

# Prior authorization — 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 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 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).**

## 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 phone number on your member ID card.

| OTHER THERAPY CLASS           | MEDICATION NAME   | QUANTITY LIMIT        |
|-------------------------------|---|-----------------------|
| <b>Anti-infectives</b>        |   |                       |
| Antibiotics                   | AEMCOLO (rifamycin)                                     | None                  |
|                               | 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                  |
|                               | PEDIPROX-4 (ciclopirox) nail kit                        | None                  |
|                               | SPORANOX (itraconazole) Soln                            | None                  |
|                               | SPORANOX (itraconazole)                                 | None                  |
|                               | TOLSURA (itraconazole)                                  | None                  |
| Anthelmintics                 | ALBENZA (albendazole)                                   | None                  |
| Antimalarial                  | QUALAQUIN (quinine)                                     | None                  |
| <b>Cardiology</b>             |   |                       |
| 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) |
| <b>Central Nervous System</b> |   |                       |
| 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            |
|                               |   |                       |

| THERAPY CLASS | MEDICATION NAME                              | QUANTITY LIMIT |
|---------------|--|----------------|
|               | CONCERTA (methylphenidate)                   | 1 tab/day      |
|               | COTEMPLA XR-ODT (methylphenidate)<br>8.6 mg  | 6 tabs/day     |
|               | COTEMPLA XR-ODT (methylphenidate)<br>17.3 mg | 3 tabs/day     |
|               | COTEMPLA XR-ODT (methylphenidate)<br>25.9 mg | 2 tabs/day     |
|               | DAYTRANA (methylphenidate<br>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<br>mL     | 30 mL/day      |
|               | METHYLIN (methylphenidate) 5 mg/5 mL         | 60 mL/day      |
|               | METHYLIN CHEW TAB (methylphenidate)          | 3 tabs/day     |
|               | METHYLIN CHEW TAB (methylphenidate)<br>10 mg | 6 tabs/day     |
|               | METHYLIN ER (methylphenidate) 20 mg          | 3 tabs/day     |

| THERAPY CLASS                           | MEDICATION NAME                            | QUANTITY LIMIT                     |
|---|--|------------------------------------|
|   | METHYLPHENIDATE ER (methylphenidate) 10 mg | 2 tabs/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 (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<br>(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 |
|   | ZTLIDO (lidocaine)                         | None                               |
| Analgesics (opioid)                     | ABSTRAL (fentanyl citrate)                 | 4 tabs/day                         |

| THERAPY CLASS | MEDICATION NAME  | QUANTITY LIMIT   |
|---------------|--|--|
|               | 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-caffeine-dihydrocodeine cap 320.5-30-16 mg | 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 |
|               | ACTIQ (fentanyl citrate)                                 | 4 lozenges/day   |
|               | APADAZ (benzhydrocodone/acetaminophen) 4.08-325 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                            |
|               | APADAZ (benzhydrocodone/acetaminophen) 6.12-325 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                            |
|               | APADAZ (benzhydrocodone/acetaminophen) 8.16-325 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; 12 tabs/day, 2 fills/60 days                            |
|               | 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  |

| THERAPY CLASS | MEDICATION NAME                      | QUANTITY LIMIT  |
|---------------|--------------------------------------|---|
|               | 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   |
|               | CONZIP (tramadol SR)                 | 1 cap/day   |
|               | 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   |
|               | DILAUDID (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 |
|               | DILAUDID (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   |
|---------------|--|--|
|               | DILAUDID (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   |
|               | DILAUDID (hydromorphone) tab 8 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    |
|               | 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 (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    |
|               | 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 |
|               | 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 (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   |

| THERAPY CLASS | MEDICATION NAME   | QUANTITY LIMIT  |
|---------------|---|---|
|               | LORTAB (hydrocodone/acetaminophen)<br>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      |
|               | 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  |



| THERAPY CLASS | MEDICATION NAME                                 | QUANTITY LIMIT  |
|---------------|---|---|
|               | 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  |
|               | morphine supp 30 mg                             | 1 supp/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     |
|               | MS CONTIN (morphine ext-release)                | 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  |
|               | 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  |

