

Prior authorization — Core and Select

There are some medications that have to be authorized by a doctor before you can get them, because the medications are approved or effective only for some conditions.

Reviewing medications

A group of doctors and pharmacists meets often to review medications under pharmacy benefit plans. They also recommend prior authorization guidelines.

Safe and effective

When making recommendations, the review committee focuses on medication safety, effectiveness and cost, including:

- U.S. Food and Drug Administration (FDA) approved uses
- Medication instruction labels
- Accepted or published clinical recommendations

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 five days or less — keep in mind you will be responsible for the full cost at that time. If the prior authorization request is approved, then your pharmacist can fill the rest of your prescription.

Requesting a prior authorization

You, your pharmacist or your doctor can start the prior authorization process by contacting us. We will work with your doctor to get the information needed for the review. Once we receive a finished prior authorization form from your doctor, we will conduct a review within a few days and send you and your doctor a letter regarding the decision.

In this drug list, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Core and Select non-specialty prior authorization list

These medications may require prior authorization based on your benefit plan. For more information, contact customer service at the member phone number on your ID card.

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Anti-infectives		
Antibiotics	XIFAXAN (rifaximin)	None
Antifungals	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	CNL8 NAIL KIT (ciclopirox)	None
	JUBLIA (efinaconazole)	None
	KERYDIN (tavaborole)	None
	ONMEL (itraconazole)	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
Antihelmintics	ALBENZA (albendazole)	None
Antimalarial	QUALAQUIN (quinine)	None
Cardiology		
Antilipemic	FLOLIPID 20 mg/5mL (simvastatin)	10 mL/day
	FLOLIPID 40 mg/5mL (simvastatin)	5 mL/day
	VYTORIN 10-80 MG (simvastatin/ezetimibe)	None
	ZOCOR 80 mg (simvastatin)	None
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
Central Nervous System		
ADHD Agents (PA age 19+ only)	ADDERALL (amphetamine/dextroamphetamine) 30 mg	2 tabs/day
	ADDERALL (amphetamine/dextroamphetamine)	3 tabs/day
	ADDERALL XR (amphetamine/dextroamphetamine mixed salts)	1 cap/day
	ADZENYS ER (amphetamine)	15 mL/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	APTENSIO XR (methylphenidate)	1 cap/day
	CONCERTA (methylphenidate) 36 mg	2 tabs/day
	CONCERTA (methylphenidate)	1 tab/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO (amphetamine)	6 tabs/day
	FOCALIN (dexmethylphenidate)	2 tabs/day
	FOCALIN XR (dexmethylphenidate) 20 mg	2 caps/day
	FOCALIN XR (dexmethylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/day
	METHYLIN (methylphenidate) 10 mg/5 mL	30 mL/day
	METHYLIN (methylphenidate) 5 mg/5 mL	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day
	METHYLPHENIDATE ER (methylphenidate) 10 mg	2 tabs/day
	MYDAYIS (amphetamine/ dextroamphetamine)	1 cap/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	PROCENTRA (dextroamphetamine) Sol	60 mL/day
	QUILLICHEW ER (methylphenidate) 30 mg	2 tabs/day
	QUILLICHEW ER (methylphenidate)	1 tab/day
	QUILLIVANT XR (methylphenidate)	12 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	RITALIN (methylphenidate)	3 tabs/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
	ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day
	ZENZEDI (dextroamphetamine)	3 tabs/day
	ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day
Analgesics (Gastroprotective Agents)	DUEXIS (famotidine/ibuprofen)	3 tabs/day
	VIMOVO (naproxen/esomeprazole)	2 tabs/day
Analgesics (non-opioid)	PENNSAID (diclofenac)	None
	QUTENZA (capsaicin)	4 patches/3 months
	SPRIX (ketorolac)	5 bottles or 5 days supply/30 days
Analgesics (opioid)	ABSTRAL (fentanyl citrate)	4 tabs/day
	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-15	13 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	12 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day
	ARYMO ER (morphine sulfate)	3 tabs/day
	AVINZA (morphine ext-release)	1 cap/day
	AVINZA (morphine ext-release) 120 mg	2 caps/day
	BELBUCA (buprenorphine) film	2 films/day
	butorphanol nasal spray 10 mg/mL	1 bottle/fill, 2 fills/60 days
	BUTRANS (buprenorphine)	4 patches/28 days
	codeine tab 15 mg	21 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 40 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 30 mg	10 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 20 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 60 mg	5 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	CONZIP (tramadol SR)	1 cap/day
	DEMEROL (meperidine) tab 100 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 50 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) liq 1 mg/mL	12.25 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 2 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 11 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 4 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 5 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	DILAUDID (hydromorphone) tab 8 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	DOLOPHINE (methadone)	None
	DURAGESIC (fentanyl transdermal)	15 patches/30 days
	DURAGESIC (fentanyl transdermal) 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	EMBEDA (morphine/naltrexone)	2 caps/day
	EXALGO (hydromorphone)	2 tabs/day
	FENTORA (fentanyl citrate)	4 tabs/day
	HYCET (hydrocodone/acetaminophen) sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	4 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 7 supps/day, 2 fills/60 days for treatment experienced
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	KADIAN (morphine ext-release)	2 caps/day
	LAZANDA (fentanyl citrate)	1 bottle/day
