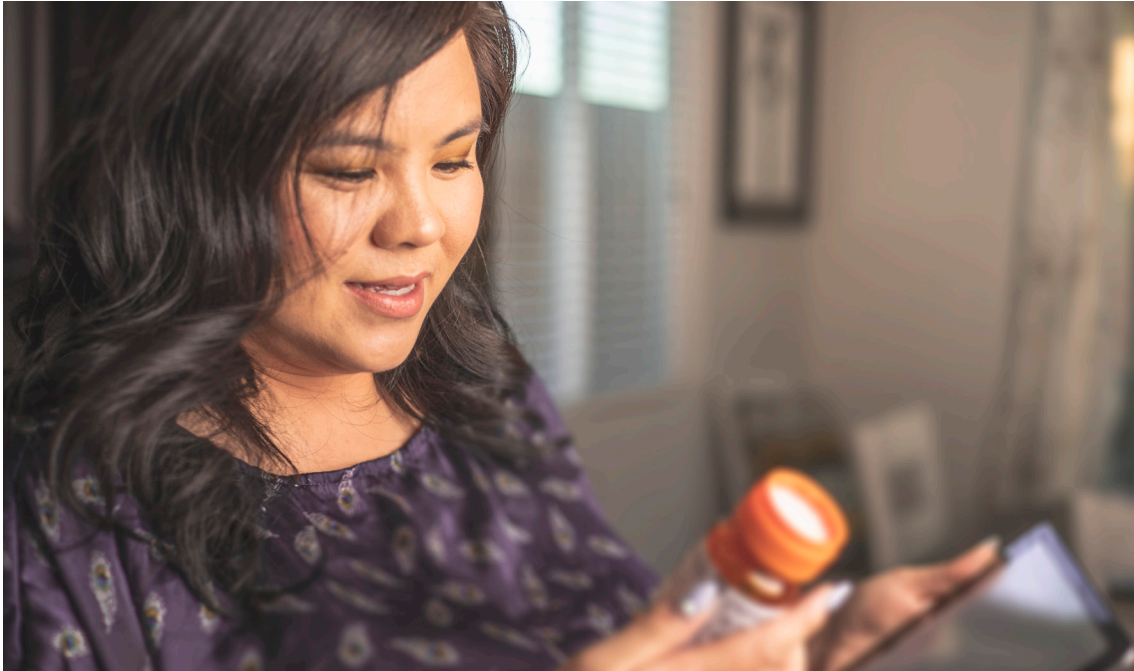


Prior authorization — Premium Value

Utilization management updates — July 1, 2021



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.

Premium Value non-specialty prior authorization list

Therapeutic use	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole	None
Antifungals	itraconazole	None
Antimalarial	quinine sulfate	None
Antiretrovirals, HIV	TROGARZO (ibalizumab-uiyk)	None
Cardiology		
Antilipemic	omega-3-acid 1 gm	None
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
Central Nervous System		
ADHD Agents (PA age 19+ only)	amphetamine	6 tabs/day
	amphetamine/dextroamphetamine 30 mg tab	2 tabs/day
	amphetamine/dextroamphetamine	3 tabs/day
	amphetamine/detroamphetamine ER	1 cap/day
	dexmethylphenidate	2 tabs/day
	dexmethylphenidate ER	1 cap/day
	dextroamphetamine 10 mg	6 caps/day
	dextroamphetamine 5 mg	3 caps/day
	dextroamphetamine 15 mg	4 caps/day
	dextroamphetamine soln	60 mL/day
	methylphenidate	3 tabs/day
	methylphenidate chew tab	3 tabs/day
	methylphenidate chew tab 10 mg	6 tabs/day
	methylphenidate ER 10 mg	2 tabs/day
	methylphenidate ER cap	1 cap/day
	methylphenidate ER tab osmotic release 36 mg	2 tabs/day
	methylphenidate ER tab osmotic release	1 tab/day
	methylphenidate soln 10 mg/5 mL	30 mL/day
	methylphenidate soln 5 mg/5 mL	60 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
Analgesics (opioid)	buprenorphine patch	4 patches/28 days
	fentanyl citrate lozange	4 lozenges/day
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydrocodone cap ER	2 caps/day
	hydrocodone cap ER 50 mg	4 caps/day
	hydromorphone tab ER	2 tabs/day
	methadone	None
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sulfate ER cap	2 caps/day