| THERAPY CLASS | MEDICATION NAME                                  | QUANTITY LIMIT  |
|---------------|--|---|
|               | NORCO (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 |
|               | NORCO (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 |
|               | NUCYNTA (tapentadol) tab 100 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   |
|               | NUCYNTA (tapentadol) tab 50 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  |
|               | NUCYNTA (tapentadol) tab 75 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   |
|               | NUCYNTA ER (tapentadol)                          | 2 tabs/day  |
|               | 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  |
|               | OPANA ER (oxymorphone ext-release)               | 4 tabs/day  |

| THERAPY CLASS | MEDICATION NAME                  | QUANTITY LIMIT  |
|---------------|----------------------------------|---|
|               | 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 |
|               | 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  |

| THERAPY CLASS | MEDICATION NAME                                   | QUANTITY LIMIT   |
|---------------|---|--|
|               | 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 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/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   |
|               | OXYCONTIN (oxycodone ext-release)                 | 4 tabs/day   |
|               | 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  |
|               | PERCOCET (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   |
|               | PERCOCET (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 |
|               | PERCOCET (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  |

| THERAPY CLASS | MEDICATION NAME                                   | QUANTITY LIMIT  |
|---------------|---|---|
|               | PERCOCET (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  |
|               | 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 (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  |
|               | REPREXAIN (hydrocodone/ibuprofen) tab 10-200 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  |
|               | REPREXAIN (hydrocodone/ibuprofen) tab 5-200 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; 16 tabs/day, 2 fills/60 days for treatment experienced |
|               | ROXICODONE (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  |

| THERAPY CLASS | MEDICATION NAME                                    | QUANTITY LIMIT   |
|---------------|--|--|
|               | ROXICODONE (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    |
|               | ROXICODONE (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  |
|               | ROXYBOND (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  |
|               | ROXYBOND (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   |
|               | ROXYBOND (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    |
|               | SUBSYS (fentanyl)                                  | 16 sprays/day  |
|               | 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 |
|               | 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 |

| THERAPY CLASS | MEDICATION NAME                                       | QUANTITY LIMIT   |
|---------------|---|--|
|               | TYLENOL (acetaminophen)/codeine #3                    | 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 |
|               | TYLENOL (acetaminophen)/codeine #4                    | 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  |
|               | ULTRACET (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   |
|               | ULTRAM (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   |
|               | ULTRAM ER (tramadol ext-release)                      | 1 tab/day  |
|               | VERDROCET (hydrocodone/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 |
|               | VICODIN (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  |
|               | VICODIN ES (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  |

| THERAPY CLASS             | MEDICATION NAME   | QUANTITY LIMIT  |
|---------------------------|---|---|
|                           | 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  |
|                           | VICOPROFEN (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 |
|                           | XTAMPZA ER (oxycodone)                                  | 4 caps/day  |
|                           | ZAMICET (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 |
|                           | ZOHYDRO ER (hydrocodone)                                | 2 caps/day  |
|                           | ZOHYDRO ER (hydrocodone) 50 mg                          | 4 caps/day  |
| Anticonvulsants           | HORIZANT (gabapentin enacarbil)                         | 2 tabs/day  |
|                           | ONFI (clobazam)   | None  |
|                           | 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  | 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  |