	levorphanol tab 2 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	LORTAB (hydrocodone/acetaminophen) elx 10-300 mg/15 mL	73.5 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	meperidine/promethazine cap 50-25 mg	9 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 18 caps/day, 2 fills/60 days for treatment experienced
	mepridine sol 50 mg/5 mL	49 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 4.5 mL/day, 2 fills/60 days for treatment experienced
	morphine supp 10 mg	4 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 20 mg	2 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 30 mg	1 supp/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 5 mg	9 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 18 supps/day, 2 fills/60 days for treatment experienced
	morphine tab 15 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	morphine tab 30 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	MS CONTIN (morphine ext-release)	3 tabs/day
	NALOCET (oxycodone/acetaminophen)	13 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	NORCO (hydrocodone/acetaminophen) tab 10-325 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	NORCO (hydrocodone/acetaminophen) tab 5-325 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	NORCO (hydrocodone/acetaminophen) tab 7.5-325 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 100 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 50 mg	2 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 75 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA ER (tapentadol)	2 tabs/day
	OPANA (oxymorphone) tab 10 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 5 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	OPANA ER (oxymorphone ext-release)	4 tabs/day
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/aspirin tab	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/ibuprofen tab 5-400 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	oxycodone cap 5 mg	6 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 mL/day, 2 fills/60 days for treatment experienced
	oxycodone sol 5 mg/5 mL	32.6 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone tab 10 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 20 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen sol 5-325 mg/5 mL	32.6 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	pentazocine/naloxone tab 50-0.5 mg	5 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 10-325 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 2.5-325 mg	12 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 5-325 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 7.5-325 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	PRIMLEV (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 10-200 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 5-200 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 16 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 15 mg	2 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 30 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 5 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 5 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 15 mg	2 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 30 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	SUBSYS (fentanyl)	16 sprays/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	SYNALGOS-DC (aspirin/caffeine/dihydrocodeine) cap	11 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 11 caps/day, 2 fills/60 days for treatment experienced
	TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	12 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	TYLENOL (acetaminophen)/codeine #3	10 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	TYLENOL (acetaminophen)/codeine #4	5 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ULTRACET (tramadol/acetaminophen) tab 37.5-325 mg	8 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM (tramadol) tab 50 mg	8 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM ER (tramadol ext-release)	1 tab/day
	VERDROCET (hydrocodone/acetaminophen) tab 2.5-325 mg	12 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN (hydrocodone/acetaminophen) tab 5-300 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN ES (hydrocodone/acetaminophen) tab 7.5-300 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN HP (hydrocodone/acetaminophen) tab 10-300 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	VICOPROFEN (hydrocodone/ibuprofen) tab 7.5-200 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	XTAMPZA ER (oxycodone)	4 caps/day
	ZAMICET (hydrocodone/acetaminophen) sol 10-325 mg/15 mL	73.5 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	ZOHYDRO ER (hydrocodone)	2 caps/day
	ZOHYDRO ER (hydrocodone) 50 mg	4 caps/day
Anticonvulsants	HORIZANT (gabapentin enacarbil)	2 tabs/day
	ONFI (clobazam)	None
Antipsychotics	ADASUVE (loxapine)	None
Antitussives (PA age <18)	CAPCOF (phenylephrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CHERATUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODAR AR (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR D (pseudoephedrine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR GF (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	FLOWTUSS (hydrocodone/guaifenesin) guaifenesin/codeine	240 mL/fill, 2 fills/60 days 240 mL/fill, 2 fills/60 days
	HISTEX-AC (phenylephrine/triprolidine/ codeine)	240 mL/fill, 2 fills/60 days
	hydrocodone/chlorpheniramine	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	LEXUSS 210 (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF BP (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END MAX D (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END WC (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	OBREDON (hydrocodone/guaifenesin)	240 mL/fill, 2 fills/60 days
	PHENHIST DH (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-CLEAR AC (codeine/pyrilamine)	240 mL/fill, 2 fills/60 days