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

Therapeutic use	Medication name	Quantity limit
	morphine sulfate ER tab	3 tabs/day
	oxycodone ER	4 tabs/day
	oxymorphone ER	4 tabs/day
	tramadol cap ER	1 cap/day
	tramadol tab ER	1 tab/day
Anticonvulsants	BANZEL (rufinamide)	None
	clobazam	None
	SYMPAZAN (clobazam)	None
Antitussives (PA age <18)	guaifenesin/codeine	240 mL/fill, 2 fills/60 days
	hydrocodone/chlorpheniramine ER susp	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	hydrocodone/chlorpheniramine	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
Migraine	D.H.E. 45 (dihydroergotamine)	24 ampules/28 days
	dihydroergotamine nasal spray	8 vials/30 days
	EMGALITY (galcanezumab-gnlm)	1 syringe/auto-injector/30 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injectors/30 days
Miscellaneous	riluzole	2 tabs/day
	TIGLUTIK (riluzole)	20 mL/day
Sedative Hypnotics	FLURAZEPAM (flurazepam)	1 cap/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
Weight Loss	benzphetamine	None
	diethylpropion	None
	phendimetrazine	None
	phentermine	None
Dermatology		
Acne (Oral)	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (Topical)	adapalene	None
	ALTRENO (tretinoin)	None
	tazarotene	None
	tretinoin	None
	tretinoin microsphere gel	None
Endocrinology & Metabolism		
Androgens, Testosterone (Oral)	methyltestosterone	None
	oxandrolone 2.5 mg	8 tabs/day
	oxandrolone 10 mg	2 tabs/day

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

Therapeutic use	Medication name	Quantity limit
Androgens, Testosterone (Injectable)	testosterone cypionate	None
	testosterone enanthate	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	STRIANT (testosterone)	None
	testosterone gel	None
Antidiabetic Agents	SYMLINPEN (pramlintide)	None
Gastroenterology		
Antiemetics	dronabinol	2 caps/day
Irritable Bowel Syndrome	alosetron	None
Miscellaneous		
Calcium Modifier	cinacalcet	None
Toxicology	deferasirox	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
Respiratory		
Asthma/COPD	DALIRESP (roflumilast)	None

Premium Value specialty prior authorization list

Therapeutic use	Medication name	Quantity limit
Anti-infectives		
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antithrombotic Agents		
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit per day
Cardiology		
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
Pulmonary Arterial Hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	bosentan tab	2 tabs/day
	epoprostenol	None
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	sildenafil soln	None
	sildenafil susp	2 bottles/30 days
	sildenafil tabs	3 tabs/day
	tadalafil	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	treprostinil	None
TYVASO (treprostinil)	1 ampule/day	

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Therapeutic use	Medication name	Quantity limit
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
	VELETRI (epoprostenol)	None
	VENTAVIS (iloprost)	9 ampules/day
Vasopressors	NORTHERA (droxidopa)	None
Central Nervous System		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol) soln	None
	vigabatrin	None
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
Miscellaneous	RADICAVA (edaravone) Soln	None
Muscular Dystrophy	EMFLAZA (deflazacort)	None
Musculoskeletal Agents	FIRDAPSE (amifampridine phosphate)	None
Neurological Agents	TEGSEDI (inotersen)	None
Neurotoxins	BOTOX (onabotulinumtoxinA)	None
	DYSPORE (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
	KYNMOBI (apomorphine)	5 films/day
	KYNMOBI (apomorphine) titration kit	20 films/365 days
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
Dermatology		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE (afamelanotide acetate implant)	None
Electrolyte & Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & Metabolism		
Gonadotropins	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FIRMAGON (degarelix) 120 mg	2 vials/year
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/28 days
	LUPRON (leuprolide) 1 mg/0.2 mL	None
	LUPRON DEPOT (leuprolide) 3.75 mg & 7.5 mg (1-month)	None
	LUPRON DEPOT-PED (leuprolide)	None
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days

