Prior Authorization
Select Formulary

Utilization Management
January 1, 2027

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.

Optum Rx®

Select Non-Specialty Prior Authorization List

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole tab 200 mg	120 tablets per 180 days
Antibiotics	AEMCOLO TAB	None
	ORLYNVAH TAB 500-500 MG	10 tablets per 28 days
	XIFAXAN TAB	None
	ZINPLAVA IV SOLN	None
Antifungals	CICLOPIROX KIT	None
	CRESEMBA CAP	None
	JUBLIA SOLN	None
	NOXAFIL PACKET	None
	NOXAFIL SUSP	None
	NOXAFIL TAB	None
	SPORANOX, TOLSURA	None
	tavaborole soln	None
	VFEND SUSP	None
	VFEND TAB	None
	VIVJOA	None
Antimalarial	QUALAQUIN CAP	None
Antiretrovirals, HIV	DESCOVY TAB 200-25 MG	None
	IDVYNSO TAB 100 MG/0.25 MG	1 tablet per day
	SELZENTRY	None
	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB 300 MG	2 packs per 365 days
	SUNLENCA TAB THERAPY PACK	2 packs per 365 days
	TRUVADA TAB 200-300 MG (Brand only)	None
	VOCABRIA TAB	None
	YEZTUGO SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	YEZTUGO TAB 300 MG	2 packs per 365 days
Authorized Brand Alternative		
Antidiabetic Agents	INS ASP PROT INJ FLEXPEN 100 UNIT/ML (70-30)	None
	INSULIN ASPA INJ 100 UNIT/ML	None
	INSULIN ASPA INJ 100 UNIT/ML (70-30)	None
	INSULIN ASPA INJ FLEXPEN 100 UNIT/ML	None
	INSULIN ASPA INJ PENFILL 100 UNIT/ML	None
	INSULIN DEGLUDEC INJ 100 UNIT/ML	None
	INSULIN DEGLUDEC PEN-INJECTOR 100 UNIT/ML	None
	INSULIN DEGLUDEC PEN-INJECTOR 200 UNIT/ML	None
	NOVOLOG FLEXPEN RELION 100 UNIT/ML	None
	NOVOLOG MIX 70/30 FLEXPEN RELION 100 UNIT/ML	None
	NOVOLOG MIX 70/30 RELION INJ 100 UNIT/ML	None
	NOVOLOG RELION INJ 100 UNIT/ML	None

Therapy class	Medication name	Quantity limit
Anti-infectives	BESIFLOXACIN SUSP 0.6%	None
Asthma/COPD (Inhaled)	FLUTICASONE ELLIPTA	1 inhaler per 30 days
	FLUTICASONE/SALMETEROL HFA	1 inhaler per 30 days
	FLUTICASONE/VILANTEROL ELLIPTA	1 package per 30 days
	UMECLIDINIUM/VILANTEROL ELLIPTA 62.5-25 MCG/ACT	1 package per 30 days
Cardiology		
Antihypertensive Agents	BAXFENDY TAB	1 tablet per day
	TRYVIO TAB	1 tablet per day
Antilipemic	LEQVIO INJ	2 syringes per 180 days
	LEROCHOL SOLN 300 MG/1.2 ML	1 injection per 28 days
	LOVAZA CAP (Brand only)	None
	NEXLETOL TAB	1 tablet per day
	NEXLIZET TAB	1 tablet per day
	PRALUENT	2 syringes per 28 days
	VASCEPA CAP	None
Heart Failure	ENBUMYST SOLN 0.5 MG/0.1 ML	None
	FUROSCIX KIT 80 MG/10 ML	None
	LASIX ONYU INJ 80 MG	None
	SOAANZ TAB (Brand only)	None
	VERQUVO TAB	1 tablet per day
Miscellaneous	CARDAMYST NASAL SPRAY 70 MG/DOSE	4 bottles per 30 days
	DEMSER CAP 250 MG	16 capsules per day
	DIBENZYLINE CAP	None
	LODOCO TAB	None
Central Nervous System		
Analgesics (Cough Opioid)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days

Therapy class	Medication name	Quantity limit
Analgesics (Non-Opioid)	ELYXYB SOLN	28.8 mL per 30 days
	PENNSAID SOLN	None
	QUTENZA PATCH KIT	4 patches per 90 days
	SPRIX NASAL SPRAY	5 bottles per 30 days
Analgesics (Opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 136 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 166.5 mL/day.
	acetaminophen/codeine tab 300-15 mg	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	butorphonal nasal spray 10 mg/mL	1 bottle per fill, 2 fills per 60 days
	BUTRANS PATCH	4 patches per 28 days
	codeine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 21 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 40 tabs/day.
	codeine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 20 tabs/day.
	codeine tab 60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	CONZIP CAP	1 capsule per day
	DILAUDID LIQUID 1 MG/ML	If you are new to opioid treatment, your prescription will be limited to 10 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 mL/day.

Therapy class	Medication name	Quantity limit
	DILAUDID TAB 2 MG	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	DILAUDID TAB 4 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	DILAUDID TAB 8 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	fentanyl patch	15 patches per 30 days
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	FENTORA TAB	4 tablets per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day
	hydrocodone/acetaminophen soln 7.5-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 98 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 180 mL/day.
	hydrocodone/acetaminophen soln 10-300 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen soln 10-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen tab 7.5-300 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-300 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/ibuprofen tab 5-200 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 16 tabs/day.
	hydrocodone/ibuprofen tab 7.5-200 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/ibuprofen tab 10-200 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone ER tab	2 tablets per day
	hydromorphone supp 3 mg	If you are new to opioid treatment, your prescription will be limited to 3 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 supps/day.
	HYSINGLA ER TAB	1 tablet per day
	levorphanol tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.

Therapy class	Medication name	Quantity limit
	levorphanol tab 3 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	meperidine soln 50 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 49 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 90 mL/day.
	meperidine tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 tabs/day.
	methadone soln 5 mg/5 mL	None
	methadone soln 10 mg/5 mL	None
	methadone tab	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 soln 10 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 24.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 45 mL/day.
	morphine soln 20 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 12.25 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 22.5 mL/day.
	morphine soln 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 2.4 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4.5 mL/day.
	morphine supp 5 mg	If you are new to opioid treatment, your prescription will be limited to 9 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 supps/day.
	morphine supp 10 mg	If you are new to opioid treatment, your prescription will be limited to 4 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 supps/day.

Therapy class	Medication name	Quantity limit
	morphine supp 20 mg	If you are new to opioid treatment, your prescription will be limited to 2 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 supps/day.
	morphine supp 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 supp/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 supps/day.
	morphine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	morphine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	MS CONTIN ER TAB	3 tablets per day
	NALOCET TAB 2.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	NUCYNTA ER	2 tablets per day
	NUCYNTA TAB 50 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	NUCYNTA TAB 75 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	NUCYNTA TAB 100 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	OXAYDO TAB 7.5 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.

Therapy class	Medication name	Quantity limit
	OXAYDO, ROXICODONE TAB 5 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone cap 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 caps/day.
	oxycodone conc 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 1.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 mL/day.
	oxycodone soln 5 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxycodone tab 20 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	oxycodone/acetaminophen soln 5-325 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	OXYCONTIN ER TAB	4 tablets per day
	oxymorphone ER tab	4 tablets per day
	oxymorphone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxymorphone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.

Therapy class	Medication name	Quantity limit
	pentazocine/naloxone tab 50-0.5 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	PERCOCET TAB 2.5-325 MG	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PERCOCET TAB 5-325 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PERCOCET TAB 7.5-325 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PERCOCET TAB 10-325 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	PROLATE SOLN 10-300 MG/5 ML	If you are new to opioid treatment, your prescription will be limited to 16.3 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 30 mL/day.
	PROLATE TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PROLATE TAB 7.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PROLATE TAB 10-300 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	QDOLO SOLN 5 MG/ML	If you are new to opioid treatment, your prescription will be limited to 50 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 80 mL/day.

Therapy class	Medication name	Quantity limit
	ROXICODONE TAB 15 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	ROXICODONE TAB 30 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	ROXYBOND TAB 5 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	ROXYBOND TAB 10 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	ROXYBOND TAB 15 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	ROXYBOND TAB 30 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	tramadol ER tab	1 tablet per day
	tramadol tab 25 mg	If you are new to opioid treatment, your prescription will be limited to 8 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 75 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.