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	promethazine/phenylephrine/codeine	240 mL/fill, 2 fills/60 days
	promethazine/codeine	240 mL/fill, 2 fills/60 days
	pseudoephedrine/chlorpheniramine/hydrocodone	240 mL/fill, 2 fills/60 days
	PRO-RED AC(phenylephrine/dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RELCOF C (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	REZIRA (pseudoephedrine/hydrocodone)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRICODE AR (pseudoephedrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRYMINE CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 10-8 mg	2 caps/day, 7 day supply, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 5-4 mg	4 caps/day, 7 day supply, 2 fills/60 days
	TUSSIGON (hydrocodone/homatropine)	6 tabs/day, 7 day supply, 2 fills/60 days
	TUSSIONEX (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VITUZ (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	ZUTRIPRO (pseudoephedrine/chlorpheniramine/hydrocodone)	240 mL/fill, 2 fills/60 days
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
Migraine	AIMOVIG (erenumab)	2 syringes/30 days
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
Parkinson's	DUOPA (carbidopa-levodopa) Susp	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	flurazepam	1 cap/day
Stimulants	NUVIGIL (armodafinil)	1 tab/day
	NUVIGIL (armodafinil) 50 mg	2 tabs/day
	PROVIGIL (modafinil)	1 tab/day
Weight Loss	ADIPEX-P (phentermine)	None
	BELVIQ (lorcaserin)	None
	BELVIQ XR (lorcaserin)	None
	BONTRIL (phendimetrazine)	None
	CONTRAVE (naltrexone-bupropion)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	DIDREX (benzphetamine)	None
	LOMAIRA (phentermine)	None
	QSYMIA (phentermine/topiramate)	None
	REGIMEX (benzphetamine)	None
	SAXENDA (liraglutide)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
	XENICAL (orlistat)	None
Dermatology		
Acne (Oral)	ABSORICA (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (PA age >25 only)	ATRALIN (tretinoin)	None
	AVITA (tretinoin)	None
	DIFFERIN (adapalene)	None
	RETIN-A (tretinoin)	None
	RETIN-A MICRO (tretinoin)	None
	TRETIN-X (tretinoin)	None
Skin Cancer	TARGRETIN GEL (bexarotene)	None
Endocrinology & Metabolism		
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	ANDROID (methyltestosterone)	None
	ANDROXY (fluoxymesterone)	None
	METHITEST (methyltestosterone)	None
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
	TESTRED (methyltestosterone)	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	ANDROGEL (testosterone)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	AXIRON (testosterone)	None
	FORTESTA (testosterone)	None
	NATESTO (testosterone nasal)	None
	STRIANT (testosterone)	None
	TESTIM (testosterone)	None
	VOGELXO (testosterone)	None
Androgens, Testosterone (Injectable)	AVEED (testosterone undecanoate)	None
	DELATESTRYL (testosterone enanthate)	None
	DEPO-TESTOSTERONE (testosterone cypionate)	None
	TESTOPEL (testosterone pellet)	None
Antidiabetic Agents	AFREZZA (insulin regular)	None
	GLUMETZA (metformin)	None
	SYMLINPEN (pramlintide)	None
Gastroenterology		
Antiemetics	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 caps/fill or 3 max days supply
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	120 mL/30 days
Irritable Bowel Syndrome	LOTROXON (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
Opioid-induced Constipation	RELISTOR (methylnaltrexone) Tabs	3 tabs/day
	RELISTOR (methylnaltrexone)	1 syringe/day
	RELISTOR (methylnaltrexone) Kit	1 vial/day
Immunology		
Allergen Extracts	GRASTEK (timothy grass pollen)	1 tab/day
	ODACTRA (house dust mite)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	ORALAIR ADULT SAMPLE KIT (mixed grass pollens allergen) Kit	1 kit/year
	ORALAIR ADULT STARTER PACK (mixed grass pollens allergen)	1 pack/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Starter Pack	2 packs/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Sample Kit	2 kits/year
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Immunizations	VARIZIG (varicella-zoster immune globulin)	None
Miscellaneous		
Calcium Modifier	SENSIPAR (cinacalcet)	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	GOCOVRI (amantadine)	None
	INGREZZA (valbenazine tosylate)	2 caps/day
	INGREZZA (valbenazine tosylate) 80 mg	1 cap/day
	OSMOLEX ER (amantadine)	None
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
Wound Care	REGRANEX (becaplermin)	None
Oncology		
Miscellaneous	PROVENGE (sipuleucel-T)	None
Ophthalmology		
Miscellaneous	RESTASIS (cyclosporine)	None
	XIIDRA (lifitegrast)	None
Respiratory		
Asthma/COPD	DALIRESP (roflumilast)	None

