

Prior authorization Premium Value Formulary

Utilization management updates
Jan. 1, 2025



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 tab 200 mg	None
Antifungals	CRESEMBA CAP	None
	itraconazole cap 100 mg	None
	itraconazole soln 10 mg/mL	None
	voriconazole susp	None
	voriconazole tab	None
Antimalarial	quinine cap 324 mg	None
Antiretrovirals, HIV	SELZENTRY	None
Cardiology		
Antilipemic	NEXLETOL TAB	1 tablet per day
	NEXLIZET TAB	1 tablet per day
	REPATHA	3 syringes per 28 days
	REPATHA PUSH	1 cartridge per 28 days
Heart Failure	VERQUVO TAB	1 tablet per day
Miscellaneous	phenoxybenzamine cap	None
Central Nervous System		
Analgesics (cough opioid) (PA age <18 years only)	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETH/COD SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
Analgesics (opioid)	buprenorphine patch	4 patches per 28 days
	fentanyl lozenge	4 lozenges per day
	fentanyl patch	15 patches per 30 days
	fentanyl patch 100 mcg/hr	30 patches per 30 days
	fentanyl patch 75 mcg/hr	30 patches per 30 days
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 mg	4 capsules per day
	hydromorphone ER tab	2 tablets per day
	methadone tab 10 mg	None
	methadone tab 5 mg	None
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day
	morphine ER cap	2 capsules per day
	morphine ER tab	3 tablets per day
	oxycodone ER tab	4 tablets per day
	oxymorphone ER tab	4 tablets per day
tramadol ER tab 100 mg	1 tablet per day	
Anticonvulsants	rufinamide	None
Benzodiazepines	clobazam susp 2.5 mg/mL	None
	clobazam tab	None
	SYMPAZAN FILM	None
Migraine	AIMOVIG INJ	2 syringes per 28 days
	AIMOVIG INJ 140 MG/ML	1 syringe per 28 days

Therapy class	Medication name	Quantity limit
	AJOVY	3 syringes per 84 days
	dihydroergotamine inj 1 mg/mL	24 mL (24 ampules) per 28 days
	dihydroergotamine nasal spray 4 mg/mL	1 package (8 vials) per 30 days
	EMGALITY INJ 100 MG/ML	3 syringes per 28 days
	ergotamine/cafeine tab 1-100 mg	24 tablets per 28 days
	NURTEC ODT	8 tablets per 30 days
Miscellaneous	TIGLUTIK SUSP	20 mL per day
Neurotoxins	DYSPORT INJ	None
	MYOBLOC INJ	None
	XEOMIN INJ	None
Stimulants	armodafinil tab	1 tablet per day
	armodafinil tab 50 mg	2 tablets per day
	modafinil tab	1 tablet per day
Weight Loss	WEGOVY INJ	4 syringes per 28 days
	ZEPBOUND INJ	4 syringes per 28 days
Dermatology		
Acne (topical)	ALTRENO (Brand only)	None
Acne (topical) (PA age >25)	tazarotene cream 1%	None
Electrolyte & Renal Agents		
Vasopressin Analog	NOCDURNA SL TAB	None
Endocrinology & Metabolism		
Androgens, Testosterone (Injectable)	testosterone cypionate inj	None
	testosterone enanthate inj	None
Androgens, Testosterone (Topical)	ANDRODERM PATCH	None
	testosterone gel	None
	testosterone soln	None
Antidiabetic Agents	SYMLINPEN INJ	None
Diabetic Supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonists	BYDUREON BCISE INJ	4 injectors per 28 days
	LIRAGLUTIDE	3 syringes per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
Gastroenterology		
Antiemetics	dronabinol cap	2 capsules per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Irritable Bowel Syndrome	alosecron tab	None

Therapy class	Medication name	Quantity limit
Miscellaneous		
Calcium Modifier	cinacalcet tab	None
Toxicology	deferasirox granules packet	None
	deferasirox tab	None
Viscosupplements	DUROLANE INJ 60 MG/3 ML	None
	EUFLEXXA INJ 10 MG/ML	None
	GELSYN-3 INJ 16.8 MG/2 ML	None
Respiratory		
Asthma/COPD	roflumilast tab	None

