

Prior authorization – Premium Value

Utilization management updates
Jan. 1, 2024



Prior authorization (PA) requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for safely treating specific conditions.
- Cost more than other medications used to treat the same or similar conditions.

The following medications require a PA for coverage.

This means we need more information from your doctor to see if you can get coverage for your medication.

Getting a short-term supply

If you must take a medication that requires prior authorization right away, there are two options that may work for you. First, ask your doctor if a sample is available. Or, check with your pharmacy to request a short-term supply of 5 days or less. Keep in mind, you will be responsible for the full cost at that time. If the prior authorization request is approved, then your pharmacist can fill the rest of your prescription.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the PA process, call the phone number on your member ID card.

Premium Value non-specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole	None
Antifungals	CRESEMBA (isavuconazonium)	None
	itraconazole	None
	voriconazole	None
Antimalarial	quinine sulfate	None
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
Cardiology		
Antilipemic	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
Heart Failure	VERQUVO (vericiguat)	1 tab/day
Miscellaneous	phenoxybenzamine	None
Central Nervous System		
Analgesics (opioid)	buprenorphine patch	4 patches/28 days
	fentanyl citrate lozenge	4 lozenges/day
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydrocodone cap ER	2 caps/day
	hydrocodone cap ER 50 mg	4 caps/day
	hydromorphone tab ER	2 tabs/day
	methadone	None
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sulfate ER cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	oxycodone ER	4 tabs/day
	oxymorphone ER	4 tabs/day
	tramadol tab ER	1 tab/day
Anticonvulsants	clobazam	None
	rufinamide	None
	SYMPAZAN (clobazam)	None
Antitussives (PA age <18)	hydrocodone/chlorpheniramine ER susp	240 mL/fill, 2 fills/60 days
	promethazine/phenylephrine/codeine	240 mL/fill, 2 fills/60 days
	promethazine/codeine	240 mL/fill, 2 fills/60 days
Migraine	AIMOVIG (erenumab-aooe) 140 mg/ml	1 syringe/30 days
	AIMOVIG (erenumab-aooe)	2 syringes/30 days
	AJOVY (fremanezumab-vfrm)	3 syringe/90 days
	dihydroergotamine	24 ampules/28 days
	dihydroergotamine nasal spray	8 vials/30 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injectors/30 days
	ergotamine w/caffeine	24 tabs/28 days
	NURTEC (rimegepant)	8 tabs/30 days
Miscellaneous	riluzole	2 tabs/day
	TIGLUTIK (riluzole)	20 mL/day
Neurotoxins	DYSPORT (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None

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

Therapy class	Medication name	Quantity limit
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
Weight Loss	WEGOVY (semaglutide)	4 pens/28 days
Dermatology		
Acne (Topical)	ALTRENO (tretinoin)	None
	tazarotene	None
Endocrinology & Metabolism		
Androgens, Testosterone (Oral)	oxandrolone 2.5 mg	8 tabs/day
	oxandrolone 10 mg	2 tabs/day
Androgens, Testosterone (Injectable)	testosterone cypionate	None
	testosterone enanthate	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	testosterone gel	None
	testosterone soln	None
Antidiabetic Agents	SYMLINPEN (pramlintide)	None
Diabetic Supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonist	BYDUREON BCISE (exenatide)	4 injectors/28 days
	OZEMPIC INJ (semaglutide) 2 mg/1.5 ml	1 pen (1.5 mL)/28 days
	OZEMPIC INJ (semaglutide) 2 mg/1.5 ml	2 pens (3 mL)/28 days
	OZEMPIC INJ (semaglutide) 2 mg/3 ml	1 pen (3 mL)/28 days
	OZEMPIC INJ (semaglutide) 4 mg/3 ml	1 pen (3ml)/28 days
	OZEMPIC INJ (semaglutide) 8 mg/3 ml	1 pen (3ml)/28 days
	RYBELSUS (semaglutide) 3 mg	2 boxes (60 tablets)/365 days
	RYBELSUS (semaglutide)	1 tab/day
	TRULICITY (dulaglutide)	4 pen-injectors/28 days
VICTOZA (liraglutide)	3 pen-injectors/30 days	
Gastroenterology		
Antiemetics	dronabinol	2 caps/day
Irritable Bowel Syndrome	alosetron	None
Miscellaneous		
Calcium Modifier	cinacalcet	None
Toxicology	deferasirox	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
Respiratory		
Asthma/COPD	roflumilast	None