| OTHER THERAPY CLASS | MEDICATION NAME   | QUANTITY LIMIT                               |
|---------------------|---|--|
|                     | M-CLEAR WC (guaifenesin/codeine)                            | 240 mL/fill, 2 fills/60 days                 |
|                     | M-END MAX D (pseudoephedrine/<br>chlorpheniramine/codeine)  | 240 mL/fill, 2 fills/60 days                 |
|                     | M-END PE (phenylephrine/<br>brompheniramine/codeine)        | 240 mL/fill, 2 fills/60 days                 |
|                     | M-END WC (pseudoephedrine/<br>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/<br>brompheniramine/codeine)   | 240 mL/fill, 2 fills/60 days                 |
|                     | POLY-TUSSIN (phenylephrine/<br>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/<br>hydrocodone            | 240 mL/fill, 2 fills/60 days                 |
|                     | PRO-RED AC( phenylephrine/<br>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/<br>brompheniramine/codeine)         | 240 mL/fill, 2 fills/60 days                 |
|                     | TRICODE AR (pseudoephedrine/<br>chlorpheniramine/codeine)   | 240 mL/fill, 2 fills/60 days                 |
|                     | TRYMINE CG (guaifenesin/codeine)                            | 240 mL/fill, 2 fills/60 days                 |
|                     | TUSSICAPS (hydrocodone/<br>chlorpheniramine) 10-8 mg        | 2 caps/day, 7 day supply, 2<br>fills/60 days |
|                     | TUSSICAPS (hydrocodone/<br>chlorpheniramine) 5-4 mg         | 4 caps/day, 7 day supply, 2<br>fills/60 days |
|                     | TUSSIGON (hydrocodone/homatropine)                          | 6 tabs/day, 7 day supply, 2<br>fills/60 days |
|                     | TUSSIONEX (hydrocodone/<br>chlorpheniramine)                | 240 mL/fill, 2 fills/60 days                 |
|                     | TUXARIN ER (codeine/chlorpheniramine)                       | 2 tabs/day, 7 day supply, 2<br>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/<br>chlorpheniramine/hydrocodone) | 240 mL/fill, 2 fills/60 days                 |

| Therapy Class                     | Medication Name                      | Quantity Limit                  |
|-----------------------------------|--------------------------------------|---------------------------------|
| Hypoactive Sexual Desire Disorder | ADDYI (flibanserin)                  | 1 tab/day                       |
| Migraine                          | AIMOVIG (erenumab)                   | 2 syringes/30 days              |
|                                   | AJOVY (fremanezumab-vfrm)            | 3 syringes/90 days              |
|                                   | EMGALITY (galcanezumab-gnlm)         | 1 syringe/auto-injector/30 days |
| Miscellaneous                     | NUDEXTA (dextromethorphan/quinidine) | None                            |
|                                   | RILUTEK (riluzole)                   | 2 tabs/day                      |
|                                   | TIGLUTIK (riluzole susp)             | 20 mL/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                            |
|                                   | 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                            |
| <b>Dermatology</b>                |                                      |                                 |
| Acne (Oral)                       | ABSORICA (isotretinoin)              | None                            |
|                                   | AMNESTEEM (isotretinoin)             | None                            |
|                                   | CLARAVIS (isotretinoin)              | None                            |
|                                   | MYORISAN (isotretinoin)              | None                            |
|                                   | ZENATANE (isotretinoin)              | None                            |
| Acne (PA age >25 only)            | ALTRENO (tretinoin)                  | None                            |
|                                   | ATRALIN (tretinoin)                  | None                            |
|                                   | AVITA (tretinoin)                    | None                            |
|                                   | DIFFERIN (adapalene)                 | None                            |
|                                   | PLIXDA (adapalene)                   | None                            |
|                                   | RETIN-A (tretinoin)                  | None                            |
|                                   | RETIN-A MICRO (tretinoin)            | None                            |
| TRETIN-X (tretinoin)              | None                                 |                                 |

| THERAPY CLASS                           | MEDICATION NAME                            | QUANTITY LIMIT |
|---|--|----------------|
| Skin Cancer                             | TARGRETIN GEL (bexarotene)                 | None           |
| <b>Endocrinology &amp; Metabolism</b>   |  |                |
| Androgens, Testosterone<br>(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<br>(Topical)    | ANDRODERM (testosterone)                   | None           |
|   | ANDROGEL (testosterone)                    | None           |
|   | AXIRON (testosterone)                      | None           |
|   | FORTESTA (testosterone)                    | None           |
|   | NATESTO (testosterone nasal)               | None           |
|   | STRIANT (testosterone)                     | None           |
|   | TESTIM (testosterone)                      | None           |
|   | VOGELXO (testosterone)                     | None           |
| Androgens, Testosterone<br>(Injectable) | AVEED (testosterone undecanoate)           | None           |
|   | DELATESTRYL (testosterone enanthate)       | None           |
|   | DEPO-TESTOSTERONE (testosterone cypionate) | None           |
|   | TESTOPEL (testosterone pellet)             | None           |
|   | XYOSTED (testosterone enanthate)           | None           |
| Antidiabetic Agents                     | AFREZZA (insulin regular)                  | None           |