Premium specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotics	ARIKAYCE SUSP 590 MG/8.4 ML	None
	REBYOTA SUSP	None
Antiprotozoal	pyrimethamine tab 25 mg	None
Cardiology		
Antilipemic	JUXTAPID CAP	1 capsule per day
	JUXTAPID CAP 20 MG	2 capsules per day
Hemostatic Agent	BERINERT INJ	10 vials per 30 days
	icatibant inj	6 syringes per 30 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	RUCONEST INJ	8 vials per 30 days
	TAKHZYRO	None
Pulmonary Arterial Hypertension	ADEMPAS TAB	3 tablets per day
	ALYQ TAB	2 tablets per day
	ambrisentan tab	1 tablet per day
	bosentan tab	2 tablets per day
	epoprostenol inj	None
	OPSUMIT TAB	1 tablet per day
	ORENITRAM TAB	None
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	sildenafil iv soln 10 mg/12.5 mL	None
	sildenafil susp	2 bottles per 30 days
	sildenafil tab	3 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	treprostinil inj	None
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
Transthyretin Stabilizers	VYNDAMAX CAP	1 capsule per day
Von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Anticonvulsants	DIACOMIT	None
	EPIDIOLEX SOLN 100 MG/ML	None
	vigabatrin	None
Depressant	sodium oxybate soln 500 mg/mL	18 mL per day
Miscellaneous	RADICAVA INJ 30 MG/100 ML	None
Musculoskeletal Agents	FIRDAPSE TAB 10 MG	None
Neurological Agents	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ 284 MG/1.5 ML	4 syringes per 28 days
Parkinson's	INBRIJA CAP	None

Therapy class	Medication name	Quantity limit
Dermatology		
Alkylating Agents	VALCHLOR GEL 0.016%	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE IMPLANT	None
Electrolyte & Renal Agents		
Diuretics	dichlorphenamide tab	4 tablets per day
Endocrinology & Metabolism		
Cyclic Pyranopterin Monophosphate (cPMP) Substrate Replacement Therapy	NULIBRY INJ	None
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	ELIGARD INJ 7.5 MG	1 injection per 28 days
	ELIGARD INJ 22.5 MG	1 injection per 84 days
	ELIGARD INJ 30 MG	1 injection per 112 days
	ELIGARD INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	leuprolide inj 1 mg/0.2 mL	None
	LUPRON DEPOT INJ	None
	LUPRON DEPOT-PED INJ	None
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
TRIPTODUR INJ	1 injection per 168 days	
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial (2 mg each) per day
	GENOTROPIN, OMNITROPE	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX INJ 4MG/ML	None
	SOMAVERT INJ	None
Hormone Modifiers	MYALEPT INJ 11.3 MG	None
Hyperammonemia Agents	carglumic acid tab 200 mg	None
Miscellaneous	ACTHAR, CORTROPHIN	None
Osteoporosis	PROLIA INJ 60 MG/ML	2 syringes per year
	TERIPARATIDE INJ 620 MCG/2.48 ML	None
	TYMLOS INJ 3120 MCG/1.56 ML	None
Somatostatins	octreotide inj	None
	SIGNIFOR INJ	2 ampules per day
	SOMATULINE INJ	None
Vasopressin Antagonist	tolvaptan tab	2 tablets per day
Enzyme-Related		
Alpha-1 proteinase inhibitor	ARALAST NP, PROLASTIN-C, ZEMAIRA INJ	None
	GLASSIA INJ 1000 MG/50 ML	None