PLEASE NOTE: This drug list may have regular updates and may not include all medications. Drugs in this list include brand and generic and include 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.

Core and Select specialty prior authorization list

These medications may require prior authorization as defined by your benefit plan. For more information, contact customer service at the member phone number on your ID card.

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Anti-infectives		
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
	TROGARZO (ibalizumab-uiyk)	None
Cardiology		
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
	KYNAMRO (mipomersen)	4 syringes/28 days
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	3 tabs/day
	FLOLAN (epoprostenol)	None
	LETAIRIS (ambrisentan)	1 tab/day
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REMODULIN (treprostinil)	None
	REVATIO (sildenafil) Soln	None
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	TRACLEER (bosentan) Tabs	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day

Therapy Class	Medication Name	Quantity Limit
	UPTRAVI (selexipag) Pack	2 packs/year
	VELETRI (epoprostenol)	None
	VENTAVIS (iloprost)	9 ampules/day
Vasopressors	NORTHERA (droxidopa)	None
Central Nervous System		
Anticonvulsants	SABRIL (vigabatrin) pack	None
	SABRIL (vigabatrin) Tabs	None
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
Miscellaneous	RADICAVA (edaravone) Soln	None
Muscular Dystrophy	EMFLAZA (deflazacort)	None
	EXONDYS 51 (eteplirsen)	None
Neurotoxins	BOTOX (onabotulinumtoxinA)	None
	DYSPORE (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
Dermatology		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Atopic Dermatitis	DUPIXENT (dupilumab) Sosy	4 syringes (8mL)/28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & Metabolism		
Gonadotropins	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FIRMAGON (degarelix) 120 mg	2 vials/year
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/28 days
	LUPRON (leuprolide) 1 mg/0.2 mL	None
	LUPRON DEPOT (leuprolide) 3.75 mg & 7.5 mg (1-month)	None
	LUPRON DEPOT-PED (leuprolide)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	ORLISSA (elagolix) 150 mg	1 tab/day
	ORLISSA (elagolix) 200 mg	2 tabs/day
	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/84 days
	VANTAS (histrelin)	1 implant/year
Growth Hormones and Related Therapy	EGRIFTA (tesamorelin) 1 mg	2 vials (1 mg each)/day
	EGRIFTA (tesamorelin) 2 mg	1 vial (2 mg each)/day
	GENOTROPIN (somatropin)	None
	HUMATROPE (somatropin)	None
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	OMNITROPE (somatropin)	None
	SAIZEN (somatropin)	None
	SEROSTIM (somatropin)	None
	ZOMACTON (somatropin)	None
	ZORBTIVE (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
	H.P. ACTHAR (corticotropin)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Osteoporosis	KORLYM (mifepristone)	4 tabs/day
	FORTEO (teriparatide)	None
	PROLIA (denosumab)	2 syringes/year
	TYMLOS (abaloparatide) Soln	None
Somatostatin	SANDOSTATIN (octreotide)	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR (pasireotide)	2 ampules/day
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None
Enzyme-Related		
Alpha-1 proteinase inhibitor	ARALAST (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None
	PROLASTIN-C (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase) Soln	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	KANUMA (sebelipase alfa) Soln	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	RAVICTI (glycerol phenylbutyrate)	None
	STRENSIQ (asfotase alfa)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XURIDEN (uridine triacetate)	4 packets/day
ZAVESCA (miglustat)	None	
Enzyme, Gout	KRYSTEXXA (pegloticase)	None
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
Phenylketonuria Treatment Agents	KUVAN (sapropterin)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT	
	PALYNZIQ (pegvaliase-ppz) 10 mg/0.5 mL	1 syringe/day	
	PALYNZIQ (pegvaliase-ppz) 2.5 mg/0.5 mL	8 syringes/28 days	
	PALYNZIQ (pegvaliase-ppz) 20 mg/mL	2 syringes/day	
Gastroenterology			
Bile Acid Agents	CHOLBAM (cholic acid)	None	
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day	
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day	
Short Bowel Syndrome	GATTEX (teduglutide)	None	
Immunology			
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None	
	DOPTELET (avatrombopag)	None	
	EPOGEN (epoetin alfa)	None	
	FULPHILA (pegfilgrastim-jmdb)	None	
	GRANIX (tbo-filgrastim)	None	
	LEUKINE (sargramostim)	None	
	MIRCERA (methoxy polyethylene glycol-epoetin)	None	
	MOZOBIL (plerixafor)	7 vials/transplant	
	NEULASTA (pegfilgrastim)	None	
	NEUPOGEN (filgrastim)	None	
	NPLATE (romiplostim)	None	
	PROCRIT (epoetin alfa)	None	
	PROMACTA (eltrombopag)	None	
	RETACRIT (epoetin alfa-epbx)	None	
	SOLIRIS (eculizumab)	None	
	TAVALISSE (fostamatinib)	None	
	ZARXIO (filgrastim)	None	
	Hemostatic Agent	BERINERT (c1 esterase)	None
		CINRYZE (c1 esterase)	None
		FIRAZYR (icatibant) Soln	None
HAEGARDA (c1 esterase)		None	
KALBITOR (ecallantide) Soln		None	
RUCONEST (c1 esterase) Solr		None	
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day	
	EPCLUSA (sofosbuvir-velpatasvir)	1 tab/day	
	HARVONI (ledipasvir-sofosbuvir)	1 tab/day	
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day	
	OLYSIO (simeprevir)	1 cap/day	
	PEGASYS (peginterferon alfa-2a)	None	