| Therapy Class               | Medication Name  | Quantity Limit                             |
|-----------------------------|--|--|
|                             | GLUMETZA (metformin)   | None                                       |
|                             | SYMLINPEN (pramlintide)  | None                                       |
| <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                                 |
| Opioid-induced Constipation | RELISTOR (methylnaltrexone) Tabs   | 3 tabs/day                                 |
|                             | RELISTOR (methylnaltrexone)  | 1 syringe/day                              |
|                             | RELISTOR (methylnaltrexone) Kit  | 1 vial/day                                 |
| <b>Immunology</b>           |  |  |
| 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                                  |
|                             | 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) |
| <b>Miscellaneous</b>        |  |  |
| Antimetabolites             | SIKLOS (hydroxyurea)   | None                                       |
| Calcium Modifier            | SENSIPAR (cinacalcet)  | None                                       |
| Methotrexate Auto-Injectors | OTREXUP (methotrexate)   | 4 auto-injectors/28 days                   |
|                             | RASUVO (methotrexate)  | 4 auto-injectors/28 days                   |
| Movement Disorder Agents    | GOCOVRI (amantadine)   | None                                       |

| THERAPY CLASS        | MEDICATION NAME                       | QUANTITY LIMIT |
|----------------------|---------------------------------------|----------------|
|                      | 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           |
| <b>Oncology</b>      |                                       |                |
| Miscellaneous        | PROVENGE (sipuleucel-T)               | None           |
| <b>Ophthalmology</b> |                                       |                |
| Miscellaneous        | CEQUA (cyclosporine)                  | None           |
|                      | 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.

### 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.

| THERAPY CLASS                   | MEDICATION NAME            | QUANTITY LIMIT      |
|---------------------------------|----------------------------|---------------------|
| <b>Anti-infectives</b>          |                            |                     |
| Antiprotozoals                  | DARAPRIM (pyrimethamine)   | None                |
| Antiretrovirals, HIV            | SELZENTRY (maraviroc)      | None                |
|                                 | TROGARZO (ibalizumab-uiyk) | None                |
| <b>Cardiology</b>               |                            |                     |
| 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          |

| OTHER THERAPY CLASS           | MEDICATION NAME                    | QUANTITY LIMIT             |
|-------------------------------|------------------------------------|----------------------------|
|                               | 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                 |
|                               | UPTRAVI (selexipag) Pack           | 2 packs/year               |
|                               | VELETRI (epoprostenol)             | None                       |
|                               | VENTAVIS (iloprost)                | 9 ampules/day              |
| Vasopressors                  | NORTHERA (droxidopa)               | None                       |
| <b>Central Nervous System</b> |                                    |                            |
| Anticonvulsants               | EPIDIOLEX (cannabidiol) soln       | None                       |
|                               | 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                       |
| Musculoskeletal Agents        | FIRDAPSE (amifampridine phosphate) | None                       |
| Neurological Agents           | ONPATTRO (patisiran sodium)        | None                       |
|                               | TEGSEDI (inotersen)                | None                       |
| Neurotoxins                   | BOTOX (onabotulinumtoxinA)         | None                       |