Therapy class	Medication name	Quantity limit
	tramadol tab 100 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	tramadol/acetaminophen tab 37.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	TREZIX CAP 320.5-30-16 MG	If you are new to opioid treatment, your prescription will be limited to 10 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 caps/day.
	XODOL TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	XTAMPZA ER CAP	4 capsules per day
Analgesics Gastroprotective Agents	DUEXIS TAB 800 MG-26.6 MG	3 tablets per day
	VIMOVO TAB	2 tablets per day
Anticonvulsants	BANZEL	None
	HORIZANT	2 tablets per day
Antidepressants	ZURZUVAE CAP	14 day supply per fill, 2 courses per 365 days
Antipsychotics	ADASUVE INHALER 10 MG	None
	IGALMI FILM	None
Benzodiazepines	ONFI, SYMPAZAN	None
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	6 syringes per 30 days
Migraine	AIMOVIG INJ	2 syringes per 28 days
	AIMOVIG INJ 140 MG/ML	1 syringe per 28 days
	AJOVY	3 syringes per 84 days
	BREKIYA INJ 1MG/ML	24 syringes per 28 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	EMGALITY INJ 100MG/ML	3 syringes per 28 days
	EMGALITY INJ	1 syringe per 28 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	8 vials per 30 days
	NURTEC ODT	16 tablets per 30 days
	QULIPTA TAB	1 tablet per day
	REYVOW TAB	4 tablets per 30 days
	TRUDHESA NASAL SPRAY 0.725 MG/ACT	12 units per 28 days

Therapy class	Medication name	Quantity limit
	UBRELVY TAB	16 tablets per 30 days
	VYEPTI IV SOLN	3 vials per 84 days
	ZAVZPRET NASAL SPRAY 10 MG/ACT	6 devices per 30 days
Miscellaneous	EXSERVAN FILM	2 films per day
	NUEDEXTA CAP	None
	RILUTEK TAB (Brand only)	2 tablets per day
Neurotoxins	BOTOX COSMETIC INJ	None
	BOTOX INJ	None
	DAXXIFY INJ	None
	DYSPORT INJ	None
	MYOBLOC INJ	None
	XEOMIN INJ	None
Parkinson's Agents	DUOPA SUSP 4.63-20 MG/ML	None
	NUPLAZID CAP	None
	NUPLAZID TAB	None
Sedative Hypnotics	flurazepam cap	1 capsule per day
Stimulants	NUVIGIL TAB	1 tablet per day
	NUVIGIL TAB 50 MG	2 tablets per day
	PROVIGIL TAB	1 tablet per day
	SUNOSI TAB	1 tablet per day
Weight Loss	ADIPEX-P (Brand only)	None
	CONTRAVE	None
	FOUNDAYO TAB	1 tablet per day
	LOMAIRA TAB 8 MG	None
	QSYMIA CAP	None
	SAXENDA INJ	5 syringes per 30 days
	WEGOVY HD INJ 7.2 MG/0.75 ML	4 syringes per 28 days
	WEGOVY INJ	4 syringes per 28 days
	WEGOVY TAB	1 tablet per day
	XENICAL CAP 120 MG	None
	ZEPBOUND	4 syringes per 28 days
Dermatology		
Acne (Oral)	ABSORICA CAP (Brand only)	None
	ABSORICA LD CAP	None
Acne (Topical)	AKLIEF CREAM	None
	ALTRENO, ATRALIN, RETIN-A, RETIN-A MICRO (Brand only)	None
	ARAZLO LOTION 0.045%	None
	clindamycin/benzoyl peroxide gel 1.2-3.75 mg	None
	DIFFERIN (Brand only)	None
	FABIOR FOAM 0.1%	None
	tazarotene	None
	TAZORAC (Brand only)	None
	WINLEVI CREAM	None

Therapy class	Medication name	Quantity limit
Beta-Blocker	HEMANGEOL SOLN 4.28 MG/ML	None
Local Anesthetics - Topical	LIDOCAN, LIDODERM, TRIDACAINE PATCH 5% (Brand only)	None
Molluscum Contagiosum Agents	YCANTH SOLN 0.7%	None
	ZELSUVMI GEL 10.3%	None
mTOR Inhibitors	HYFTOR GEL	None
Topical Immunomodulators	ANZUPGO CREAM 2%	30 gm per 28 days
	DUOBRII LOTION	None
Electrolyte & Renal Agents		
Vasopressin Analog	DESMODA SOLN 0.05 MG/ML	None
	NOCDURNA SL TAB	None
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Androgens, Testosterone (Injectable)	AVEED INJ 750 MG/3 ML	1 vial (3mL) per 70 days
	AZMIRO INJ 200 MG/ML	4 syringes per 28 days
	DEPO-TESTOSTERONE INJ	1 vial (10mL) per 28 days
	TESTONE CIK KIT 200 MG/ML	4 kits per 28 days
	TESTOPEL IMPLANT PELLETS	None
	TESTOSTERONE CYPIONATE INJ 200 MG/ML	4 vials (1mL/each) per 28 days
	testosterone enanthate inj 200 mg/mL	1 vial (5 mL) per 28 days
	XYOSTED INJ	4 syringes per 28 days
Androgens, Testosterone (Oral)	JATENZO, KYZATREX, TLANDO, UNDECATREX CAP	4 capsules per day
	KYZATREX CAP 100 MG	7 capsules per day
	METHITEST TAB 10 MG	20 tablets per day
	methyltestosterone cap 10 mg	20 capsules per day
Androgens, Testosterone (Topical)	ANDROGEL GEL PUMP 1.62%	2 bottles (75 gm/each) per 30 days
	FORTESTA GEL PUMP 10 MG/ACT	2 bottles (60 gm/each) per 30 days
	NATESTO NASAL GEL PUMP 5.5 MG	3 bottles (7.32gm/each) per 30 days
	TESTIM, VOGELXO GEL 1% (50 MG)	2 packets per day
	testosterone gel 1% (25 mg)	4 packets per day
	testosterone gel 1.62% (20.25 mg)	4 packets per day
	testosterone gel 1.62% (40.5 mg)	2 packets per day
	testosterone soln 30 mg/act	2 bottles (90 mL/each) per 30 days
	VOGELXO GEL PUMP 1%	4 bottles (75 gm/each) per 30 days
Antidiabetic Agents	AFREZZA INHALATION POWDER	None
	AWIQLI FLEXTOUCH 700 UNIT/ML	1 syringe per 28 days
	GLUMETZA TAB	None
	SYMLINPEN INJ	None
	TZIELD IV SOLN	None