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Therapeutic use	Medication name	Quantity limit
	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/year
Growth Hormones and Related Therapy	EGRIFTA (tesamorelin)	2 vials (1 mg each)/day
	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
	GENOTROPIN (somatropin)	None
	HUMATROPE (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
Miscellaneous	ACTHAR (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	FORTEO (teriparatide)	None
	PROLIA (denosumab)	2 syringes/year
	TERIPARATIDE (teriparatide)	None
	TYMLOS (abaloparatide) Sopl	None
Somatostatins	octreotide inj	None
	SIGNIFOR (pasireotide)	2 ampules/day
	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	CYSTADROPS (cysteamine)	4 bottles/28 days
	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	KANUMA (sebelipase alfa)	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	miglustat	None
	RAVICTI (glycerol phenylbutyrate)	None
	REVCOVI (elapegedemase-lvr)	None

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Therapeutic use	Medication name	Quantity limit
	STRENSIQ (asfotase alfa)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XURIDEN (uridine triacetate)	4 packets/day
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
Phenylketonuria Treatment Agents	KUVAN (sapropterin)	None
	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 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
	GIVLAARI (givosiran)	None
Short Bowel Syndrome	GATTEX (teduglutide)	None
Sickle Cell Disease	ADAKVEO (crizanlizumab)	None
Immunology		
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None
	DOPTELET (avatrombopag)	None
	LEUKINE (sargramostim)	None
	MOZOBIL (plerixafor)	8 vials (9.6 mL) per transplant
	NEULASTA (pegfilgrastim)	None
	NPLATE (romiplostim)	None
	PROMACTA (eltrombopag) tab	None
	REBLOZYL (luspatercept)	None
	RETACRIT (epoetin alfa-epbx)	None
	SOLIRIS (eculizumab)	None
	TAVALISSE (fostamatinib)	None
	ZARXIO (filgrastim)	None
Hemostatic Agent	BERINERT (c1 esterase)	10 vials/30 days
	CINRYZE (c1 esterase)	None
	HAEGARDA (c1 esterase)	None
	KALBITOR (ecallantide) Soln	6 vials/30 days
	RUCONEST (c1 esterase) Solr	8 vials/30 days
Hepatitis C Agents	EPCLUSA (sofosbuvir-velpatasvir)	1 tab/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 tab/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day
	PEGASYS (peginterferon alfa-2a)	None
	PEG-INTRON (peginterferon alfa-2b)	None

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Therapeutic use	Medication name	Quantity limit
	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
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab)	None
	INFLECTRA (infliximab)	None
	KINERET (anakinra)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	RENFLXIS (infliximab)	None
	RINVOQ (upadacitinib)	None
	SIMPONI (golimumab)	None
	SKYRIZI (risankizumab-rzaa)	None
	STELARA (ustekinumab)	1 unit/56 days
	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
Monoclonal Antibody	CINQAIR (reslizumab) Soln	None
	DUPIXENT (dupilumab) Sosy	4 syringes/28 days
	FASENRA (benralizumab)	None

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Therapeutic use	Medication name	Quantity limit
	NUCALA (mepolizumab)	3 vials/28 days
	XOLAIR (omalizumab)	None
Multiple Sclerosis	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BETASERON (interferon beta-1b)	1 package/28 days
	dalfampridine	2 tabs/day
	dimethyl fumarate	2 caps/day
	dimethyl fumarate Starter Pack	2 starter packs/365 days
	EXTAVIA (interferon beta-1b)	1 package/28 days
	GILENYA (fingolimod)	1 cap/day
	glatiramer 20 mg/ml	30 syringes/30 days
	glatiramer 40 mg/ml	12 syringes/28 days
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	LEMTRADA (alemtuzumab)	None
	mitoxantrone	None
	OCREVUS (ocrelizumab) Soln	40 mL/365 days
	REBIF (interferon beta-1a)	12 syringes/28 days
	REBIF (interferon beta-1a) Starter Pack	1 starter pack/year
	TYSABRI (natalizumab)	1 injection /28 days
Immunosuppressive Agents		
Monoclonal Antibody	GAMIFANT (emapalumab-lzsg)	None
Miscellaneous		
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	tetrabenazine	None
Toxicology	penicillamine	None
	trientine	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
Obstetrics & Gynecology		
Fertility Agents	FOLLISTIM AQ (follitropin beta)	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	OVIDREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
Hormone Replacement	hydroxyprogesterone caproate	None
Oncology (Injectable)		
Alkylating Agents	BENDEKA (bendamustine)	None
	ZEPZELCA (lurbinectedin)	None
Antifolate	FOLOTYN (pralatrexate) Soln	None
	TECENTRIQ (atezolizumab) Soln	None