Therapy class	Medication name	Quantity limit
	PROLASTIN-C INJ 1000 MG/20 ML	None
Enzyme Replacement	ALDURAZYME INJ	None
	CERDELGA CAP 84 MG	None
	CEREZYME INJ 400 UNIT	None
	ELAPRASE INJ 6 MG/3 ML	None
	ELELYSO INJ 200 UNIT	None
	FABRAZYME IV SOLN	None
	KANUMA IV SOLN 20 MG/10 ML	None
	LUMIZYME IV SOLN 50 MG	None
	MEPSEVII IV SOLN	None
	miglustat cap 100 mg	None
	NAGLAZYME IV SOLN	None
	REVCOVI INJ 1.6 MG/ML	None
	sodium phenylbutyrate powder 3 gm/ teaspoonful	None
	sodium phenylbutyrate tab 500 mg	None
	STRENSIQ INJ	None
	SUCRAID SOLN 8500 UNIT/ML	None
	VIMIZIM INJ 5 MG/5 ML	None
	VPRIV INJ 400 UNIT	None
	XURIDEN GRANULES PACKET	4 packets per day
Metabolic Agents	NITYR TAB	None
	ORFADIN CAP	None
	ORFADIN SUSP 4 MG/ML	None
Phenylketonuria Treatment Agents	sapropterin	None
Gastroenterology		
Bile Acid Agents	CHOLBAM CAP	None
Diarrhea	XERMELO TAB	3 tablets per day
Hepatic Agents	OCALIVA TAB	1 tablet per day
Short Bowel Syndrome	GATTEX KIT 5 MG	None
Hematology		
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Sickle Cell Disease	ADAKVEO INJ	None
Immunology		
Complement Inhibitor	ENJAYMO IV SOLN	None
	VEOPOZ INJ 400 MG/2ML	None
Hematopoietic Agents	ARANESP	None
	LEUKINE INJ 250 MCG	None
	NEULASTA INJ	None
	PROCRIT INJ	None
	REBLOZYL INJ	None
	RETACRIT INJ	None

Therapy class	Medication name	Quantity limit
	SOLIRIS IV SOLN	None
	TAVALISSE TAB	None
	ZARXIO INJ	None
Hepatitis C Agents	EPCLUSA PELLETT PACK 150-37.5 MG	1 pack per day
	EPCLUSA PELLETT PACK 200-50 MG	2 packs per day
	EPCLUSA TAB	1 tablet per day
	HARVONI PELLETT PACK 33.75-150 MG	1 packet per day
	HARVONI PELLETT PACK 45-200 MG	2 packets per day
	HARVONI TAB 45-200 MG	2 tablets per day
	HARVONI TAB 90-400 MG	1 tablet per day
	MAVYRET	3 tablets per day
	MAVYRET PELLETT PACK 50-20 MG	5 packs per day
	PEGASYS	None
	VOSEVI TAB 400-100-100 MG	1 tablet per day
	ZEPATIER	1 tablet per day
Immune Globulins	BIVIGAM, CUTAQUIG, CUVITRU, FLEBOGAMMA/DIF, GAMASTAN, GAMMAGARD/ SD, GAMMAKED, GAMMAPLEX, GAMUNEX-C, HIZENTRA, OCTAGAM, PRIVIGEN, XEMBIFY	None
	CYTOGAM	None
	HYQVIA	None
Immunomodulators	ACTEMRA INJ 162 MG/0.9 ML	4 syringes per 28 days
	ACTEMRA IV SOLN	None
	ADALIMUMAB-ADBIM INJ 10 MG/0.2 ML	2 syringes per 28 days
	ADALIMUMAB-ADBIM INJ 20 MG/0.4 ML	4 syringes per 28 days
	ADALIMUMAB-ADBIM INJ 40 MG/0.4 ML	4 syringes per 28 days
	ADALIMUMAB-ADBIM INJ 40 MG/0.8 ML	4 syringes per 28 days
	AMJEVITA* INJ 10 MG	2 syringes per 28 days
	AMJEVITA* INJ 20 MG	4 syringes per 28 days
	AMJEVITA* INJ 40 MG	4 syringes per 28 days
	AMJEVITA* INJ 80 MG	2 syringes per 28 days
	AVSOLA IV SOLN 100 MG	None
	CIBINQO TAB	1 tablet per day
	CIMZIA KIT 200MG	4 syringes per 28 days
	CIMZIA PREFL KIT 200 MG/ML	4 syringes per 28 days
	CIMZIA START KIT 200 MG/ML	1 starter kit per 365 days
	ENBREL INJ 25 MG/0.5 ML	8 syringes or vials per 28 days
	ENBREL INJ 50 MG/ML	4 syringes per 28 days
	ENBREL MINI INJ 50 MG/ML	4 cartridges per 28 days
	ENBREL SRCLK INJ 50 MG/ML	4 syringes per 28 days
	ENTYVIO INJ 108 MG/0.68 ML	2 syringes per 28 days
	ENTYVIO IV SOLN 300 MG	None
	INFLECTRA IV SOLN	None
	KINERET INJ 100 MG/0.67 ML	None