Therapy class	Medication name	Quantity limit
Diabetic Supplies	BIGFOOT UNITY PROGRAM KIT	1 kit per 2 years
	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonists	BYDUREON BCISE	4 syringes per 28 days
	BYETTA, EXENATIDE INJ	1 syringe per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	OZEMPIC, RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
	VICTOZA	3 syringes per 30 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 capsules per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Nutritive Agents	DOJOLVI LIQ	None
Gastroenterology		
Antiemetics	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	MARINOL CAP	2 capsules per day
	NEREUS CAP 85 MG	2 capsules per day, 14 capsules per 365 days
	SYNDROS SOLN	4 mL per day
Constipation	IBSRELA TAB 50 MG	2 tablets per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Helicobacter Pylori Agents	VOQUEZNA TAB 10 MG	1 tablet per day
	VOQUEZNA TAB 20 MG	2 tablets per day
Hepatic Agents	REZDIFFRA TAB	1 tablet per day
Irritable Bowel Syndrome	LOTRONEX TAB	None
	VIBERZI TAB	2 tablets per day
Hematology		
Sickle Cell Disease	ENDARI POWDER PACK	None
	SIKLOS TAB	None
	XROMI SOLN	None
Immunology		
Allergen Extracts	GRASTEK SL TAB	1 tablet per day
	ODACTRA SL TAB 12 SQ-HDM	1 tablet per day
	ORALAIR SL TAB 100 IR	2 packs per 365 days
	ORALAIR SL TAB 300 IR	1 tablet per day
	RAGWITEK SL TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
Hematopoietic Agents	JESDUVROQ TAB	1 tablet per day
	JESDUVROQ TAB 6 MG	2 tablets per day
	JESDUVROQ TAB 8 MG	3 tablets per day
	VAFSEO TAB 150 MG	3 tablets per day
	VAFSEO TAB 300 MG	2 tablets per day
Immune Globulins	VARIZIG	None
Peanut Allergy	PALFORZIA	None
Miscellaneous		
Anticholinergic	CUVPOSA SOLN 1 MG/5 ML	None
	GLYCATE TAB 1.5 MG	6 tablets per day
	GLYCOPYRROLATE INJ	None
	ROBINUL FORTE TAB 2 MG (Brand only)	4 tablets per day
	ROBINUL TAB 1 MG (Brand only)	4 tablets per day
Calcium Modifier	SENSIPAR TAB	None
Methotrexate Auto-Injectors	OTREXUP INJ	4 syringes per 28 days
	RASUVO INJ	4 syringes per 28 days
Movement Disorder Agents	GOCOVRI CAP	None
	NOURIANZ TAB	None
	OSMOLEX ER TAB	None
Toxicology	EXJADE, JADENU	None
	FERRIPROX SOLN 100 MG/ML	None
	FERRIPROX TAB	None
	PEDMARK INJ 12.5 GM	None
Viscosupplements	DUROLANE INJ 60 MG/3 ML	2 syringes per 180 days
	EUFLEXXA, HYALGAN, SYNOJOYNT, TRILURON INJ 20 MG/2 ML	6 syringes per 180 days
	GEL-ONE INJ 30 MG/3 ML	2 syringes per 180 days
	GELSYN-3 INJ 16.8 MG/2 ML	6 syringes per 180 days
	GENVISC 850, SUPARTZ FX, TRIVISC, VISCO-3 INJ 25 MG/2.5 ML	6 syringes per 180 days
	HYALGAN INJ 20 MG/2 ML	10 vials per 180 days
	HYMOVIS INJ 24 MG/3 ML	4 syringes per 180 days
	HYMOVIS ONE INJ 32 MG/4 ML	2 syringes per 180 days
	MONOVISC INJ 88 MG/4 ML	2 syringes per 180 days
	ORTHOVISC INJ 30 MG/2 ML	8 syringes per 180 days
	SYNVISC INJ 8 MG/ML	6 syringes per 180 days
	SYNVISC ONE INJ 8 MG/ML	2 syringes per 180 days
Wound Care	REGRANEX GEL	None
Non-Solid Oral Dosage Forms		
Analgesics (Non-Opioid)	VYSCOXA SUSP 10MG/ML	40 mL per day
	ZYBIC, MELOXICAM SUSP 7.5 MG/5 ML	None
Anticonvulsants	SUBVENITE SUSP 10 MG/ML	None
	ZONISADE SUSP 100 MG/5 ML	None
Antidepressants	RALDESY SOLN 10 MG/ML	None

Therapy class	Medication name	Quantity limit
Antifungals	LIKMEZ SUSP 500 MG/5 ML	None
Antigout	GLOPERBA SOLN 0.6 MG/5 ML	None
Antihypertensive Agents	ARBLI SUSP 10 MG/ML	None
	JAVADIN SOLN 0.02 MG/ML	None
	LOPRESSOR SOLN 10 MG/ML	None
	NORLIQVA SOLN 1 MG/ML (Brand only)	None
	SDAMLO SOLN	1 bottle per day
Antilipemic	ATORVALIQ SUSP 20 MG/5 ML	None
BPH Agents	TEZRULY SOLN 1 MG/ML	None
Muscle Relaxants	ONTRALFY SOLN 2 MG/5 ML	None
Oncology (Oral)	JYLAMVO SOLN 2 MG/ML	None
	XATMEP SOLN 2.5 MG/ML	None
Obstetrics & Gynecology		
Contraceptives	PHEXXI GEL 1.8-1-0.4%	1 box per 60 days
Miscellaneous	LYNKUET CAP 60 MG	2 capsules per day
	VEOZAH TAB	1 tablet per day
Ophthalmology		
Anti-Inflammatory	KLARITY-C, VERKAZIA EMULSION 0.1%	4 vials per day
	XDEMVY SOLN 0.25%	2 bottles per 180 days
Dry Eye	CEQUA SOLN 0.09%	2 vials per day
	EYSUVIS SUSP 0.25%	1 bottle per 30 days
	MIEBO SOLN 1.3 GM/ML	3 mL per 30 day
	RESTASIS EMULSION 0.05%	2 vials per day or 1 bottle per 30 days
	TRYPTYR SOLN 0.003%	2 vials per day
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	VEVYE SOLN 0.1%	1 bottle per 30 days
	XIIDRA SOLN 5%	2 vials per day
Miscellaneous	QLOSI SOLN 0.4%	60 vials per 30 days
	VIZZ SOLN 1.44%	1 vial per day
	VUITY SOLN 1.25%	3 bottles per 28 days
	XIPERE SUSP 40 MG/ML	None
	YUVEZZI SOLN 2.75%/0.1%	1 vial per day
Prostaglandins	IDOSE TR IMPLANT	None
Vasoconstrictor	UPNEEQ SOLN	None
Respiratory		
Asthma/COPD	DALIRESP TAB	None
	budesonide/formoterol inhaler	1 inhaler per 30 days
Asthma/COPD (Nebulized)	OHTUVAYRE SUSP 3 MG/2.5 ML	2 ampules per day
Urology		
Cystitis Agents	ELMIRON CAP 100 MG	None

Select Specialty Prior Authorization List

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotics	ARIKAYCE SUSP 590 MG/8.4 ML	None
	REBYOTA SUSP	None
	VOWST CAP	2 courses per 365 days
Antifungals	REZZAYO IV SOLN	None
Antiprotozoal	DARAPRIM TAB	None
Antivirals	HEPCLUDEX INJ 8.5 MG	1 vial per day
	LIVTENCITY TAB	None
Cardiology		
Antilipemic	EVKEEZA IV SOLN	None
	JUXTAPID CAP	56 capsules per 365 days
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 2MG	112 capsules per 365 days
	JUXTAPID CAP 30 MG	2 capsules per day
	REDEMPLO INJ 25 MG/0.5 ML	1 syringe per 84 days
	TRYNGOLZA INJ	1 syringe per 28 days
Hereditary Angioedema Agents	ANDEMBRY INJ 200 MG/1.2 ML	1 syringe per 28 days
	BERINERT INJ	10 vials per 30 days
	CINRYZE SOLN 500 UNIT	32 vials per 28 days
	DAWNZERA INJ 80 MG/0.8 ML	1 syringe per 28 days
	EKTERLY TAB 300 MG	8 tablets per 28 days
	FIRAZYR, SAJAZIR INJ	6 syringes per 30 days
	HAEGARDA INJ 2000 UNIT	24 vials per 28 days
	HAEGARDA INJ 3000 UNIT	16 vials per 28 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	ORLADEYO PELLETS	1 packet per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO INJ	2 syringes/vials per 28 days
Miscellaneous	CAMZYOS CAP	1 capsule per day
	MYQORZO TAB	1 tablet per day
Pulmonary Arterial Hypertension	ADCIRCA, ALYQ TAB	2 tablets per day
	ADEMPAS TAB	3 tablets per day
	FLOLAN, VELETRI	None
	LETAIRIS TAB	1 tablet per day
	LIQREV SUSP 10 MG/ML	2 bottles per 30 days
	OPSUMIT TAB	1 tablet per day
	OPSYNVI TAB	1 tablet per day
	ORENITRAM TAB	None
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	REMODULIN	None
	REVATIO IV SOLN	None

Therapy class	Medication name	Quantity limit
	REVATIO SUSP	2 bottles per 30 days
	REVATIO TAB	3 tablets per day
	TADLIQ SUSP 20 MG/5 ML	10 mL per day
	TRACLEER TAB	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-80 MCG	8 cartridges per day
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAVI IV SOLN	None
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
	WINREVAIR INJ	1 kit per 21 days
	YUTREPIA CAP	5 capsules per day
	YUTREPIA CAP 79.5 MCG	10 capsules per day
	YUTREPIA CAP 106 MCG	8 capsules per day
Transthyretin Stabilizers	ATTRUBY PAK 356 MG	4 tablets per day
	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day
Vasopressors	NORTHERA CAP	None
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Alzheimer's Agents	ADUHELM IV SOLN	None
	KISUNLA INJ	4 vials per 28 days
	LEQEMBI INJ 360 MG/1.8 ML	4 syringes per 28 days
	LEQEMBI IV SOLN 200 MG/2 ML	10 vials per 28 days
	LEQEMBI IV SOLN 500 MG/5 ML	4 vials per 28 days
Anticonvulsants	DIACOMIT	None
	EPIDIOLEX SOLN	None
	FINTEPLA SOLN	None
	SABRIL, VIGAFYDE	None
	ZTALMY	None
Antidepressants	SPRAVATO NASAL SPRAY	None
	ZULRESSO IV SOLN	None
Antipruritic	KORSUVA INJ 50 MCG/ML	None
Depressant	LUMRYZ PAK FOR ORAL ER SUSP	1 packet per day
	LUMRYZ STARTER PACK	2 starter packs per 365 days
	XYREM SOLN	18 mL per day
	XYWAV SOLN	18 mL per day