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Therapeutic use	Medication name	Quantity limit
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
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	None
	VELCADE (bortezomib)	None
	VYXEOS (daunorubicin-cytarabine)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	AVASTIN (bevacizumab)	None
	BELEODAQ (belinostat)	None
	decitabine	None
	SYNRIBO (omacetaxine)	None
	ZIRABEV (bevacizumab)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DARZALEX (daratumumab) Soln	None
	EMPLICITI (elotuzumab) Solr	None
	ENHERTU (fam-trastuzumab deruxtecan)	None
	ERBITUX (cetuximab) Soln	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	IMFINZI (durvalumab) Soln	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KEYTRUDA (pembrolizumab)	None
	LARTRUVO (olaratumab)	None
	OPDIVO (nivolumab)	None
	PADCEV (enfortumab vedotin-ejfv)	None
	PERJETA (pertuzumab)	None
	POLIVY (polatuzumab vedotin-piiq)	None
	POTELIGEO (mogamulizumab-kpkc)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	RUXIENCE (rituximab)	None
	SYLVANT (siltuximab)	None
	TRAZIMERA (trastuzumab)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None

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Therapeutic use	Medication name	Quantity limit
Oncology (Oral)		
Alkylating Agents	temozolomide	None
Antiandrogen	abiraterone	None
	ERLEADA (apalutamide)	None
	XTANDI (enzalutamide)	None
	YONSA (abiraterone)	None
Kinase and Molecular Target Inhibitors	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/year
	BALVERSA (erdafitinib)	None
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetinib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	erlotinib 100 mg, 150 mg	None
	erlotinib 25 mg	3 tabs/day
	everolimus	1 tab/day
	FARYDAK (panobinostat)	None
	GAVRETO (pralsetnib)	None
	GILOTRIF (afatinib)	1 tab/day
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	ICLUSIG (ponatinib) 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	imatinib	None
	IMBRUVICA (ibrutinib)	None
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	KOSELUGO (selumetinib)	None
	LENVIMA (lenvatinib)	None
	LORBRENA (lorlatinib)	None
	LYNPARZA (olaparib)	None

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Therapeutic use	Medication name	Quantity limit
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	PIQRAY (alpelisib)	None
	QINLOCK (ripretinib)	None
	RETEVMO (selpercatinib)	None
	RYDAPT (midostaurin)	None
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TALZENNA (talazoparib tosylate)	None
	TASIGNA (nilotinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib tosylate)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
Miscellaneous	bexarotene caps	None
	capecitabine	None
	KISQALI (ribociclib)	None
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	None
	LONSURF (trifluridine-tipiracil) 15-6.14 mg	None
	LONSURF (trifluridine-tipiracil) 20-8.19 mg	None
	RUBRACA (rucaparib camsylate)	None
	TIBSOVO (ivosidenib)	None
	ZOLINZA (vorinostat)	None
Skin Cancer	TARGRETIN GEL (bexarotene)	None

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

Therapeutic use	Medication name	Quantity limit
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Ophthalmology		
Miscellaneous	LUXTURNA (voretigene neparvovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
Vascular Endothelial Growth Factor (VEGF) Inhibitor	EYLEA (aflibercept)	None
	LUCENTIS (ranibizumab)	None
Respiratory		
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
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor)	3 tabs/day
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 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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