Premium Value specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotic	ARIKAYCE (amikacin sulfate liposome)	None
Antiprotozoals	pyrimethamine	None
Cardiology		
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
	JUXTAPID (lomitapide) 20 mg, 30mg	2 tabs/day
Hemostatic	BERINERT (c1 esterase)	10 vials/30 days
	icatibant	6 syringes/30 days
	KALBITOR (ecallantide)	6 vials/30 days
	ORLADEYO (berotralstat)	1 tab/day
	RUCONEST (c1 esterase)	8 vials/30 days
	TAKHZYRO (lanadelumab-flyo)	None
Pulmonary Arterial Hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	bosentan	2 tabs/day
	epoprostenol	None
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	ORENITRAM (treprostinil diolamine) Starter Pack	2 kits/365 days
	sildenafil soln	None
	sildenafil susp	2 bottles/30 days
	sildenafil tab	3 tabs/day
	TRACLEER (bosentan) tabs for susp	4 tabs/day
	treprostinil	None
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) pack	2 packs/365 days
VENTAVIS (iloprost)	9 ampules/day	
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit/day
Central Nervous System		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol)	None
	vigabatrin	None
Depressant	sodium oxybate	3 bottles (540 mL)/30 days
Miscellaneous	RADICAVA (edaravone)	None
Musculoskeletal Agents	FIRDAPSE (amifampridine phosphate)	None
Neurological Agents	SKYCLARYS (omaveloxolone)	3 caps/day
	TEGSEDI (inotersen)	4 syringes (6 mL)/28 days
Parkinson's	INBRIJA (levodopa)	None
Dermatology		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE (afamelanotide acetate)	None
Electrolyte & Renal Agents		
Diuretics	dichlorphenamide	4 tabs/day

Therapy class	Medication name	Quantity limit
Vasopressin Analog	NOCDURNA (desmopressin)	None
Endocrinology & Metabolism		
Cyclic Pyranopterin Monophosphate (cPMP) Substrate Replacement Therapy	NULIBRY (fosdenopterin)	None
Farnesyltransferase Inhibitor	ZOKINVY (lonafarnib)	4 caps/day
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
	FENSOLVI (leuprolide)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/365 days
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	leuprolide 1 mg/0.2 mL	None
	LUPRON DEPOT (leuprolide)	None
	LUPRON DEPOT-PED (leuprolide)	None
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
VANTAS (histrelin)	1 implant/365 days	
Growth Hormones and Related Therapy	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
	GENOTROPIN (somatropin)	None
	NORDITROPIN (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
Hyperammonemia Agents	carglumic acid	None
Miscellaneous	ACTHAR/CORTROPHIN (corticotropin)	None
Osteoporosis	PROLIA (denosumab)	2 syringes/365 days
	TERIPARATIDE (teriparatide)	None
	TYMLOS (abaloparatide)	None
Somatostatins	octreotide	None
	SIGNIFOR (pasireotide)	2 ampules/day
	SOMATULINE DEPOT (lanreotide)	None
Vasopressin Antagonist	tolvaptan	2 tabs/day
Enzyme-Related		
Alpha-1 proteinase inhibitor	ARALAST NP (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None
	PROLASTIN-C (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
Cystine-depleting Agents	CYSTADROPS (cysteamine)	4 bottles/28 days
	CYSTARAN (cysteamine)	4 bottles/28 days
Enzyme Replacement	ALDURAZYME (laronidase)	None
	sodium phenylbutyrate 500 mg tab	None
	sodium phenylbutyrate powder	None
	CERDELGA (eliglustat)	None