Therapy class	Medication name	Quantity limit
Gene Therapy	KEBILIDI	None
	LENMELDY	None
	SKYSONA	None
Miscellaneous	QALSODY SOLN	None
	RADICAVA	None
	RELYVRIO PAK 3-1 GM	2 packets per day
Muscular Dystrophy	AGAMREE	None
	AMONDYS 45 IV SOLN	None
	DUVYZAT SUSP	12 mL per day
	ELEVIDYS IV SUSP	None
	EMFLAZA	None
	EXONDYS 51 IV SOLN	None
	VILTEPSO IV SOLN	None
	VYONDYS 53 IV SOLN 100 MG/2 ML	None
Musculoskeletal Agents	FIRDAPSE TAB	None
Neurological Agents	AMVUTTRA INJ	1 syringe per 90 days
	DAYBUE SOLN 200 MG/ML	120 mL per day
	DAYBUE STIX POWDER PACKET	4 packets per day
	DAYBUE STIX POWDER PACKET 8000 MG	2 packets per day
	ONPATTRO IV SOLN	None
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ	1 syringe per 28 days
Parkinson's Agents	APOKYN INJ	30 cartridges per 30 days
	INBRIJA CAP	None
	ONAPGO INJ 98 MG/20 ML	20 mL per day
	VYALEV INJ	None
Sleep Disorder	HETLIOZ CAP	1 capsule per day
	HETLIOZ LQ SUSP	158 mL per 30 days
	WAKIX TAB	2 tablets per day
Weight Loss	IMCIVREE INJ	0.3 mL per day
Dermatology		
Alkylating Agents	VALCHLOR GEL	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE IMPLANT	None
Epidermolysis Bullosa Agent	FILSUVEZ GEL 10%	19 tubes per 30 days
	VYJUVEK GEL	10 mL per 28 days
Molluscum Contagiosum Agents	ZEVASKYN SHEET	None
Electrolyte & Renal Agents		
Diuretics	KEVEYIS, ORMALVI TAB	4 tablets per day
Endocrinology & Metabolism		
Antidiabetic Agents	LANTIDRA IV SUSP	None

Therapy class	Medication name	Quantity limit
Congenital Adrenal Hyperplasia Agent	CRENESSITY CAP	3 capsules per day
	CRENESSITY CAP 100 MG	4 capsules per day
	CRENESSITY SOLN 50 MG/ML	8 mL per day
Copper Replacement Agents	ZYCUBO INJ 2.9 MG	1 vial per day
Corticosteroid	TARPEYO CAP	4 capsules per day
Cortisol Synthesis Inhibitor	ISTURISA TAB	None
	RECORLEV TAB	8 tablets per day
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Cyclic Pyranopterin Monophosphate (cPMP) Substrate Replacement Therapy	NULIBRY IV SOLN	None
Endothelin Receptor Antagonist	FILSPARI TAB 200 MG	1 tablet per day
	FILSPARI TAB 400 MG	2 tablets per day
	VANRAFIA TAB	1 tablet per day
	VOYXACT INJ 400 MG/2 ML	1 syringe per 28 days
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD, VABRINTY INJ 22.5 MG	1 injection per 84 days
	ELIGARD, VABRINTY INJ 30 MG	1 injection per 112 days
	ELIGARD, VABRINTY INJ 45 MG	1 injection per 168 days
	ELIGARD, VABRINTY INJ 7.5 MG	1 injection per 28 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
	LEUPROLIDE, LUTRATE DEPOT INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT INJ	None
	LUPRON DEPOT-PED (3-MONTH)	1 syringe per 84 days
	LUPRON DEPOT-PED (6 MONTH) 45 MG INJ	1 syringe per 168 days
	LUPRON DEPOT-PED	1 syringe per 28 days
	ORGOVYX TAB	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 per day
	EGRIFTA WR KIT 11.6 MG	1 kit per 28 days
	GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN AQ, OMNITROPE, ZOMACTON	None
	NGENLA	None
	SEROSTIM INJ	None
	SKYTROFA INJ	None

Therapy class	Medication name	Quantity limit
	SOGROYA INJ	None
	ZORBTIVE INJ	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX	None
	SOMAVERT	None
Hormone Modifiers	MYALEPT INJ	None
Hyperammonemia Agents	CARBAGLU TAB 200 MG	None
Hypoparathyroidism Agent	YORVIPATH INJ	2 syringes per 28 days
Miscellaneous	ACTHAR, CORTROPHIN INJ GEL	None
	KORLYM TAB	4 tablets per day
Monoclonal Antibody	TEPEZZA IV SOLN	None
Osteoporosis	BILDYOS INJ 60 MG/ML	2 syringes per 365 days
	BONSITY, FORTEO, TERIPARATIDE	None
	BOSAYA INJ 60 MG/ML	2 syringes per 365 days
	CONEXXENCE INJ 60 MG/ML	2 syringes per 365 days
	ENOBY SOLN 60 MG/ML	2 syringes per 365 days
	EVENITY INJ	2 syringes per 28 days
	JUBBONTI INJ 60 MG/ML	2 syringes per 365 days
	OSPOMYV INJ 60 MG/ML	2 syringes per 365 days
	OSVYRTI INJ 60 MG/ML	2 syringes per 365 days
	PROLIA INJ 60 MG/ML	2 syringes per 365 days
	STOBOCLO INJ 60 MG/ML	2 syringes per 365 days
	TYMLOS INJ	None
Prader-Willi Syndrome Agent	VYKAT XR TAB 25 MG	4 tablets per day
	VYKAT XR TAB 75 MG	7 tablets per day
	VYKAT XR TAB 100 MG	3 tablets per day
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day
Somatostatins	BYNFEZIA PEN 2500 MCG	None
	MYCAPSSA CAP	None
	octreotide inj	None
	PALSONIFY TAB	2 tablets per day
	SANDOSTATIN INJ	None
	SANDOSTATIN LAR INJ	None
	SIGNIFOR INJ	2 ampules per day
	SIGNIFOR LAR INJ	1 vial per 28 days
	SOMATULINE INJ	None
Vasopressin Antagonist	JYNARQUE TAB	2 tablets per day
	JYNARQUE THERAPY PACK	2 tablets per day
	SAMSCA TAB	2 tablets per day

Therapy class	Medication name	Quantity limit
Enzyme-Related		
Alpha-1 Proteinase Inhibitor	ARALAST NP, PROLASTIN-C, ZEMAIRA INJ	None
	GLASSIA, PROLASTIN-C INJ	None
Cystine-Depleting Agents	PROCYSBI CAP	None
	PROCYSBI GRANULES PACKET	None
Enzyme Replacement	ADZYNMA KIT	None
	ALDURAZYME INJ	None
	AQNEURSA POWDER PACKET	4 packets per day
	AVLAYAH INJ	None
	BRINEURA KIT	None
	BUPHENYL POWDER 3 GM/TEASPOONFUL	None
	BUPHENYL TAB 500 MG	None
	CERDELGA CAP	None
	CEREZYME INJ	None
	ELAPRASE	None
	ELELYSO INJ	None
	ELFABRIO IV SOLN	None
	FABRAZYME IV SOLN	None
	GALAFOLD CAP	14 capsules per 28 days
	KANUMA IV SOLN	None
	LAMZEDE IV SOLN 10 MG	None
	LOARGYS INJ	None
	LUMIZYME IV SOLN	None
	MEPSEVII IV SOLN	None
	MIPLYFFA CAP	3 capsules per day
	NAGLAZYME IV SOLN	None
	NEXVIAZYME IV SOLN 100 MG	None
	OLPRUVA THERAPY PACK	None
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	PHEBURANE PELLETS	None
	POMBILITI	None
	RAVICTI	None
	REVCOVI INJ	None
	STRENSIQ INJ	None
	SUCRAID SOLN 8500 UNIT/ML	None
	VIMIZIM INJ	None
	VPRIV INJ	None
	XENPOZYME	None
	XURIDEN GRANULES PACKET	4 packets per day
	ZAVESCA CAP	None
Enzyme, Gout	KRYSTEXXA INJ	None

