYBREZA INJ 1875-30000 MG-UNIT/15ML	None
	TECENTRIQ IV SOLN	None
Antimicrotubular	HALAVEN IV SOLN	None
	JEVTANA IV SOLN	None
Bispecific Antibody	BIZENGRI	None
CAR-T Therapy	ABECMA IV SUSP	None
	AUCATZYL	None
	BREYANZI IV SUSP	None
	CARVYKTI IV SUSP	None
	KYMRIAH IV SUSP	None
	TECARTUS IV SUSP	None
	YESCARTA IV SUSP	None
Gene Therapy	ADSTILADRIN SUSP	None
	IMLYGIC	None
	TECELRA SUSP	None
Interferons	BESREMI INJ	None
Interleukins	ELZONRIS IV SOLN	None
Kinase and Molecular Target Inhibitors	ALIQOPA IV SOLN	None
	BESPONSA IV SOLN	None
	BORUZU, VELCADE	None
	FYARRO IV SUSP	None
	KYPROLIS IV SOLN	None
	PORTRAZZA IV SOLN	None
	VYXEOS	None
	ZALTRAP IV SOLN	None
Miscellaneous	BELEODAQ IV SOLN	None
	ISTODAX IV SOLN	None
	PROVENGE IV SUSP	None
Monoclonal Antibody	ADCETRIS IV SOLN	None
	ARZERRA IV SOLN	None
	BAVENCIO IV SOLN	None
	BILPREVDA INJ 120 MG/1.7 ML	None
	BLINCYTO IV SOLN	None
	COLUMVI IV SOLN	None
	CYRAMZA IV SOLN	None
	DANYELZA IV SOLN	None
	DARZALEX IV SOLN	None

Therapy class	Medication name	Quantity limit
	DATROWAY IV SOLN	None
	ELAHERE IV SOLN	None
	ELREXFIO INJ	None
	EMPLICITI IV SOLN	None
	EMRELIS INJ	None
	ENHERTU IV SOLN	None
	EPKINLY INJ	None
	ERBITUX IV SOLN	None
	GAZYVA IV SOLN	None
	HERCEPTIN HYLECTA INJ	None
	HERCEPTIN IV SOLN	None
	IMDELLTRA IV SOLN	None
	IMFINZI IV SOLN	None
	IMJUDO IV SOLN	None
	JEMPERLI IV SOLN	None
	KADCYLA IV SOLN	None
	KANJINTI IV SOLN	None
	KEYTRUDA IV SOLN	None
	LIBTAYO IV SOLN	None
	LOQTORZI IV SOLN	None
	LUNSUMIO IV	None
	LYNOZYFIC IV SOLN	None
	MARGENZA IV SOLN	None
	MONJUVI IV SOLN	None
	MYLOTARG IV SOLN	None
	OPDIVO IV SOLN	None
	OPDIVO QVANTIG INJ	None
	OPDUALAG IV SOLN 240-80 MG/20 ML	None
	OSENVELT INJ 120 MG/1.7 ML	None
	PADCEV IV SOLN	None
	PERJETA IV SOLN	None
	PHESGO INJ	None
	POLIVY IV SOLN	None
	POTELIGEO IV SOLN	None
	RITUXAN HYCELA INJ	None
	RITUXAN IV SOLN	None
	RUXIENCE IV SOLN	None
	RYBREVANT IV SOLN	None
	SARCLISA IV SOLN	None
	SYLVANT IV SOLN	None
	TALVEY INJ	None
	TECVAYLI INJ	None
	TEVIMBRA INJ	None
	TIVDAK IV SOLN	None

Therapy class	Medication name	Quantity limit
	TRAZIMERA IV SOLN	None
	TRODELVY IV SOLN	None
	UNITUXIN IV SOLN	None
	VYLOY INJ	None
	XTRENBO SOLN 120 MG/1.7 ML	None
	YERVOY IV SOLN	None
	ZIIHERA	None
	ZYNLONTA IV SOLN	None
	ZYNYZ IV SOLN	None
T-Cell Receptor	KIMMTRAK IV SOLN	None
Vascular Endothelial Growth Factor (VEGF) Inhibitor	AVASTIN IV SOLN	None
	MVASI IV SOLN	None
	ZIRABEV IV SOLN	None
Oncology (Oral)		
Alkylating Agents	temozolomide cap	None
Antiandrogen	abiraterone	None
	BRUKINSA	None
	ERLEADA CAP	None
	INREBIC TAB	None
	NUBEQA TAB	None
	ROZLYTREK	None
	XTANDI	None
Estrogen Receptor Antagonist	INLURIYO TAB 200 MG	None
Gamma Secretase Inhibitor	OGSIVEO TAB	None
Kinase and Molecular Target Inhibitors	ALECENSA CAP	None
	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30 MG	4 tablets per day
	AUGTYRO CAP	None
	AVMAPKI FAKZYNJA PAK	None
	AYVAKIT TAB	1 tablet per day
	BALVERSA TAB	None
	BOSULIF	None
	BRAFTOVI CAP	None
	CABOMETYX TAB	None
	CABOMETYX TAB 20 MG	1 tablet per day
	CALQUENCE	None
	CAPRELSA TAB	None
	CAPRELSA TAB 100 MG	2 tablets per day
	COMETRIQ KIT	None
	COPIKTRA CAP	2 capsules per day
	COTELLIC TAB	None
	DANZITEN TAB	None
	DAURISMO TAB	None