Therapy class	Medication name	Quantity limit
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	KANUMA (sebelipase alfa)	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa-vjvk)	None
	NAGLAZYME (galsulfase)	None
	miglustat	None
	REVCOVI (elapegademase-lvr)	None
	STRENSIQ (asfotase alfa)	None
	SUCRAID (sacrosidase)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XURIDEN (uridine triacetate)	4 packets/day
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
Phenylketonuria Treatment Agents	sapropterin	None
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
Hematology		
Hemolytic Anemia	PYRUKYND (mitapivat)	2 tabs/day
	PYRUKYND (mitapivat) pack	1 tab/day
Sickle Cell Disease	ADAKVEO (crizanlizumab)	None
Immunology		
Complement Inhibitor	ENJAYMO (sutimlimab-jome)	None
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None
	DOPTELET (avatrombopag)	None
	LEUKINE (sargramostim)	None
	NEULASTA (pegfilgrastim)	None
	NPLATE (romiplostim)	None
	PROCRIT (epoetin alfa)	None
	PROMACTA (eltrombopag)	None
	REBLOZYL (luspatercept-aamt)	None
	RETACRIT (epoetin alfa-epbx)	None
	SOLIRIS (eculizumab)	None
	TAVALISSE (fostamatinib)	None
ZARXIO (filgrastim)	None	
Hepatitis C Agents	EPCLUSA (sofosbuvir-velpatasvir)	1 tab or pack/day
	EPCLUSA (sofosbuvir-velpatasvir) pellet pack 200-50 mg	2 packs/day
	HARVONI (ledipasvir-sofosbuvir) tab and pellet pack 90-400 mg, 33.75-150mg	1 tab or pack/day
	HARVONI (ledipasvir-sofosbuvir) tab and pellet pack 45-200 mg	2 tabs or packs/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day
	MAVYRET (glecaprevir-pibrentasvir) pellet pack	5 pack/day

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Therapy class	Medication name	Quantity limit
	PEGASYS (peginterferon alfa-2a)	None
	VOSEVI (sofosbuvir-velpatasivir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Immune Globulins	BIVIGAM (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus 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-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PRIVIGEN (immune globulin)	None
Immunomodulators	ACTEMRA (tocilizumab)	4 syringes/28 days
	ACTEMRA (tocilizumab) IV	None
	ADALIMUMAB-ADAZ 40 mg/0.4 mL	4 syringes/28 days
	AVSOLA (infliximab-axxq)	None
	CIBINQO (abrocitinib)	1 tab/day
	CIMZIA (certolizumab) 200 mg/ml	4 syringes/28 days
	CIMZIA (certolizumab) Starter Kit	1 starter kit/365 days
	CYLTEZO (adalimumab-adbm) 20 mg/0.4 mL, 40 mg/0.8 mL	4 syringes/28 days
	CYLTEZO (adalimumab-adbm) 10 mg/0.2 mL	2 syringes/28 days
	ENBREL (etanercept) 25 mg/0.5 ml	8 vials or syringes/28 days
	ENBREL (etanercept) 50 mg/ml	4 syringes or cartridges/28 days
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab) 20 mg/0.2 ml, 40 mg/0.4 ml, 40 mg/0.8 ml	4 syringes/28 days
	HUMIRA (adalimumab) 10 mg/0.1 ml, 80 mg/ 0.8 ml	2 syringes/28 days
	HUMIRA (adalimumab) Starter Kits	1 starter kit/365 days
	INFLECTRA (infliximab)	None
	KINERET (anakinra)	None
	OLUMIANT (baricitinib)	1 tab/day
	ORENCIA (abatacept)	4 syringes/28 days
	ORENCIA (abatacept) IV	None
	OTEZLA (apremilast)	2 tabs/day
	OTEZLA (apremilast) Starter Pack	1 starter pack/365 days
	RINVOQ (upadacitinib)	1 tab/day
	SIMPONI (golimumab)	1 syringe/28 days
	SKYRIZI (risankizumab-rzaa) 150 mg/ml	1 syringe/84 days
	SKYRIZI (risankizumab-rzaa) 180 mg/1.2 ml, 360 mg/2.4 ml	1 syringe/56 days
	SKYRIZI (risankizumab-rzaa) IV	None
	STELARA (ustekinumab) IV	None
	STELARA (ustekinumab)	1 vial or syringe/56 days
	TALTZ (ixekizumab)	1 syringe/28 days
	TREMFYA (guselkumab)	1 syringe/56 days