Therapy class	Medication name	Quantity limit
Metabolic Agents	HARLIKU TAB	1 tablet per day
	NITYR TAB	None
	ORFADIN CAP	None
	ORFADIN SUSP	None
	SEPHIENCE POWDER PACKET	None
Phenylketonuria Treatment Agents	KUVAN, JAVYGTOR POWDER PACKET	None
	KUVAN, JAVYGTOR TAB	None
	PALYNZIQ INJ 10 MG/0.5 ML	1 syringe per day
	PALYNZIQ INJ 2.5 MG/0.5 ML	8 syringes per 28 days
	PALYNZIQ INJ 20 MG/ML	2 syringes per day
Thymidine Kinase 2 Deficiency Agents	KYGEVVI POWDER PACK 2 GM/2 GM	None
Gastroenterology		
Acute Hepatic Porphyria Agents	GIVLAARI INJ	None
Bile Acid Agents	CHENODAL TAB	None
	CHOLBAM CAP	None
	CTEXLI TAB	None
Diarrhea	XERMELO	3 tablets per day
Hepatic Agents	IQIRVO TAB	1 tablet per day
	LIVDELZI CAP	1 capsule per day
	OCALIVA TAB	1 tablet per day
Ileal Bile Acid Transporter Inhibitor	BYLVAY	None
	LIVMARLI SOLN	90 mL per 30 days
	LIVMARLI SOLN 19 MG/ML	2 mL per day
	LIVMARLI TAB	2 tablets per day
	LIVMARLI TAB 30 MG	1 tablet per day
Short Bowel Syndrome	GATTEX KIT	None
Hematology		
Gene Therapy	OMISIRGE	None
Hemolytic Anemia	AQVESME, PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Hemophilia Agents	BEQVEZ	None
	HEMGENIX	None
	QFITLIA	None
	ROCTAVIAN INJ	None
Sickle Cell Disease	ADAKVEO INJ	None
	CASGEVY	None
	LYFGENIA	None
	ZYNTEGLO INJ	None
Thrombotic Microangiopathy Agents	YARTEMLEA INJ 370 MG/2 ML	None
Immunology		
APDS Agent	JOENJA TAB	2 tablets per day

Therapy class	Medication name	Quantity limit
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days
	DUPIXENT INJ	4 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
Bruton Tyrosine Kinase Inhibitor	RHAPSIDO TAB 25 MG	2 tablets per day
	WAYRILZ TAB 400 MG	2 tablets per day
Complement Inhibitor	ENJAYMO IV SOLN	None
	TAVNEOS CAP	6 capsules per day
	VEOPOZ INJ 400 MG/2 ML	None
	ZILBRYSQ	None
Graft Versus Host Agents	NIKTIMVO	None
	RYONCIL	None
Hematopoietic Agents	ARANESP	None
	ARMLUPEG INJ	None
	BKEMV INJ	None
	EMPAVELI INJ	None
	ENSPRYNG INJ	None
	EPOGEN, PROCRIT INJ	None
	EPYSQLI INJ	None
	FABHALTA CAP 200 MG	2 capsules per day
	FILKRI INJ	None
	FULPHILA INJ	None
	FYLNETRA INJ 6 MG/0.6 ML	None
	GRANIX	None
	LEUKINE	None
	MIRCERA INJ	None
	NEULASTA	None
	NEUPOGEN INJ	None
	NIVESTYM	None
	NYPOZI	None
	NYVEPRIA INJ	None
	PIASKY	None
	REBLOZYL INJ	None
	RELEUKO	None
	RETACRIT INJ	None
	ROLVEDON INJ 13.2 MG	None
	RYTELO	None
	RYZNEUTA INJ 20 MG/ML	None
	SOLIRIS IV SOLN	None
	STIMUFEND INJ 6 MG/0.6 ML	None
	TAVALISSE TAB	None
	UDENYCA INJ	None
	ULTOMIRIS IV SOLN	None
	UPLIZNA IV SOLN	None

Therapy class	Medication name	Quantity limit
	VOYDEYA	6 tablets per day
	ZARXIO INJ	None
	ZIEXTENZO INJ	None
Hepatitis C Agents	EPCLUSA PELLET PACK 150-37.5 MG	1 pack per day
	EPCLUSA PELLET PACK 200-50 MG	2 packs per day
	EPCLUSA, SOFOSBUVIR/VELPATASVIR TAB	1 tablet per day
	HARVONI PELLET PACK 33.75-150 MG	1 pack per day
	HARVONI PELLET PACK 45-200 MG	2 packs per day
	HARVONI TAB 45-200 MG	2 tablets per day
	HARVONI, LEDIPASVIR/SOFOSBUVIR TAB 90-400 MG	1 tablet per day
	MAVYRET	3 tablets per day
	MAVYRET PELLET PACK 50-20 MG	5 packs per day
	PEGASYS	None
	SOVALDI PELLET PACK 150 MG	1 pack per day
	SOVALDI PELLET PACK 200 MG	2 packs per day
	SOVALDI TAB	1 tablet per day
	SOVALDI TAB 200 MG	2 tablets per day
	VOSEVI	1 tablet per day
	ZEPATIER	1 tablet per day
Immune Globulins	ALYGLO INJ	None
	ASCENIV INJ	None
	BIVIGAM, FLEBOGAMMA, GAMMAPLEX, OCTAGAM, PRIVIGEN INJ	None
	CUTAQUIG INJ	None
	CUVITRU, HIZENTRA INJ	None
	CYTOGAM	None
	GAMASTAN INJ	None
	GAMMAGARD SD INJ	None
	GAMMAGARD, GAMMAKED, GAMMGD ERC, GAMUNEX-C INJ	None
	HIZENTRA INJ	None
	HYQVIA	None
	PANZYGA INJ	None
	QIVIGY INJ	None
	XEMBIFY INJ	None
	YIMMUGO INJ	None
Immunomodulators	ABRILADA INJ	4 syringes per 28 days
	ACTEMRA INJ	4 syringes per 28 days
	ACTEMRA IV SOLN	None
	AMJEVITA INJ 10 MG/0.2 ML	2 syringes per 28 days
	AMJEVITA INJ	4 syringes per 28 days
	AMJEVITA INJ 80 MG/0.8 ML	2 syringes per 28 days
	AVSOLA IV SOLN	None

Therapy class	Medication name	Quantity limit
	AVTOZMA INJ	4 syringes per 28 days
	AVTOZMA IV SOLN	None
	BIMZELX INJ	1 syringe per 28 days
	CIBINQO TAB	1 tablet per day
	CIMZIA KIT 200 MG	4 syringes per 28 days
	CIMZIA PREFL KIT 200 MG/ML	4 syringes per 28 days
	COSENTYX INJ 150 MG/ML	1 syringe per 28 days
	COSENTYX INJ 300 DOSE	2 syringes per 28 days
	COSENTYX INJ 75 MG/0.5 ML	1 syringe per 28 days
	COSENTYX IV SOLN	None
	COSENTYX PEN INJ 150 MG/ML	1 syringe per 28 days
	COSENTYX PEN INJ 300 DOSE	2 syringes per 28 days
	COSENTYX UNO INJ 300 MG/2 ML	1 syringe per 28 days
	CYLTEZO, ADALIMUMAB-ADBM INJ 10 MG/0.2 ML	2 syringes per 28 days
	CYLTEZO, ADALIMUMAB-ADBM INJ	4 syringes per 28 days
	ENBREL INJ 25 MG/0.5 ML	8 vials per 28 days
	ENBREL INJ 25 MG/0.5 ML	8 syringes 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	None
	HADLIMA INJ 40 MG/0.8 ML	4 syringes per 28 days
	HADLIMA PUSH INJ 40 MG/0.8 ML	4 syringes per 28 days
	HADLIMA PUSH, ADALIMUMAB-BWWD INJ 40 MG/0.4 ML	4 syringes per 28 days
	HADLIMA, ADALIMUMAB-BWWD INJ 40 MG/0.4 ML	4 syringes per 28 days
	HULIO, ADALIMUMAB-FKJP INJ	4 syringes per 28 days
	HUMIRA INJ 10 MG/0.1 ML	2 syringes per 28 days
	HUMIRA INJ	4 syringes per 28 days
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	1 starter kit per 365 days
	HUMIRA PEN INJ 40 MG/0.4 ML	4 syringes per 28 days
	HUMIRA PEN INJ 40 MG/0.8 ML	4 syringes per 28 days
	HUMIRA PEN INJ 80 MG/0.8 ML	2 syringes per 28 days
	HUMIRA PEN-PS/UV STARTER PACK	1 starter kit per 365 days
	HYRIMOZ INJ 40 MG/0.8 ML	4 syringes per 28 days
	HYRIMOZ INJ 80 MG/0.8 ML	2 syringes per 28 days
	HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK	1 starter kit per 365 days
	HYRIMOZ PLAQUE PSORIASIS STARTER PACK	1 starter kit per 365 days
	HYRIMOZ, ADALIMUMAB-ADAZ INJ 10 MG/0.1 ML	2 syringes per 28 days
	HYRIMOZ, ADALIMUMAB-ADAZ INJ	4 syringes per 28 days
	ICOTYDE TAB 200 MG	1 tablet per day