| OTHER THERAPY CLASS                   | MEDICATION NAME                                      | QUANTITY LIMIT             |                         |
|---------------------------------------|--|----------------------------|-------------------------|
|                                       | DYSPOORT (abobotulinumtoxinA)                        | None                       |                         |
|                                       | MYOBLOC (rimabotulinumtoxinB)                        | None                       |                         |
|                                       | XEOMIN (incobotulinumtoxinA)                         | None                       |                         |
| Parkinson's                           | APOKYN (apomorphine)                                 | 30 cartridges/30 days      |                         |
| Sleep Disorder                        | HETLIOZ (tasimelteon)                                | 1 cap/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> |  |                            |                         |
| 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                       |                         |
|                                       | 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  |

| THERAPY CLASS                                    | MEDICATION NAME                        | QUANTITY LIMIT       |
|--|--|----------------------|
|  | 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                 |
|  | KORLYM (mifepristone)                  | 4 tabs/day           |
| Osteoporosis                                     | FORTEO (teriparatide)                  | None                 |
|  | PROLIA (denosumab)                     | 2 syringes/year      |
|  | TYMLOS (abaloparatide) Sopl            | None                 |
| Somatostatins                                    | SANDOSTATIN (octreotide)               | None                 |
|  | SANDOSTATIN LAR (octreotide)           | None                 |
|  | SIGNIFOR (pasireotide)                 | 2 ampules/day        |
|  | SIGNIFOR LAR (pasireotide)             | 1 vial/28 days       |
|  | SOMATULINE DEPOT (lanreotide)          | None                 |
| <b>Enzyme-Related</b>                            |  |                      |
| Alpha-1 proteinase inhibitor                     | ARALAST (alpha-1 proteinase inhibitor) | None                 |
|  | GLASSIA (alpha-1 proteinase inhibitor) | None                 |



| OTHER THERAPY CLASS              | MEDICATION NAME                            | QUANTITY LIMIT     |
|----------------------------------|--|--------------------|
|                                  | 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               |
|                                  | GALAFOLD (migalastat hcl) cap              | 14 caps/28 days    |
|                                  | KANUMA (sebelipase alfa) Soln              | None               |
|                                  | LUMIZYME (alglucosidase alfa)              | None               |
|                                  | MEPSEVII (vestronidase alfa)               | None               |
|                                  | NAGLAZYME (galsulfase)                     | None               |
|                                  | RAVICTI (glycerol phenylbutyrate)          | None               |
|                                  | REVCOVI (elapegademase-lvlr)               | 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               |
|                                  | 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  |
| Short Bowel Syndrome | GATTEX (teduglutide)        | None       |

| OTHER THERAPY CLASS         | MEDICATION NAME                               | QUANTITY LIMIT         |      |
|-----------------------------|---|------------------------|------|
| <b>Immunology</b>           |   |                        |      |
| 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     |      |
|                             | MULPLETA (lusutrombopag)                      | None                   |      |
|                             | NEULASTA (pegfilgrastim)                      | None                   |      |
|                             | NEUPOGEN (filgrastim)                         | None                   |      |
|                             | NIVESTYM (filgrastim-aafi)                    | None                   |      |
|                             | NPLATE (romiplostim)                          | None                   |      |
|                             | PROCRIT (epoetin alfa)                        | None                   |      |
|                             | PROMACTA (eltrombopag)                        | None                   |      |
|                             | RETACRIT (epoetin alfa-epbx)                  | None                   |      |
|                             | SOLIRIS (eculizumab)                          | None                   |      |
|                             | TAVALISSE (fostamatinib)                      | None                   |      |
|                             | UDENYCA (pegfilgrastim-cbqv)                  | None                   |      |
|                             | ULTOMIRIS (ravulizumab-cwvz)                  | 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                   |      |
| TAKHZYRO (lanadelumab-flyo) |   | 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                   |      |
|                             | PEG-INTRON (peginterferon alfa-2b)            | None                   |      |
|                             | SOVALDI (sofosbuvir)                          | 1 tab/day              |      |
|                             | TECHNIVIE (ombitasvir-paritaprevir-ritonavir) | 2 tabs/day             |      |