Therapy class	Medication name	Quantity limit
	XELJANZ (tofacitinib) soln	10 mL/day
	XELJANZ (tofacitinib)	2 tabs/day
	XELJANZ XR (tofacitinib)	1 tab/day
	YUSIMRY (adalimumab-aqvh) 40 mg/0.8 mL	4 syringes/28 days
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/4 weeks
	SPEVIGO (spesolimab-sbzo)	30 mL/84 days
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
Monoclonal Antibody	CINQAIR (reslizumab)	None
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67ml	2 syringes/28 days
	FASENRA (benralizumab)	None
	GAMIFANT (emapalumab-lzsg)	None
	NUCALA (mepolizumab)	3 vials/28 days
	NUCALA (mepolizumab)	1 syringe/28 days
	TEZSPIRE (tezepelumab-ekko)	1 syringe per 28 days
	XOLAIR (omalizumab)	None
	Multiple Sclerosis	teriflunomide
BETASERON (interferon beta-1b)		1 package/28 days
dalfampridine		2 tabs/day
dimethyl fumarate		2 caps/day
dimethyl fumarate starter pack		2 starter packs/365 days
GILENYA (fingolimod)		1 cap/day
GLATOPA (glatiramer) 20 mg/ml		1 syringe/day
GLATOPA (glatiramer) 40 mg/ml		12 syringes/28 days
LEMTRADA (alemtuzumab)		None
mitoxantrone		None
OCREVUS (ocrelizumab)		40 mL/365 days
TYSABRI (natalizumab)		1 injection /28 days
ZEPOSIA (ozanimod)		1 cap/day
ZEPOSIA (ozanimod) Starter Pack		2 starter kits/365 days
Miscellaneous		
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	AUSTEDO (deutetrabenazine) Starter Pack	2 starter packs (140 tabs)/365 days
	AUSTEDO XR (deutetrabenazine) 6 mg	7 tabs/day
	AUSTEDO XR (deutetrabenazine) 12 mg	3 tabs/day
	AUSTEDO XR (deutetrabenazine) 24 mg	2 tabs/day
	tetrabenazine	None
Toxicology	CLOVIQUE (trientine)	None
Obstetrics & Gynecology		
Fertility Agents	cetrorelix	None
	CHORIONIC GONADOTROPIN (chorionic gonadotropin)	None
	FOLLISTIM AQ (follitropin beta)	None
	MENOPUR (menotropins)	None
	OVIDREL (choriogonadotropin alfa)	None

Therapy class	Medication name	Quantity limit	
Oncology (Injectable)			
Alkylating Agents	BENDEKA (bendamustine)	None	
	bendamustine	None	
	ZEPZELCA (lurbinectedin)	None	
Antifolate	pralatrexate	None	
	TECENTRIQ (atezolizumab)	None	
Antimicrotubular	HALAVEN (eribulin)	None	
	JEVTANA (cabazitaxel)	None	
Interferons	INTRON A (interferon alfa-2b)	None	
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)	None	
	bortezomib	None	
	KYPROLIS (carfilzomib)	None	
	PORTRAZZA (necitumumab)	None	
	VYXEOS (daunorubicin-cytarabine)	None	
	ZALTRAP (ziv-aflibercept)	None	
Miscellaneous	BELEODAQ (belinostat)	None	
	decitabine	None	
	SYNRIBO (omacetaxine)	None	
Monoclonal Antibody	ADCETRIS (brentuximab)	None	
	ARZERRA (ofatumumab)	None	
	BLINCYTO (blinatumomab)	None	
	CYRAMZA (ramucirumab)	None	
	DARZALEX (daratumumab)	None	
	EMPLICITI (elotuzumab)	None	
	ENHERTU (fam-trastuzumab deruxtecan-nxki)	None	
	ERBITUX (cetuximab)	None	
	GAZYVA (obinutuzumab)	None	
	HERCEPTIN (trastuzumab)	None	
	IMFINZI (durvalumab)	None	
	IMJUDO (tremelimumab-actl)	None	
	KADCYLA (ado-trastuzumab emtansine)	None	
	KEYTRUDA (pembrolizumab)	None	
	OPDIVO (nivolumab)	None	
	PADCEV (enfortumab vedotin-ejfv)	None	
	PERJETA (pertuzumab)	None	
	POLIVY (polatuzumab vedotin-piiq)	None	
	POTELIGEO (mogamulizumab-kpkc)	None	
	RITUXAN (rituximab)	None	
	RITUXAN HYCELA (rituximab-hyaluronidase)	None	
	RUXIENCE (rituximab-pvvr)	None	
	SYLVANT (siltuximab)	None	
	TRAZIMERA (trastuzumab-qyyp)	None	
	TRODELVY (sacituzumab govitecan-hziy)	None	
	UNITUXIN (dinutuximab)	None	
	XGEVA (denosumab)	None	
	YERVOY (ipilimumab)	None	
	T-cell Receptor	KIMMTRAK (tebentafusp-tebn)	None