Therapy class	Medication name	Quantity limit
	IDACIO, ADALIMUMAB-AACF INJ	4 syringes per 28 days
	ILUMYA INJ 100 MG/ML	1 syringe per 84 days
	IMULDOSA INJ	1 syringe per 56 days
	IMULDOSA IV SOLN	None
	INFLECTRA IV SOLN	None
	KEVZARA INJ	2 syringes per 28 days
	KINERET INJ	None
	LEQSELVI TAB 8 MG	2 tablets per day
	LITFULO CAP	1 capsule per day
	OLUMIANT TAB	1 tablet per day
	OMVOH INJ 100 MG/ML	2 syringes per 28 days
	OMVOH INJ 100/200 MG/ML	1 package per 28 days
	OMVOH INJ 200 MG/2 ML	1 syringe per 28 days
	OMVOH IV SOLN 300 MG/15 ML	45 mL per 365 days
	ORENCIA INJ	4 syringes per 28 days
	ORENCIA IV SOLN	None
	OTEZLA STARTER PACK	1 starter pack per 365 days
	OTEZLA TAB	2 tablets per day
	OTEZLA XR TAB 75 MG	1 tablet per day
	OTULFI INJ 45 MG/0.5 ML	1 vial per 56 days
	OTULFI INJ IV SOLN	None
	OTULFI, USTEKINUMAB-AAUZ INJ	1 syringe per 56 days
	PYZCHIVA INJ	1 syringe per 56 days
	PYZCHIVA, USTEKINUMAB-TTWE INJ 45 MG/0.5 ML	1 vial per 56 days
	PYZCHIVA, USTEKINUMAB-TTWE INJ	1 syringe per 56 days
	PYZCHIVA, USTEKINUMAB-TTWE INJ IV SOLN	None
	REMICADE, INFLIXIMAB	None
	RENFLEXIS IV SOLN	None
	RINVOQ LQ SOLN 1 MG/ML	12 mL per day
	RINVOQ TAB	1 tablet per day
	RINVOQ TAB 45 MG	1 tablet per day, 84 tablets per 365 days
	SELARSDI INJ 45 MG/0.5 ML	1 vial per 56 days
	SELARSDI IV SOLN	None
	SELARSDI, USTEKINUMAB-AEKN INJ	1 syringe per 56 days
	SILIQ INJ 210 MG/1.5 ML	2 syringes per 28 days
	SIMLANDI INJ 20 MG/0.2 ML	4 syringes per 28 days
	SIMLANDI INJ 80 MG/0.8 ML	2 syringes per 28 days
	SIMLANDI, ADALIMUMAB-RYVK INJ 40 MG/0.4 ML	4 syringes per 28 days
	SIMLANDI, ADALIMUMAB-RYVK INJ 80 MG/0.8 ML	2 syringes per 28 days
	SIMPONI ARIA IV SOLN	None
	SIMPONI INJ	1 syringe per 28 days
	SKYRIZI INJ 55 MG/0.37 ML	1 syringe per 84 days
	SKYRIZI INJ 150 MG/ML	1 syringe per 84 days

Therapy class	Medication name	Quantity limit
	SKYRIZI INJ 180 MG/1.2 ML	1 syringe per 56 days
	SKYRIZI INJ 360 MG/2.4 ML	1 syringe per 56 days
	SKYRIZI IV SOLN	None
	SKYRIZI PEN INJ 150 MG/ML	1 syringe per 84 days
	SOTYKTU TAB	1 tablet per day
	STARJEMZA INJ	1 syringe per 56 days
	STARJEMZA INJ 45 MG/0.5 ML	1 vial per 56 days
	STARJEMZA INJ 130 MG/26 ML	None
	STELARA, USTEKINUMAB INJ 45 MG/0.5 ML	1 vial per 56 days
	STELARA, USTEKINUMAB INJ	1 syringe per 56 days
	STELARA, USTEKINUMAB IV SOLN	None
	STEQEYMA INJ 45 MG/0.5 ML	1 vial per 56 days
	STEQEYMA INJ	1 syringe per 56 days
	STEQEYMA IV SOLN	None
	TALTZ INJ	1 syringe per 28 days
	TOFIDENCE IV SOLN	None
	TREMFYA INJ 100 MG/ML	1 syringe per 56 days
	TREMFYA INJ 200 MG/2 ML	1 syringe per 28 days
	TREMFYA IV SOLN 200 MG/20 ML	None
	TYENNE INJ 162 MG/0.9 ML	4 syringes per 28 days
	TYENNE IV SOLN	None
	VELSIPITY TAB	1 tablet per day
	WEZLANA INJ 45 MG/0.5 ML	1 vial per 56 days
	WEZLANA INJ 45 MG/0.5 ML	1 syringe per 56 days
	WEZLANA INJ 90 MG/ML	1 syringe per 56 days
	WEZLANA IV SOLN	None
	XELJANZ SOLN	10 mL per day
	XELJANZ TAB	2 tablets per day
	XELJANZ XR TAB	1 tablet per day
	YESINTEK INJ	1 syringe per 56 days
	YESINTEK IV SOLN	None
	YUFLYMA, ADALIMUMAB-AATY INJ	4 syringes per 28 days
	YUFLYMA, ADALIMUMAB-AATY INJ 80 MG/0.8 ML	2 syringes per 28 days
	YUSIMRY INJ 40 MG/0.8ML	4 syringes per 28 days
	ZYMFENTRA INJ	2 syringes per 28 days
Interleukins	ARCALYST	None
	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO INJ 300 MG/2 ML	1 syringe per 28 days
	SPEVIGO IV SOLN	30 mL per 84 days
Miscellaneous	ACTIMMUNE INJ	None
	BENLYSTA	None
	CRYSVITA INJ	None
	LUPKYNIS CAP	6 capsules per day

Therapy class	Medication name	Quantity limit
	SAPHNELO INJ	4 syringes per 28 days
	SAPHNELO IV SOLN 300 MG/2 ML	None
Monoclonal Antibody	CINQAIR IV SOLN	None
	DUPIXENT INJ	4 syringes per 28 days
	EXDENSUR INJ 100 MG/ML	1 syringe per 180 days
	FASENRA INJ 10 MG/0.5 ML	1 syringe per 56 days
	FASENRA INJ 30 MG/ML	1 syringe per 28 days
	FASENRA PEN INJ 30 MG/ML	1 syringe per 28 days
	GAMIFANT IV SOLN	None
	NUCALA	3 vials/syringes 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
Multiple Sclerosis	AMPYRA TAB	2 tablets per day
	AUBAGIO TAB	1 tablet per day
	AVONEX INJ 30 MCG/0.5 ML	1 kit per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON INJ	1 package per 28 days
	BRIUMVI INJ 150 MG/6 ML	None
	COPAXONE INJ 20 MG/ML	1 syringe per day
	COPAXONE INJ 40 MG/ML	12 syringes per 28 days
	GILENYA CAP	1 capsule per day
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	LEMTRADA	3.6 mL per 365 days
	MAVENCLAD	4 cycles per lifetime
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB 1 MG	1 tablet per day
	MAYZENT TAB 2 MG	1 tablet per day
	mitoxantrone inj	None
	OCREVUS IV SOLN	None
	OCREVUS ZUNOVO INJ	1 syringe per 180 days
	PLEGRIDY	2 syringes per 28 days
	PLEGRIDY STARTER PACK	2 starter packs per 365 days
	PONVORY TAB	1 tablet per day
	PONVORY STARTER PACK	2 starter packs per 365 days
	REBIF INJ 22 MCG/0.5 ML	12 syringes per 28 days
	REBIF INJ 44 MCG/0.5 ML	12 syringes per 28 days
	REBIF REBIDOSE TITRATION PACK	1 starter pack per 365 days
	REBIF TITRATION PACK	1 starter pack per 365 days
	TASCENSO ODT	1 tablet per day