Therapy class	Medication name	Quantity limit
	LITFULO CAP	1 capsule per day
	OLUMIANT TAB	1 tablet per day
	OMVOH INJ 100 MG/ML	2 syringes per 28 days
	OMVOH IV SOLN 300 MG/15 ML	45 mL per 365 days
	ORENCIA IV SOLN	None
	ORENCIA INJ	4 syringes per 28 days
	OTEZLA STARTER PACK	1 starter pack per 365 days
	OTEZLA TAB	2 tablets per day
	RINVOQ LQ SOLN 1 MG/ML	12 mL per day
	RINVOQ TAB	1 tablet per day
	SIMPONI INJ	1 syringe per 28 days
	SKYRIZI IV SOLN	None
	SKYRIZI INJ 150 MG/ML	1 syringe per 84 days
	SKYRIZI INJ 180 MG/1.2ML	1 syringe per 56 days
	SKYRIZI INJ 360 MG/2.4ML	1 syringe per 56 days
	SKYRIZI PEN INJ 150 MG/ML	1 syringe per 84 days
	SOTYKTU TAB	1 tablet per day
	STELARA INJ 45 MG/0.5ML	1 syringe or vial per 56 days
	STELARA INJ 90 MG/ML	1 syringe per 56 days
	STELARA IV SOLN 130 MG/26 ML	None
	TALTZ INJ	1 syringe per 28 days
	TREMFYA INJ 100MG/ML	1 syringe per 56 days
	XELJANZ SOLN 1 MG/ML	10 mL per day
	XELJANZ TAB	2 tablets per day
	XELJANZ XR TAB	1 tablet per day
Interleukins	ARCALYST INJ 220 MG	None
	ILARIS	2 vials per 4 weeks
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO	30 mL per 84 days
Miscellaneous	ACTIMMUNE INJ 2 MU/0.5 ML	None
	BENLYSTA	None
	CRYSVITA INJ	None
Monoclonal Antibody	CINQAIR IV SOLN 100 MG/10 ML	None
	DUPIXENT INJ	4 syringes per 28 days
	DUPIXENT INJ 100 MG/0.67 ML	2 syringes per 28 days
	FASENRA INJ	1 syringe per 56 days
	GAMIFANT IV SOLN	None
	NUCALA	3 vials per 28 days
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR	None
	XOLAIR INJ 75 MG/0.5 ML	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days