Therapy class	Medication name	Quantity limit
Vascular Endothelial Growth Factor (VEGF) Inhibitor	AVASTIN (bevacizumab)	None
	ZIRABEV (bevacizumab-bvzr)	None
Oncology (Oral)		
Alkylating Agents	temozolomide	None
Antiandrogen	abiraterone	None
	ERLEADA (apalutamide)	None
	XTANDI (enzalutamide)	None
	YONSA (abiraterone)	None
Kinase and Molecular Target Inhibitors	ALECENSA (alectinib)	None
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib)	1 tab/day
	ALUNBRIG (brigatinib) Pack	1 pack/365 days
	BALVERSA (erdafitinib)	None
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetnib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	erlotinib	None
	erlotinib 25 mg	3 tabs/day
	everolimus	1 tab/day
	everolimus tab for susp	None
	GAVRETO (pralsetnib)	None
	gefitinib	None
	GILOTRIF (afatinib)	1 tab/day
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 10 mg, 15 mg	1 tab/day
	ICLUSIG (ponatinib) 30 mg, 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	imatinib	None
	IMBRUVICA (ibrutinib) susp 70 mg/ml	None
	IMBRUVICA (ibrutinib) 70 mg capsule, 420 mg tablet, 560 mg tablet	1 tab or cap/day
	IMBRUVICA (ibrutinib) 140 mg capsule	3 caps/day
	INLYTA (axitinib)	None
	JAKAFI (ruxolitinib)	None
JAKAFI (ruxolitinib) 5mg, 10 mg	2 tabs/day	
KOSELUGO (selumetinib)	None	
lapatinib	None	
LENVIMA (lenvatinib)	None	
LORBRENA (lorlatinib)	None	
LYNPARZA (olaparib)	None	
MEKINIST (trametinib)	None	

Therapy class	Medication name	Quantity limit
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	PIQRAY (alpelisib)	None
	QINLOCK (ripretinib)	None
	RETEVMO (selpercatinib)	None
	RYDAPT (midostaurin)	None
	sorafenib	None
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	sunitinib	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TASIGNA (nilotinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VOTRIENT (pazopanib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib) 100 mg	1 tab/day
	ZEJULA (niraparib)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
Miscellaneous	bexarotene caps	None
	capecitabine 150 mg	None
	KISQALI (ribociclib)	None
	KISQALI FEMARA DOSE (ribociclib-letrozole)	None
	LONSURF (trifluridine-tipiracil)	None
	ONUREG (azacitidine)	None
	ORSERDU (elacestrant)	None
	TIBSOVO (ivosidenib)	None
	ZOLINZA (vorinostat)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Oncology (Topical)		
Skin Cancer	bexarotene gel	None
Ophthalmology		
Complement Inhibitor	SYFOVRE (pegcetacoplan)	None
Miscellaneous	OXERVATE (cenegermin-bkbj)	2 mL/day, 112 mL/lifetime
Vascular Endothelial Growth Factor (VEGF) Inhibitor	CIMERLI (ranibizumab-eqrn)	None
	EYLEA (aflibercept)	None

Therapy class	Medication name	Quantity limit
Respiratory		
Cystic fibrosis	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor)	3 tabs/day
	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor) granules	2 packets/day
Pulmonary Fibrosis	pirfenidone	None
	OFEV (nintedanib)	None
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	None
Urology		
Miscellaneous	OXLUMO (lumasiran)	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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