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	PEG-INTRON (peginterferon alfa-2b)	None
	SOVALDI (sofosbuvir)	1 tab/day
	TECHNIVIE (ombitasvir-paritaprevir-ritonavir)	2 tabs/day
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)	3 tabs/day
	VOSEVI (sofosbuvir-velpatasivir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Immune Globulins	BIVIGAM (immune globulin)	None
	CARIMUNE (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus immune globulin)	None
	FLEBOGAMMA (immune globulin)	None
	FLEBOGAMMA DIF (immune globulin)	None
	GAMASTAN (immune globulin)	None
	GAMMAGARD (immune globulin)	None
	GAMMAKED (immune globulin)	None
	GAMMAPLEX (immune globulin)	None
	GAMUNEX (immune globulin)	None
	GAMUNEX-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PRIVIGEN (immune globulin)	None
Immunomodulators	ACTEMRA (tocilizumab) Sosy	None
	CIMZIA (certolizumab)	None
	COSENTYX (secukinumab)	None
	ENBREL (etanercept)	None
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab)	None
	ILUMYA (tildrakizumab-asmn)	None
	INFLECTRA (infliximab)	None
	KINERET (anakinra)	None
	OLUMIANT (baricitinib)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	REMICADE (infliximab)	None
	RENFLEXIS (infliximab)	None
	SILIQ (brodalumab) Sosy	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	SIMPONI (golimumab)	None
	SIMPONI ARIA (golimumab)	None
	STELARA (ustekinumab)	None
	TALTZ (ixekizumab)	None
	TREMFYA (guselkumab)	None
	XELJANZ (tofacitinib)	None
	XELJANZ XR (tofacitinib)	None
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/4 weeks
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	EXTAVIA (interferon beta-1b)	1 package/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	LEMTRADA (alemtuzumab)	None
	NOVANTRONE (mitoxantrone)	None
	OCREVUS (ocrelizumab) Soln	40 mL (4 vials)/365 days
	PLEGRIDY (peginterferon beta)	2 pens or syringes/28 days
	PLEGRIDY (peginterferon beta) Starter Pack	1 starter pack/30 days
	REBIF (interferon beta-1a)	12 syringes/28 days
	REBIF (interferon beta-1a) Starter Pack	1 starter pack/year
	TECFIDERA (dimethyl fumarate)	2 caps/day
	TECFIDERA (dimethyl fumarate) Starter Pack	1 starter pack/year
	TYSABRI (natalizumab)	1 injection /28 days
Transplant	NULOJIX (belatacept)	None
	ZORTRESS (everolimus)	None
Miscellaneous		
Amino Acid	ENDARI (glutamine)	None
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Diagnostic	THYROGEN (thyrotropin alfa)	None