Therapy class	Medication name	Quantity limit
	TECFIDERA CAP	2 capsules per day
	TECFIDERA STARTER PACK	2 starter packs per 365 days
	TYRUKO INJ 300 MG/15 ML	1 vial per 28 days
	TYSABRI INJ 300 MG/15 ML	1 vial per 28 days
	VUMERITY CAP	4 capsules per day
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Neonatal Fc Receptor Antagonist	IMAAVY INJ	None
	RYSTIGGO INJ	4 vials per 28 days
	RYSTIGGO INJ 280 MG/3ML	6 vials per 28 days
	VYVGART HYTRULO INJ	None
	VYVGART HYTRULO INJ 1000 MG/10000 UNIT/5 ML	4 syringes per 28 days
	VYVGART IV SOLN	None
Prurigo Nodularis Agent	NEMLUVIO INJ 30 MG	2 syringes per 28 days
Respiratory Papillomatosis Agent	PAPZIMEOS INJ	4 mL per lifetime
Thrombopoietin Receptor Agonists	ALVAIZ	None
	DOPTELET SPRINKLE CAP 10 MG	2 capsules per day
	DOPTELET TAB	None
	MULPLETA TAB	None
	NPLATE	None
	PROMACTA	None
WHIM Syndrome	XOLREMDI CAP	4 capsules per day
Miscellaneous		
Barth Syndrome Agents	FORZINITY INJ 280 MG/3.5 ML	14 mL per 28 days
Blood Modifier	RYPLAZIM IV SOLN	None
Collagenase	XIAFLEX INJ	None
Diagnostic	THYROGEN INJ	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
	XENAZINE TAB	None
Musculoskeletal Agents	EVRYSDI SOLN 0.75 MG/ML	8 mL per day
	EVRYSDI TAB	1 tablet per day
	ITVISMA INJ	None
	SPINRAZA INJ	None
	ZOLGENSMA INJ	None

Therapy class	Medication name	Quantity limit
Toxicology	CUPRIMINE CAP	None
	CUVRIOR TAB	None
	DEPEN TAB 250 MG	None
	SYPRINE CAP	None
Obstetrics & Gynecology		
Fertility Agents	CETROTIDE INJ	None
	CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL INJ	None
	FOLLISTIM AQ INJ	None
	FYREMADEL INJ	None
	GONAL-F RFF INJ	None
	GONAL-F/RFF INJ	None
	MENOPUR INJ	None
	OVIDREL INJ 250 MCG/0.5 ML	None
Oncology (Injectable)		
Alkylating Agents	BELRAPZO, BENDAMUSTINE, BENDEKA, VIVIMUSTA IV SOLN	None
	DECNUPAZ INJ	None
	EVDI INJ	None
	TREANDA IV SOLN	None
	ZEPZELCA IV SOLN	None
Antibiotics	ZUSDURI INJ 80 MG	None
Antifolate	FOLOTYN IV SOLN	None
	TECENTRIQ HYBREZA INJ 1875-30000 MG-UNIT/15ML	None
	TECENTRIQ IV SOLN	None
Antimicrotubular	HALAVEN IV SOLN	None
	JEVTANA IV SOLN	None
Asparagine Specific Enzyme	RYLAZE INJ	None
Bispecific Antibody	BIZENGRI	None
CAR-T Therapy	ABECMA IV SUSP	None
	AUCATZYL	None
	BREYANZI IV SUSP	None
	CARVYKTI IV SUSP	None
	KYMRIAH IV SUSP	None
	TECARTUS IV SUSP	None
	YESCARTA IV SUSP	None
Gene Therapy	ADSTILADRIN SUSP	None
	AMTAGVI INJ	None
	IMLYGIC	None
	TECELRA SUSP	None
Interferons	BESREMI INJ	None
Interleukins	ANKTIVA INJ	None
	ELZONRIS IV SOLN	None

Therapy class	Medication name	Quantity limit
Kinase and Molecular Target Inhibitors	ALIQOPA IV SOLN	None
	BESPONSA IV SOLN	None
	BORUZU, VELCADE	None
	FYARRO IV SUSP	None
	KYPROLIS IV SOLN	None
	PORTRAZZA IV SOLN	None
	VYXEOS	None
	ZALTRAP IV SOLN	None
Miscellaneous	BELEODAQ IV SOLN	None
	COSELA IV SOLN	None
	INLEXZO DEVICE 225 MG	None
	ISTODAX IV SOLN	None
	PROVENGE IV SUSP	None
Monoclonal Antibody	ADCETRIS IV SOLN	None
	ARZERRA IV SOLN	None
	AUKELSO INJ 120 MG/1.7 ML	None
	BAVENCIO IV SOLN	None
	BILPREVDA INJ 120 MG/1.7 ML	None
	BLENREP IV SOLN	None
	BLINCYTO IV SOLN	None
	BOMYNTRA INJ 120 MG/1.7 ML	None
	COLUMVI IV SOLN	None
	CYRAMZA IV SOLN	None
	DANYELZA IV SOLN	None
	DARZALEX FASPRO INJ	None
	DARZALEX IV SOLN	None
	DATROWAY IV SOLN	None
	ELAHERE IV SOLN	None
	ELREXFIO INJ	None
	EMPLICITI IV SOLN	None
	EMRELIS INJ	None
	ENHERTU IV SOLN	None
	EPKINLY INJ	None
	ERBITUX IV SOLN	None
	GAZYVA IV SOLN	None
	HERCEPTIN HYLECTA INJ	None
	HERCEPTIN IV SOLN	None
	HERCESSI IV SOLN	None
	HERZUMA IV SOLN	None
	IMDELLTRA IV SOLN	None
	IMFINZI IV SOLN	None
	IMJUDO IV SOLN	None
	JEMPERLI IV SOLN	None
	JUBEREQ INJ 120 MG/1.7 ML	None

Therapy class	Medication name	Quantity limit
	KADCYLA IV SOLN	None
	KANJINTI IV SOLN	None
	KEYTRUDA IV SOLN	None
	KEYTRUDA QLEX INJ	None
	LIBTAYO IV SOLN	None
	LOQTORZI IV SOLN	None
	LUNSUMIO IV	None
	LYMPHIR INJ	None
	LYNOZYFIC IV SOLN	None
	MARGENZA IV SOLN	None
	MONJUVI IV SOLN	None
	MYLOTARG IV SOLN	None
	OGIVRI IV SOLN	None
	ONTRUZANT IV SOLN	None
	OPDIVO IV SOLN	None
	OPDIVO QVANTIG INJ	None
	OPDUALAG IV SOLN 240-80 MG/20 ML	None
	OSENVELT INJ 120 MG/1.7 ML	None
	PADCEV IV SOLN	None
	PERJETA IV SOLN	None
	PHESGO INJ	None
	POLIVY IV SOLN	None
	POTELIGEO IV SOLN	None
	RIABNI IV SOLN	None
	RITUXAN HYCELA INJ	None
	RITUXAN IV SOLN	None
	RUXIENCE IV SOLN	None
	RYBREVANT FASPRO INJ	None
	RYBREVANT IV SOLN	None
	SARCLISA INJ	None
	SYLVANT IV SOLN	None
	TALVEY INJ	None
	TECVAYLI INJ	None
	TEVIMBRA INJ	None
	TIVDAK IV SOLN	None
	TRAZIMERA IV SOLN	None
	TRODELVY IV SOLN	None
	TRUXIMA IV SOLN	None
	UNITUXIN IV SOLN	None
	UNLOXCYT IV SOLN 300 MG/5 ML	None
	VYLOY INJ	None
	WYOST INJ 120 MG/1.7 ML	None
	XGEVA INJ 120 MG/1.7 ML	None
	XTRENBO SOLN 120 MG/1.7 ML	None

