



# Prior authorization — Premium

Utilization management updates - January 1, 2021

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 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.

## 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 completed 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).**

## Premium Non-Specialty Prior Authorization List

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

Therapy Class	Medication Name	Quantity Limit
<b>ANTI-INFECTIVES</b>		
Anthelmintics	ALBENZA (albendazole)	None
Antibiotics	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin)	None
Antifungals	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	KERYDIN (tavaborole)	None
	ONMEL (itraconazole)	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
Antimalarial	QUALAQUIN (quinine)	None
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
<b>CARDIOLOGY</b>		
Antilipemic	omega-3-acid 1 gm	None
	NEXLETOL (bempedoic acid)	1 tab/day
	NEXLIZET (bempedoic acid-ezetimibe)	1 tab/day
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
	VASCEPA (icosapent ethyl)	None
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) Soln	15 mL/day
<b>CENTRAL NERVOUS SYSTEM</b>		
ADHD Agents (PA age 19+ only)	ADZENYS ER (amphetamine)	15 mL/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	amphetamine	6 tabs/day
	amphetamine/dextroamphetamine 30 mg tab	2 tabs/day
	amphetamine/dextroamphetamine	3 tabs/day
	amphetamine/detroamphetamine ER	1 cap/day
	APTENSIO XR (methylphenidate)	1 cap/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOSYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day

Therapy Class	Medication Name	Quantity Limit
ADHD Agents (PA age 19+ only)	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	dexmethylphenidate	2 tabs/day
	dexmethylphenidate ER	1 cap/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO ODT (amphetamine) 5 mg, 10 mg	3 tabs/day
	EVEKEO ODT (amphetamine) 15 mg, 20 mg	2 tabs/day
	JORNAY PM (methylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/day
	METHYLIN (methylphenidate) Soln 10 mg/5 mL	30 mL/day
	METHYLIN (methylphenidate) Soln 5 mg/5 mL	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day
	methylphenidate	3 tabs/day
	METHYLPHENIDATE ER (methylphenidate) 10 mg	2 tabs/day
	methylphenidate ER tab osmotic release 36 mg	2 tabs/day
	methylphenidate ER tab osmotic release	1 tab/day
	MYDAYIS (amphetamine/dextroamphetamine)	1 cap/day
	PROCENTRA (dextroamphetamine) Sol	60 mL/day
	QUILLICHEW ER (methylphenidate) 30 mg	2 tabs/day
	QUILLICHEW ER (methylphenidate)	1 tab/day
	QUILLIVANT XR (methylphenidate)	12 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day	
ZENZEDI (dextroamphetamine)	3 tabs/day	
ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day	
Analgesics (non-opioid)	diclofenac solution 1.5%	None
	naproxen-esomeprazole	2 tabs/day
	QUTENZA (capsaicin)	4 patches/3 months

Therapy Class	Medication Name	Quantity Limit
Analgesics (opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-30	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-60	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 100 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	DOLOPHINE (methadone)	None
	EMBEDA (morphine/naltrexone)	2 caps/day
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days

Therapy Class	Medication Name	Quantity Limit
Analgesics (opioid)	hydrocodone/acetaminophen sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydrocodone/acetaminophen sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen sol 10-325 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 10-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-300 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-325 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/ibuprofen tab 7.5-200 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone liq 1 mg/mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 7 supps/day, 2 fills/60 days for treatment experienced
hydromorphone tab 2 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 tabs/day, 2 fills/60 days for treatment experienced	

Therapy Class	Medication Name	Quantity Limit
Analgesics (opioid)	hydromorphone tab 4 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 5 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 8 mg	1 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab ER	2 tabs/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	levorphanol tab 2 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	levorphanol tab 3 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	METHADONE	None
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced	

Therapy Class	Medication Name	Quantity Limit
Analgesics (opioid)	morphine supp 30 mg	1 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	morphine sulfate ER cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	NALOCET (oxycodone/acetaminophen)	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 10 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
oxycodone cap 5 mg	6 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced	



Therapy Class	Medication Name	Quantity Limit
Analgesics (opioid)	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 10 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 15 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 20 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen sol 5-325 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 10-325 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 2.5-325 mg	12 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 7.5-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day



Therapy Class	Medication Name	Quantity Limit
Analgesics (opioid)	pentazocine/naloxone tab 50-0.5 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	SYNALGOS-DC (aspirin/caffeine/dihydrocodeine) cap	11 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 caps/day, 2 fills/60 days for treatment experienced
	tramadol tab 50 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol/acetaminophen tab 37.5-325 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol cap ER	1 cap/day
	tramadol tab ER	1 tab/day
	TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	12 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	VICODIN HP (hydrocodone/acetaminophen) tab 10-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone cap ER	2 caps/day
hydrocodone cap ER 50 mg	4 caps/day	