Therapy Class	Medication Name	Quantity Limit
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	XENAZINE (tetrabenazine)	None
Musculoskeletal Agents	SPINRAZA (nusinersen) Soln	None
Toxicology	CUPRIMINE (penicillamine)	None
	SYPRINE (trientine)	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 FX (sodium hyaluronate)	None
	SYNVISC (sodium hyaluronate)	None
	SYNVISC-ONE (sodium hyaluronate)	None
	VISCO-3 (sodium hyaluronate)	None
Obstetrics & Gynecology		
Fertility Agents	BRAVELLE (urofollitropin)	None
	CETROTIDE (cetorelix)	None
	chorionic gonadotropin	None
	FOLLISTIM AQ (follitropin beta)	None
Fertility Agents	ganirelix acetate	None
	GONAL-F (follitropin alfa) 450 IU	None
	GONAL-F RFF (follitropin alfa) Pens 300 IU	None
	GONAL-F RFF REDIIINJECT (follitropin alfa) Soln 900 IU	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
Hormone Replacement	hydroxyprogesterone caproate	None
	MAKENA (hydroxyprogesterone caproate)	None
Oncology (Injectable)		
Antifolate	FOLOTYN (pralatrexate) Soln	None
	TECENTRIQ (atezolizumab) Soln	None
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
CAR-T Therapy	KYMRIAH (tisagenlecleucel)	None
	YESCARTA (axicabtagene ciloleucel)	None
Interferons	INTRON A (interferon alfa-2b)	None
	SYLATRON (peginterferon alfa-2b)	None
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)	None
	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab) Soln	2 vials/21 days
	VELCADE (bortezomib)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	SYNRIBO (omacetaxine)	None
	VYXEOS (daunorubicin-cytarabine)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab) Soln	None
	BESPONSA (inotuzumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DARZALEX (daratumumab) Soln	None
	EMPLICITI (elotuzumab) Solr	None
	ERBITUX (cetuximab) Soln	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	IMFINZI (durvalumab) Soln	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KEVZARA (sarilumab)	None
	KEYTRUDA (pembrolizumab)	None
	LARTRUVO (olaratumab)	None
	MYLOTARG (gemtuzumab)	None
	OPDIVO (nivolumab)	None
	PERJETA (pertuzumab)	None
	RITUXAN (rituximab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	SYLVANT (siltuximab)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
Oncology (Oral)		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	ERLEADA (apalutamide)	4 tabs/day
	XTANDI (enzalutamide)	None
	YONSA (abiraterone)	4 tabs/day
	ZYTIGA (abiraterone)	None
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	AFINITOR DISPERZ (everolimus)	None
	ALECENSA (alectinib)	8 caps/day
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg, 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Pack	1 pack/year
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	2 caps/day
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CAPRELSA (vandetanib) 300 mg	None
	COMETRIQ (carbozantinib)	None
	COTELLIC (cobimetnib)	None
	ERIVEDGE (vismodegib)	None
	FARYDAK (panobinostat)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	ICLUSIG (ponatinib) 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	IMBRUVICA (ibrutinib)	None
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	LENVIMA (lenvatinib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	3 caps/28 days
	ODOMZO (sonidegib)	None
	RYDAPT (midostaurin)	8 tabs/day
	SPRYCEL (dasatinib)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	1 tab/day
	TARCEVA (erlotinib) 100 mg, 150 mg	1 tab/day
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TIBSOVO (ivosidenib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	2 tabs/day
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	ZEJULA (niraparib tosylate)	3 caps/day
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
Miscellaneous	KISQALI (ribociclib) Tabs	63 tabs/28 days
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	91 tabs/28 days
	LONSURF (trifluridine-tipiracil) 15-6.14 MG	100 tabs/28 days
	LONSURF (trifluridine-tipiracil) 20-8.19 MG	80 tabs/28 days
	RUBRACA (rucaparib camsylate)	4 tabs/day
	TARGRETIN (bexarotene) caps	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	XELODA (capecitabine)	None
	ZOLINZA (vorinostat)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Ophthalmology		
Miscellaneous	LUXTURNA (voretigene neparvovec-rzyl)	None
Respiratory		
Asthma/COPD	CINQAIR (reslizumab) Soln	None
	FASENRA (benralizumab)	None
	NUCALA (mepolizumab)	1 vial/28 days
	XOLAIR (omalizumab)	None
Cystic fibrosis	CAYSTON (aztreonam)	None
	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	None

PLEASE NOTE: This drug list may have regular updates and may not include all medications. Drugs in this list include brand and generic and include 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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