Therapy class	Medication name	Quantity limit
	YERVOY IV SOLN	None
	ZIIHERA	None
	ZYNLONTA IV SOLN	None
	ZYNYZ IV SOLN	None
T-Cell Receptor	KIMMTRAK IV SOLN	None
Vascular Endothelial Growth Factor (VEGF) Inhibitor	ALYMSYS IV SOLN	None
	AVASTIN IV SOLN	None
	JOBEVNE IV SOLN	None
	MVASI IV SOLN	None
	VEGZELMA IV SOLN	None
	ZIRABEV IV SOLN	None
Oncology (Oral)		
Alkylating Agents	temozolomide cap	None
Antiandrogen	AKEEGA TAB	None
	BRUKINSA	None
	ERLEADA CAP	None
	INREBIC TAB	None
	NUBEQA TAB	None
	ROZLYTREK	None
	XTANDI	None
	YONSA TAB 125 MG	None
	ZYTIGA	None
Estrogen Receptor Antagonist	INLURIYO TAB 200 MG	None
Gamma Secretase Inhibitor	OGSIVEO TAB	None
Glucocorticoid Receptor Antagonist	LIFYORLI CAP	None
Histone Methyltransferase (HMT) Inhibitor	TAZVERIK TAB	None
Kinase and Molecular Target Inhibitors	AFINITOR DISPERZ TAB FOR ORAL SUSP	None
	AFINITOR TAB	1 tablet per day
	ALECENSA CAP	None
	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30 MG	4 tablets per day
	AUGTYRO CAP	None
	AVMAPKI FAKZYNJA PAK	None
	AYVAKIT TAB	1 tablet per day
	BALVERSA TAB	None
	BOSULIF	None
	BRAFTOVI CAP	None
	CABOMETYX TAB	None
	CABOMETYX TAB 20 MG	1 tablet per day
	CALQUENCE	None
	CAPRELSA TAB	None

Therapy class	Medication name	Quantity limit
	CAPRELSA TAB 100 MG	2 tablets per day
	COMETRIQ KIT	None
	COPIKTRA CAP	2 capsules per day
	COTELLIC TAB	None
	DANZITEN TAB	None
	DAURISMO TAB	None
	ENSACOVE CAP	None
	ERIVEDGE CAP	None
	FOTIVDA CAP	None
	FRUZAQLA CAP	None
	GAVRETO CAP	None
	GILOTRIF TAB	1 tablet per day
	GLEEVEC, IMKELDI	None
	GOMEKLI	None
	HERNEXEOS TAB 60 MG	None
	HYRNUO TAB	None
	IBRANCE	None
	IBTROZI CAP	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
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA SUSP 70 MG/ML	None
	IMBRUVICA TAB	1 tablet per day
	IMBRUVICA TAB 140 MG	1 tablet per day
	IMBRUVICA TAB 280 MG	1 tablet per day
	INLYTA TAB	None
	IRESSA TAB	None
	ITOVEBI TAB 3 MG	2 tablets per day
	ITOVEBI TAB 9 MG	1 tablet per day
	JAKAFI TAB	None
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAKAFI XR TAB	None
	JAKAFI XR TAB 11MG	1 tablet per day
	JAKAFI XR TAB 22 MG	1 tablet per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	JAYPIRCA TAB 100 MG	None
	KOMZIFTI CAP	None
	KOSELUGO	None
	KRAZATI TAB	None

Therapy class	Medication name	Quantity limit
	LAZCLUZE TAB	None
	LAZCLUZE TAB 80 MG	2 tablets per day
	LENVIMA THERAPY PACK	None
	LORBRENA TAB	None
	LUMAKRAS TAB	None
	LYNPARZA TAB	None
	LYTGOBI THERAPY PACK	None
	MEKINIST	None
	MEKTOVI TAB	None
	NERLYNX TAB	6 tablets per day
	NEXAVAR	None
	NILOTINIB CAP	None
	NINLARO CAP	None
	ODOMZO CAP	None
	OJEMDA	None
	OJJAARA TAB	None
	OJJAARA TAB 100 MG	1 tablet per day
	pazopanib tab 400MG	None
	PEMAZYRE TAB	1 tablet per day
	PHYRAGO, SPRYCEL	None
	PIQRAY 200 MG THERAPY PACK	1 tablet per day
	PIQRAY THERAPY PACK	2 tablets per day
	QINLOCK TAB	None
	RETEVMO	None
	RETEVMO TAB 40 MG	3 tablets per day
	RETEVMO TAB 80 MG	2 tablets per day
	REVUFORJ TAB	None
	ROMVIMZA	None
	RYDAPT CAP	None
	SCEMBLIX TAB	None
	SCEMBLIX TAB 20 MG	2 tablets per day
	SCEMBLIX TAB 40 MG	8 tablets per day
	STIVARGA TAB 40 MG	None
	SUTENT	None
	TABRECTA TAB	None
	TAFINLAR	None
	TAGRISSO TAB	None
	TAGRISSO TAB 40 MG	1 tablet per day
	TALZENNA CAP	None
	TALZENNA CAP 0.25 MG	1 capsule per day
	TALZENNA CAP 0.5 MG	1 capsule per day
	TARCEVA TAB	None
	TARCEVA TAB 25 MG	3 tablets per day
	TASIGNA CAP	None

Therapy class	Medication name	Quantity limit
	TEPMETKO TAB	None
	TRUQAP PAK	None
	TRUQAP TAB	None
	TUKYSA TAB	None
	TURALIO CAP	None
	TYKERB	None
	VANFLYTA TAB	None
	VENCLEXTA	None
	VERZENIO TAB	None
	VIJOICE GRANULES 50 MG	1 packet per day
	VIJOICE PAK	1 tablet per day
	VIJOICE PAK 250 MG	2 tablets per day
	VITRAKVI	None
	VIZIMPRO TAB	None
	VIZIMPRO TAB 15 MG	1 tablet per day
	VONJO CAP 100 MG	None
	VORANIGO TAB	None
	VORANIGO TAB 10 MG	2 tablets per day
	VOTRIENT TAB 200 MG	None
	XALKORI	None
	XOSPATA TAB	None
	ZEJULA	None
	ZEJULA TAB 100 MG	1 tablet per day
	ZELBORAF TAB	None
	ZYDELIG TAB	2 tablets per day
	ZYKADIA	None
Miscellaneous	INQOVI TAB 35-100 MG	None
	KISQALI FEMARA	None
	KISQALI PAK	None
	LONSURF TAB	None
	MODEYSO CAP 125 MG	None
	ONUREG TAB	None
	ORSERDU TAB	None
	REZLIDHIA CAP	None
	RUBRACA TAB	None
	RUBRACA TAB 200 MG	4 tablets per day
	TARGRETIN CAP	None
	TARGRETIN GEL	None
	TIBSOVO CAP	None
	WELIREG CAP	None
	XPOVIO PAK	None
	ZOLINZA CAP	None
Ornithine Decarboxylase Inhibitor	IWILFIN TAB	None

Therapy class	Medication name	Quantity limit
ROCK2 Inhibitor	REZUROCK TAB	1 tablet per day
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	IZERVAY SOLN 2 MG/0.1 ML	None
	SYFOVRE INJ 15 MG/0.1 ML	None
Miscellaneous	ENCELTO IMPLANT	None
	LUXTURNA SUSP	None
	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Vascular Endothelial Growth Factor (VEGF) Inhibitor	BEOVU	None
	BYOOVIZ	None
	CIMERLI	None
	EYLEA, EYLEA HD	None
	LUCENTIS/SUSVIMO	None
	NUFYMCO	None
	PAVBLU	None
	SUSVIMO IMPLANT	None
	VABYSMO INJ	None
Respiratory		
Cystic Fibrosis	ALYFTREK TAB 4-20-50 MG	3 tablets per day
	ALYFTREK TAB 10-50-125 MG	2 tablets per day
	BRONCHITOL CAP	20 capsules per day
	CAYSTON SOLN 75 MG	None
	KALYDECO PAK	2 packets per day
	KALYDECO TAB	None
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB	4 tablets per day
	PULMOZYME SOLN	None
	SYMDEKO TAB	2 tablets per day
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Non-Cystic Fibrosis Bronchiectasis	BRINSUPRI TAB	1 tablet per day
Pulmonary Fibrosis	ESBRIET CAP 267 MG	9 capsules per day
	ESBRIET TAB 267 MG	9 tablets per day
	ESBRIET TAB 801 MG	3 tablets per day
	JASCAYD TAB	2 tablets per day
	OFEV CAP	2 capsules per day

Therapy class	Medication name	Quantity limit
Urology		
Primary Hyperoxaluria Type 1	OXLUMO INJ	None
	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28 days

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

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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