Therapy Class	Medication Name	Quantity Limit
Anticonvulsants	BANZEL (rufinamide)	None
	clobazam	None
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	SYMPAZAN (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 (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	FLOWTUSS (hydrocodone/guaifenesin)	240 mL/fill, 2 fills/60 days
	guaifenesin/codeine	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
	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

Therapy Class	Medication Name	Quantity Limit
Antitussives (PA age <18)	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
	TUSNEL C (pseudoephedrine w/ cod-gg)	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
	TUXARIN ER (codeine/chlorpheniramine)	2 tabs/day, 7 day supply, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VIRTUSSIN (pseudoephedrine w/ cod-gg)	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
	AIMOVIG (erenumab) 140 mg/mL	1 syringe/30 days
	D.H.E. 45(dihydroergotamine)	24 ampules/28 days
	EMGALITY (galcanezumab-gnlm)	1 syringe/auto-injector/30 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injectors/30 days
	MIGRANAL (dihydroergotamine)	8 vials/30 days
	NURTEC (rimegepant)	8 tabs/30 days
	REYVOW (lasmitidan)	4 tabs/30 days
	UBRELVY (ubrogepant)	10 tabs/30 days
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
	TIGLUTIK (riluzole)	20 mL/day
Parkinson's	DUOPA (carbidopa-levodopa) Susp	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	FLURAZEPAM (flurazepam)	1 cap/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
	SUNOSI (solriamfetol)	1 tab/day

Therapy Class	Medication Name	Quantity Limit
Weight Loss	BONTRIL (phendimetrazine)	None
	DIDREX (benzphetamine)	None
	LOMAIRA (phentermine)	None
	phentermine	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
	XENICAL (orlistat)	None
<b>DERMATOLOGY</b>		
Acne (Oral)	ABSORICA (isotretinoin)	None
	ABSORICA LD (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (PA age >25 only)	adapalene	None
	ALTRENO (tretinoin)	None
	ATRALIN (tretinoin)	None
	FABIOR (tazarotene)	None
	PLIXDA (adapalene)	None
	TAZORAC (tazarotene)	None
	tretinoin cream	None
	tretinoin microsphere gel	None
	TRETIN-X (tretinoin)	None
<b>ENDOCRINOLOGY &amp; METABOLISM</b>		
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	ANDROID (methyltestosterone)	None
	METHITEST (methyltestosterone)	None
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
Androgens, Testosterone	TESTOPEL (testosterone pellet)	None
(Injectable)	testosterone cypionate	None
	testosterone enanthate	None
	XYOSTED (testosterone enanthate)	None
Androgens, Testosterone	ANDRODERM (testosterone)	None
(Topical)	STRIANT (testosterone)	None
	testosterone gel 1.62%	None
Antidiabetic Agents	AFREZZA (insulin regular)	None
	SYMLINPEN (pramlintide)	None

Therapy Class	Medication Name	Quantity Limit
Gonadotropins	ORIAHNN (elagolix-estradiol-noreth)	2 tabs/day
	ORLISSA (elagolix) 150mg	1 tab/day
	ORLISSA (elagolix) 200mg	2 tabs/day
<b>GASTROENTEROLOGY</b>		
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	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
<b>MISCELLANEOUS</b>		
Amino Acid	ENDARI (glutamine)	None
Antimetabolites	SIKLOS (hydroxyurea) 100 mg	None
Calcium Modifier	cinacalcet	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	NOURIANZ (istradefylline)	None
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
Wound Care	REGRANEX (becaplermin)	None
<b>OPHTHALMOLOGY</b>		
Miscellaneous	RESTASIS (cyclosporine)	None
	XIIDRA (lifitegrast)	None
<b>RESPIRATORY</b>		
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.

### Premium 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
<b>ANTI-INFECTIVES</b>		
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antithrombotic Agents		
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit per day
<b>CARDIOLOGY</b>		
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
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REVATIO (sildenafil) Soln	None
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	tadalafil	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	treprostinil	None
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
VELETRI (epoprostenol)	None	
VENTAVIS (iloprost)	9 ampules/day	
Transthyretin Stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day
Vasopressors	NORTHERA (droxidopa)	None
<b>CENTRAL NERVOUS SYSTEM</b>		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol) soln	None
	FINTEPLA (fenfluramine)	None
	vigabatrin tabs	None
Antidepressants	SPRAVATO (esketamine)	None
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
Muscular Dystrophy	EMFLAZA (deflazacort)	None
Musculoskeletal Agents	FIRDAPSE (amifampridine phosphate)	None
	RUZURGI (amifanpridine)	None
Neurological Agents	TEGSEDI (inotersen)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
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
	WAKIX (pitolisant)	2 tabs/day
<b>DERMATOLOGY</b>		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Atopic Dermatitis	DUPIXENT (dupilumab) Sosy	4 syringes/28 days
<b>ELECTROLYTE &amp; RENAL AGENTS</b>		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
<b>ENDOCRINOLOGY &amp; METABOLISM</b>		
Cortisol Synthesis Inhibitor	ISTURISA (osilodrostat phosphate)	None
Gonadotropins	LUPRON (leuprolide) 1 mg/0.2 mL	None
Growth Hormones and Related Therapy	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	SEROSTIM (somatropin)	None
	ZORBTIVE (somatropin)	None
Growth Hormones and Related	INCRELEX (mecasermin)	None
Therapy (Acromegaly)	SOMAVERT (pegvisomant)	None
Hormone Modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
Miscellaneous	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	FORTEO (teriparatide)	None
	TERIPARATIDE	None
	TYMLOS (abaloparatide) Sopn	None
<b>ENZYME-RELATED</b>		
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	CERDELGA (eliglustat)	None
	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	RAVICTI (glycerol phenylbutyrate)	None
	STRENSIQ (asfotase alfa)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
Enzyme, Gout	KRYSTEXXA (pegloticase)	None
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None



OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
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
<b>GASTROENTEROLOGY</b>		
Gallstone Solubilizing Agents	CHENODAL (chenodiol)	None
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
<b>IMMUNOLOGY</b>		
Hematopoietic Agents	DOPTELET (avatrombopag)	None
	MULPLETA (lusutrombopag)	None
	PROMACTA (eltrombopag)	None
	TAVALISSE (fostamatinib)	None
Hemostatic Agent	BERINERT (c1 esterase)	10 vials/30 days
	CINRYZE (c1 esterase)	None
	FIRAZYR (icatibant) Soln	6 syringes/30 days
	HAEGARDA (c1 esterase)	None
	RUCONEST (c1 esterase) Solr	8 vials/30 days
	TAKHZYRO (lanadelumab-flyo)	None
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day
	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
	SOVALDI (sofosbuvir) 400 mg	1 tab/day
	SOVALDI (sofosbuvir) tab and pellet pack 200 mg	2 tab/day
	SOVALDI (sofosbuvir) pellet pack 150mg	1 tab/day
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VOSEVI (sofosbuvir-velpatasvir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Immunomodulators	ACTEMRA (tocilizumab) Sosy	None
	CIMZIA (certolizumab)	None
	ENBREL (etanercept)	None
	HUMIRA (adalimumab)	None
	KEVZARA (sarilumab)	None
	KINERET (anakinra)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	RINVOQ (upadacitinib)	None
	SILIQ (brodalumab) Sosy	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
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BAFIERTAM (monomethyl fumarate)	4 caps/day
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	MAVENCLAD (cladribine)	None
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs (24 tabs)/365 days
	TECFIDERA (dimethyl fumarate)	2 caps/day
	TECFIDERA (dimethyl fumarate) Starter Pack	2 starter packs/year
	ZEPOSIA (ozanimod)	1 cap/day
	ZEPOSIA 7DAY CAP STR PACK (ozanimod cap pack)	14 caps/365 days
	ZEPOSIA STARTER KIT (ozanimod cap pack)	74 caps/365 days
Transplant	ZORTRESS (everolimus)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
<b>MISCELLANEOUS</b>		
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) pack	56 caps (2 packs) per 365 days
	XENAZINE (tetrabenazine)	None
Toxicology	CUPRIMINE (penicillamine)	None
	SYPRINE (trientine)	None
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
Fertility Agents	chorionic gonadotropin	None
	FOLLISTIM AQ (follitropin beta)	None
	ganirelix acetate	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	OVIDREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
<b>ONCOLOGY (ORAL)</b>		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	INREBIC (fedratinib)	None
	NUBEQA (darolutamide)	None
	ROZLYTREK (entrectinib)	None
	XTANDI (enzalutamide )	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
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib)	None
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetnib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	everolimus	1 tab/day
	FARYDAK (panobinostat)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Kinase and Molecular Target Inhibitors	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
	KOSELUGO (selumetinib)	None
	LENVIMA (lenvatinib)	None
	LORBRENA (lorlatinib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	PEMAZYRE (pemigatinib)	1 tab/day
	PIQRAY (alpelisib)	None
	QINLOCK (ripretinib)	None
	RETEVMO (selpercatinib)	None
	RYDAPT (midostaurin)	None
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TARCEVA (erlotinib) 100 mg, 150 mg	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
VITRAKVI (larotrectinib)	None	
VIZIMPRO (dacomitinib)	None	

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Kinase and Molecular Target Inhibitors	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
	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
	XELODA (capecitabine)	None
	XPOVIO (selinexor)	None
	ZOLINZA (vorinostat)	None
Skin Cancer	TARGRETIN GEL (bexarotene)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
<b>OPHTHALMOLOGY</b>		
Miscellaneous	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
<b>RESPIRATORY</b>		
Asthma/COPD	DUPIXENT (dupilumab) Sosy	4 syringes/28 days
	FASENRA (benralizumab)	None
	NUCALA (mepolizumab)	3 vials/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
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor)	3 tabs/day
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None



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