Therapy class	Medication name	Quantity limit
Multiple Sclerosis	BETASERON INJ	1 package per 28 days
	dalfampridine ER tab	2 tablets per day
	dimethyl fumarate DR cap	2 capsules per day
	dimethyl fumarate DR starter pack	2 starter packs per 365 days
	GILENYA CAP	1 capsule per day
	glatiramer inj 20 mg/mL	1 syringe per day
	glatiramer inj 40 mg/mL	12 syringes per 28 days
	LEMTRADA INJ 12 MG/1.2 ML	None
	mitoxantrone inj	None
	OCREVUS IV SOLN	None
	teriflunomide tab	1 tablet per day
	TYSABRI INJ 300 MG/15 ML	1 injection per 28 days
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Thrombopoietin Receptor Agonists	ALVAIZ	None
	DOPTELET TAB 20 MG	None
	NPLATE INJ	None
	PROMACTA	None
Miscellaneous		
Collagenase	XIAFLEX INJ 0.9 MG	None
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsule per day
	INGREZZA SPRINKLE CAP	1 capsule per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
	tetrabenazine tab	None
Toxicology	trientine cap	None
Obstetrics & Gynecology		
Fertility Agents	cetorelix inj 0.25 mg	None
	CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL INJ	None
	FOLLISTIM AQ INJ	None
	ganirelix inj	None
	MENOPUR INJ 75 UNIT	None
	OVIDREL INJ 250 MCG/0.5 ML	None
Oncology		
Miscellaneous	bexarotene gel 1%	None
Oncology (Injectable)		
Alkylating Agents	bendamustine inj	None
	BENDEKA IV SOLN	None
	ZEPZELCA IV SOLN	None
Antifolate	pralatrexate iv soln	None

Therapy class	Medication name	Quantity limit
	TECENTRIQ IV SOLN	None
Antimicrotubular	HALAVEN INJ 1 MG/2 ML	None
	JEVTANA INJ 60 MG/1.5 ML	None
Interferons	INTRON A	None
Kinase and Molecular Target Inhibitors	ALIQUOPA IV SOLN 60 MG	None
	bortezomib	None
	KYPROLIS IV SOLN	None
	PORTRAZZA IV SOLN	None
	VYXEOS	None
	ZALTRAP IV SOLN	None
Miscellaneous	BELEODAQ IV SOLN	None
Monoclonal Antibody	ADCETRIS IV SOLN 50 MG	None
	ARZERRA IV SOLN	None
	BLINCYTO IV SOLN	None
	CYRAMZA IV SOLN	None
	DARZALEX IV SOLN	None
	EMPLICITI IV SOLN	None
	ENHERTU IV SOLN 100 MG	None
	ERBITUX IV SOLN	None
	GAZYVA IV SOLN 1000 MG/40 ML	None
	IMFINZI IV SOLN	None
	IMJUDO IV SOLN	None
	KADCYLA IV SOLN	None
	KEYTRUDA IV SOLN 100 MG/4 ML	None
	ONTRUZANT IV SOLN	None
	OPDIVO IV SOLN	None
	PADCEV IV SOLN	None
	PERJETA IV SOLN 420 MG/14 ML	None
	POLIVY IV SOLN	None
	POTELIGEO IV SOLN 20 MG/5 ML	None
	RITUXAN HYCELA	None
	RITUXAN IV SOLN	None
	RUXIENCE IV SOLN	None
	RYBREVANT IV SOLN	None
	SYLVANT IV SOLN	None
	TRAZIMERA IV SOLN	None
	TRODELVY IV SOLN	None
	UNITUXIN IV SOLN	None
XGEVA INJ 120 MG/1.7 ML	None	
YERVOY IV SOLN	None	
T-cell Receptor	KIMMTRAK IV SOLN	None
Vascular Endothelial Growth Factor (VEGF) Inhibitor	AVASTIN IV SOLN	None
	ZIRABEV IV SOLN	None