Therapy class	Medication name	Quantity limit
	dasatinib	None
	ENSACOVE CAP	None
	ERIVEDGE CAP	None
	everolimus disperz tab for oral susp	None
	everolimus tab	1 tablet per day
	FRUZAQLA CAP	None
	GAVRETO CAP	None
	GILOTRIF TAB	1 tablet per day
	GOMEKLI	None
	HERNEXEOS TAB 60 MG	None
	HYRNUO TAB	None
	IBRANCE	None
	IBTROZI CAP	None
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	ICLUSIG TAB 30 MG	None
	ICLUSIG TAB 45 MG	None
	IDHIFA TAB	1 tablet per day
	imatinib, IMKELDI	None
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA SUSP 70 MG/ML	None
	IMBRUVICA TAB 420 MG, 560 MG	1 tablet per day
	INLYTA TAB	None
	IRESSA TAB	None
	ITOVEBI TAB 3 MG	2 tablets per day
	ITOVEBI TAB 9 MG	1 tablet per day
	JAKAFI TAB	None
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	JAYPIRCA TAB 100 MG	None
	KOSELUGO	None
	KRAZATI TAB	None
	LAZCLUZE TAB	None
	LAZCLUZE TAB 80 MG	2 tablets per day
	LENVIMA THERAPY PACK	None
	LORBRENA TAB	None
	LUMAKRAS TAB	None
	LYNPARZA TAB	None
	LYTGOBI THERAPY PACK	None
	MEKINIST	None
	MEKTOVI TAB	None
	NERLYNX TAB	6 tablets per day

Therapy class	Medication name	Quantity limit
	NEXAVAR	None
	nilotinib cap	None
	NINLARO CAP	None
	ODOMZO CAP	None
	pazopanib tab 400MG	None
	PIQRAY 200 MG THERAPY PACK	1 tablet per day
	PIQRAY THERAPY PACK	2 tablets per day
	QINLOCK TAB	None
	RETEVMO	None
	RETEVMO TAB 40 MG	3 tablets per day
	RETEVMO TAB 80 MG	2 tablets per day
	REVUFORJ TAB	None
	ROMVIMZA	None
	RYDAPT CAP	None
	SCEMBLIX TAB	None
	SCEMBLIX TAB 20 MG	2 tablets per day
	SCEMBLIX TAB 40 MG	8 tablets per day
	STIVARGA TAB 40 MG	None
	sunitinib	None
	TABRECTA TAB	None
	TAFINLAR	None
	TAGRISSO TAB	None
	TAGRISSO TAB 40 MG	1 tablet per day
	TARCEVA TAB	None
	TARCEVA TAB 25 MG	3 tablets per day
	TEPMETKO TAB	None
	TRUQAP PAK	None
	TRUQAP TAB	None
	TUKYSA TAB	None
	TURALIO CAP	None
	TYKERB	None
	VANFLYTA TAB	None
	VENCLEXTA	None
	VERZENIO TAB	None
	VIJOICE GRANULES 50 MG	1 packet per day
	VIJOICE PAK	1 tablet per day
	VIJOICE PAK 250 MG	2 tablets per day
	VITRAKVI	None
	VIZIMPRO TAB	None
	VIZIMPRO TAB 15 MG	1 tablet per day
	VONJO CAP 100 MG	None
	VORANIGO TAB	None
	VORANIGO TAB 10 MG	2 tablets per day
	VOTRIENT TAB 200 MG	None

Therapy class	Medication name	Quantity limit
	XOSPATA TAB	None
	ZEJULA	None
	ZEJULA TAB 100 MG	1 tablet per day
	ZELBORAF TAB	None
	ZYDELIG TAB	2 tablets per day
	ZYKADIA	None
Miscellaneous	bexarotene cap	None
	KISQALI FEMARA	None
	KISQALI PAK	None
	LONSURF TAB	None
	MODEYSO CAP 125 MG	None
	ONUREG TAB	None
	ORSERDU TAB	None
	TARGRETIN GEL	None
	TIBSOVO CAP	None
	WELIREG CAP	None
	XPOVIO PAK	None
	ZOLINZA CAP	None
Ornithine Decarboxylase Inhibitor	IWILFIN TAB	None
Thalidomide-Related Agents	lenalidomide cap	None
	pomalidomide cap	None
	pomalidomide cap 1 mg	1 capsule per day
	pomalidomide cap 2 mg	1 capsule per day
	THALOMID CAP	None
Ophthalmology		
Complement Inhibitor	IZERVAY SOLN 2 MG/0.1 ML	None
	SYFOVRE INJ 15 MG/0.1 ML	None
Miscellaneous	LUXTURNA SUSP	None
	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Vascular Endothelial Growth Factor (VEGF) Inhibitor	CIMERLI	None
	EYLEA, EYLEA HD	None
	PAVBLU	None
	SUSVIMO	None
	SUSVIMO IMPLANT	None
	VABYSMO INJ	None
Respiratory		
Cystic Fibrosis	ALYFTREK TAB 10-50-125 MG	2 tablets per day
	ALYFTREK TAB 4-20-50 MG	3 tablets per day
	KALYDECO PAK	2 packets per day
	KALYDECO TAB	None
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB 100-125 MG	4 tablets per day
	ORKAMBI TAB 200-125 MG	4 tablets per day

Therapy class	Medication name	Quantity limit
	PULMOZYME SOLN	None
	SYMDEKO TAB	2 tablets per day
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Pulmonary Fibrosis	pirfenidone cap 267 mg	9 capsules per day
	pirfenidone tab 267 mg	9 tablets per day
	pirfenidone tab 801 mg	3 tablets per day
	nintedanib cap	2 capsules per day
Urology		
Primary Hyperoxaluria Type 1	OXLUMO INJ	None
	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28 days

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

* Preferred NDCs

Note: PA applies to both brand and generic unless otherwise noted. If a strength is not listed then QL will apply to all strengths. When differences between this list and your benefit plan documents exist, please refer to the information included in your benefit plan documents. Please review your benefit plan documents for full details on what medications are covered by your plan.

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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