| THERAPY CLASS    | MEDICATION NAME   | QUANTITY LIMIT |
|------------------|---|----------------|
|                  | 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           |
|                  | PANZYGA (immune globulin [human]-ifas)                    | 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           |

| OTHER 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                       |
| Monoclonal Antibody  | GAMIFANT (emapalumab-lzsg)                     | 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                       |
| <b>Miscellaneous</b> |  |                            |
| Amino Acid           | ENDARI (glutamine)                             | None                       |
| Collagenase          | XIAFLEX (collagenase clostridium histolyticum) | None                       |

| OTHER THERAPY CLASS                   | MEDICATION NAME  | QUANTITY LIMIT               |
|---------------------------------------|--|------------------------------|
| Diagnostic                            | THYROGEN (thyrotropin alfa)                            | None                         |
| 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 (sodium hyaluronate)                           | None                         |
|                                       | SUPARTZ FX (sodium hyaluronate)                        | None                         |
|                                       | SYNVISC (sodium hyaluronate)                           | None                         |
|                                       | SYNVISC-ONE (sodium hyaluronate)                       | None                         |
|                                       | TRIVISC (sodium hyaluronate)                           | None                         |
| VISCO-3 (sodium hyaluronate)          | None   |                              |
| <b>Obstetrics &amp; Gynecology</b>    |  |                              |
| Fertility Agents                      | BRAVELLE (urofollitropin)                              | None                         |
|                                       | CETROTIDE (cetorelix)                                  | None                         |
|                                       | chorionic gonadotropin                                 | None                         |
|                                       | FOLLISTIM AQ (follitropin beta)                        | None                         |
|                                       | 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 |
| MAKENA (hydroxyprogesterone caproate) |  | None                         |
| <b>Oncology (Injectable)</b>          |  |                              |

| OTHER THERAPY CLASS                    | MEDICATION NAME                     | QUANTITY LIMIT |
|--|-------------------------------------|----------------|
| Antifolate                             | FOLOTYN (pralatrexate) Soln         | None           |
|  | TECENTRIQ (atezolizumab) Soln       | None           |
| 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           |
|  | 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           |
| LIBTAYO (cemiplimab-rwlc)              | None                                |                |
| LUMOXITI (moxetumomab pasudotox-tdfk)  | None                                |                |

| OTHER THERAPY CLASS                    | MEDICATION NAME                          | QUANTITY LIMIT |
|--|--|----------------|
|  | MYLOTARG (gemtuzumab)                    | None           |
|  | OPDIVO (nivolumab)                       | None           |
|  | PERJETA (pertuzumab)                     | None           |
|  | POTELIGEO (mogamulizumab-kpkc)           | None           |
|  | RITUXAN (rituximab)                      | None           |
|  | RITUXAN HYCELA (rituximab-hyaluronidase) | None           |
|  | SYLVANT (siltuximab)                     | None           |
|  | UNITUXIN (dinutuximab)                   | None           |
|  | XGEVA (denosumab)                        | None           |
|  | YERVOY (ipilimumab)                      | None           |
| <b>Oncology (Oral)</b>                 |  |                |
| Alkylating Agents                      | TEMODAR (temozolomide)                   | None           |
| Antiandrogen                           | ERLEADA (apalutamide)                    | None           |
|  | XTANDI (enzalutamide )                   | None           |
|  | YONSA (abiraterone)                      | None           |
|  | ZYTIGA (abiraterone)                     | None           |
| Kinase and Molecular Target Inhibitors | AFINITOR (everolimus)                    | 1 tab/day      |
|  | AFINITOR DISPERZ (everolimus)            | None           |
|  | ALECENSA (alectinib)                     | None           |
|  | ALUNBRIG (brigatinib) 30 mg              | 4 tabs/day     |
|  | ALUNBRIG (brigatinib) 90 mg, 180 mg      | 1 tab/day      |
|  | ALUNBRIG (brigatinib) Pack               | 1 pack/year    |
|  | BOSULIF (bosutinib)                      | None           |
|  | BRAFTOVI (encorafenib)                   | None           |
|  | CABOMETYX (cabozantinib s-malate)        | None           |
|  | CALQUENCE (acalabrutinib)                | None           |
|  | CAPRELSA (vandetanib)                    | None           |
|  | CAPRELSA (vandetanib) 100 mg             | 2 tabs/day     |