Therapy class	Medication name	Quantity limit
Oncology (Oral)		
Alkylating Agents	temozolomide cap	None
Antiandrogen	abiraterone tab	None
	ERLEADA TAB	None
	ROZLYTREK	None
	XTANDI CAP 40 MG	None
	XTANDI TAB	None
	YONSA TAB	None
Gamma Secretase Inhibitor	OGSIVEO TAB	None
Kinase and Molecular Target Inhibitors	ALECENSA CAP 150 MG	None
	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30 MG	4 tablets per day
	BALVERSA TAB	None
	BOSULIF TAB	None
	BRAFTOVI CAP	None
	CABOMETYX TAB	None
	CABOMETYX TAB 20 MG	1 tablet per day
	CALQUENCE	None
	CAPRELSA TAB 100 MG	2 tablets per day
	CAPRELSA TAB 300 MG	None
	COMETRIQ KIT	None
	COPIKTRA CAP	None
	COTELLIC TAB 20 MG	None
	DAURISMO TAB	None
	ERIVEDGE CAP 150 MG	None
	erlotinib tab	None
	erlotinib tab 25 mg	3 tablets per day
	everolimus tab	1 tablet per day
	everolimus tab for oral susp	None
	GAVRETO CAP	None
	gefitinib tab 250 mg	None
	GILOTRIF TAB	1 tablet per day
	IBRANCE	None
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	ICLUSIG TAB 30 MG	None
	ICLUSIG TAB 45 MG	None
	IDHIFA TAB	1 tablet per day
	imatinib tab	None
	IMBRUVICA	1 tablet/capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
IMBRUVICA SUSP 70 MG/ML	None	
INLYTA TAB	None	

Therapy class	Medication name	Quantity limit
	JAKAFI TAB	None
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	KOSELUGO CAP	None
	lapatinib tab 250 mg	None
	LENVIMA THERAPY PACK	None
	LORBRENA TAB	None
	LUMAKRAS TAB	None
	LYNPARZA	None
	MEKINIST	None
	MEKTOVI TAB 15 MG	None
	NERLYNX TAB	6 tablets per day
	NINLARO CAP	None
	ODOMZO CAP 200 MG	None
	pazopanib tab 200 mg	None
	PIQRAY THERAPY PACK	None
	QINLOCK TAB	None
	RETEVMO CAP	None
	RYDAPT CAP 25 MG	None
	sorafenib tab 200 mg	None
	SPRYCEL TAB	None
	STIVARGA TAB 40 MG	None
	sunitinib cap	None
	TAFINLAR	None
	TAGRISSO TAB	None
	TAGRISSO TAB 40 MG	1 tablet per day
	TASIGNA CAP	None
	TUKYSA TAB	None
	TURALIO CAP	None
	VENCLEXTA	None
	VERZENIO TAB	None
	VITRAKVI	None
	VIZIMPRO TAB	None
	VIZIMPRO TAB 15 MG	1 tablet per day
	XOSPATA TAB 40MG	None
	ZEJULA	None
	ZEJULA TAB 100 MG	1 tablet per day
	ZELBORAF TAB 240 MG	None
	ZYDELIG TAB	None
Miscellaneous	bexarotene cap 75 mg	None
	KISQALI FEMARA	None
	KISQALI PAK	None
	LONSURF	None
	ONUREG TAB	None

Therapy class	Medication name	Quantity limit
	ORSERDU TAB	None
	TIBSOVO TAB 250 MG	None
	ZOLINZA CAP 100 MG	None
Thalidomide-related Agents	POMALYST CAP	None
	POMALYST CAP 1 MG	1 capsule per day
	POMALYST CAP 2 MG	1 capsule per day
	REVLIMID CAP	None
	THALOMID CAP	None
Ophthalmology		
Complement Inhibitor	SYFOVRE INJ 15 MG/0.1 ML	None
Miscellaneous	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Vascular Endothelial Growth Factor (VEGF) Inhibitor	CIMERLI	None
	EYLEA	None
Respiratory		
Cystic fibrosis	KALYDECO	None
	KALYDECO PAK	2 packets per day
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB	4 tablets per day
	PULMOZYME SOLN 2.5 MG/2.5 ML	None
	SYMDEKO TAB	2 tablets per day
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Pulmonary Fibrosis	OFEV	None
	pirfenidone	None
Respiratory Syncytial Virus Agents	SYNAGIS INJ	None
Urology		
Miscellaneous	OXLUMO INJ	None

* Preferred NDCs

Note: PA applies to both brand and generic unless otherwise noted. If a strength is not listed then QL will apply to all strengths. When differences between this list and your benefit plan documents exist, please refer to the information included in your benefit plan documents. Please review your benefit plan documents for full details on what medications are covered by your plan.

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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