| THERAPY CLASS | MEDICATION NAME            | QUANTITY LIMIT |
|---------------|----------------------------|----------------|
|               | COMETRIQ (carbozantinib)   | None           |
|               | COPIKTRA (duvelisib)       | None           |
|               | COTELLIC (cobimetnib)      | None           |
|               | DAURISMO (glasdegib)       | None           |
|               | ERIVEDGE (vismodegib)      | None           |
|               | FARYDAK (panobinostat)     | None           |
|               | 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           |
|               | LORBRENA (lorlatinib)      | None           |
|               | LYNPARZA (olaparib)        | None           |
|               | MEKINIST (trametinib)      | None           |
|               | MEKTOVI (binimetinib)      | None           |



| THERAPY CLASS | MEDICATION NAME                    | QUANTITY LIMIT |
|---------------|------------------------------------|----------------|
|               | NERLYNX (neratinib)                | 6 tabs/day     |
|               | NEXAVAR (sorafenib)                | None           |
|               | NINLARO (ixazomib)                 | None           |
|               | ODOMZO (sonidegib)                 | None           |
|               | RYDAPT (midostaurin)               | Non            |
|               | 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           |
|               | TARCEVA (erlotinib) 100 mg, 150 mg | None           |
|               | TARCEVA (erlotinib) 25 mg          | 3 tabs/day     |
|               | TASIGNA (nilotinib)                | None           |
|               | TIBSOVO (ivosidenib)               | None           |
|               | TYKERB (lapatinib)                 | None           |
|               | VENCLEXTA (venetoclax)             | None           |
|               | VERZENIO (abemaciclib)             | None           |
|               | VITRAKVI (larotrectinib)           | None           |
|               | VIZIMPRO (dacomitinib)             | None           |
|               | VOTRIENT (pazopanib)               | None           |

| OTHER THERAPY CLASS        | MEDICATION NAME   | QUANTITY LIMIT     |
|----------------------------|---|--------------------|
|                            | XALKORI (crizotinib)                                      | None               |
|                            | XOSPATA (gilteritinib)                                    | None               |
|                            | ZEJULA (niraparib tosylate)                               | None               |
|                            | ZELBORAF (vemurafenib)                                    | None               |
|                            | ZYDELIG (idelalisib)                                      | None               |
|                            | ZYKADIA (ceritinib)                                       | None               |
| Miscellaneous              | KISQALI (ribociclib) Tabs                                 | 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               |
|                            | TARGRETIN (bexarotene) caps                               | None               |
|                            | XELODA (capecitabine)                                     | None               |
|                            | ZOLINZA (vorinostat)                                      | None               |
| Thalidomide-related Agents | POMALYST (pomalidomide)                                   | None               |
|                            | REVLIMID (lenalidomide)                                   | None               |
|                            | THALOMID (thalidomide)                                    | None               |
| <b>Ophthalmology</b>       |   |                    |
| Miscellaneous              | LUXTURN A (voretigene neparvovec-rzyl)                    | None               |
|                            | OXERVATE (cenegermin-bkbj)                                | 2 mL (2 vials)/day |
| <b>Respiratory</b>         |   |                    |
| Asthma/COPD                | CINQAIR (reslizumab) Soln                                 | None               |
|                            | 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               |

| THERAPY CLASS                      | MEDICATION NAME                        | QUANTITY LIMIT |
|------------------------------------|--|----------------|
|                                    | ORKAMBI (lumacaftor-ivacaftor)         | 4 tabs/day     |
|                                    | ORKAMBI (lumacaftor-ivacaftor) packets | 2 packets/day  |
|                                    | PULMOZYME (dornase alfa)               | None           |
|                                    | SYMDEKO (tezacaftor-ivacaftor)         | 2 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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