

Prior authorization Select Formulary

Utilization management updates
Jan. 1, 2026



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.

Select non-specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole tab	None
Antibiotics	AEMCOLO TAB	None
	XIFAXAN TAB	None
	ZINPLAVA IV SOLN	None
Antifungals	CICLOPIROX KIT	None
	CRESEMBA CAP	None
	JUBLIA SOLN	None
	KERYDIN SOLN	None
	NOXAFIL PACKET	None
	NOXAFIL SUSP	None
	NOXAFIL TAB	None
	SPORANOX, TOLSURA	None
	VFEND SUSP	None
	VFEND TAB	None
	VIVJOA	None
Antimalarial	QUALAQUIN CAP	None
Antiretrovirals, HIV	DESCOVY TAB 200-25 MG	None
	SELZENTRY	None
	SUNLENCA, YEZTUGO SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA, YEZTUGO TAB 300 MG	2 packs (8 tabs) per 365 days
	SUNLENCA TAB THERAPY PACK 4 X 300 MG	2 packs (8 tabs) per 365 days
	SUNLENCA TAB THERAPY PACK 5 X 300 MG	2 packs (10 tabs) per 365 days
	TRUVADA TAB 200-300 MG (Brand only)	None
	VOCABRIA TAB	None
Authorized Brand Alternative		
	DAPAGLIFLOZIN TAB	None
	DAPAGLIFLOZIN/METFORMIN TAB	None
	FLUTICASONE ELLIPTA	1 inhaler per 30 days
	FLUTICASONE/SALMETEROL HFA	1 inhaler per 30 days
	FLUTICASONE/VILANTEROL ELLIPTA	1 package (60 blisters) per 30 days
	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	None
	INSULIN GLARGINE INJ	None
	INSULIN GLARGINE PEN-INJECTOR 100 UNIT/ML	None
	NOVOLOG FLEXPEN RELION 100 UNIT/ML	None

Therapy class	Medication name	Quantity limit
	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
	UMECLIDINIUM/VILANTEROL ELLIPTA	1 package (60 blisters) per 30 days
Cardiology		
Antihypertensive Agents	TRYVIO TAB	1 tablet per day
Antilipemic	LEQVIO INJ	2 syringes per 180 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	FUROSCIX KIT 80 MG/10 ML	None
	SOAANZ TAB (Brand only)	None
	VERQUVO TAB	1 tablet per day
Miscellaneous	DEMSEER CAP 250 MG	16 capsules per day
	DIBENZYLIN CAP	None
	LODOCO TAB	None
Central Nervous System		
Analgesics (Cough Opioid) (PA age <18 years only)	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 BP LIQUID 30-2-7.5 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
	M-END PE LIQUID 3.33-1.33-6.33 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
	PROMETH VC/CODEINE SYRUP 6.25-5-10 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
	TUSNEL C SYRUP 30-10-100 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
	TUZISTRA XR SUSP 14.7-2.8 MG/5 ML	240 mL per fill, 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)	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	BUTRANS PATCH	4 patches per 28 days
	CONZIP CAP	1 capsule per 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
	hydromorphone ER tab	2 tablets per day
	HYSINGLA ER TAB	1 tablet per day
	LAZANDA NASAL SPRAY	1 bottle per day
	methadone soln	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
	MS CONTIN ER TAB	3 tablets per day
	NUCYNTA ER	2 tablets per day
	OXYCONTIN ER TAB	4 tablets per day
	oxymorphone ER tab	4 tablets per day
	SUBSYS SUBLINGUAL SPRAY	16 sprays per day
	tramadol ER tab	1 tablet per day
	XTAMPZA ER CAP	4 capsules per day
Analgesics (Gastroprotective Agents)	DUEXIS TAB 800-26.6 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 fills 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	1.8 mL (6 injections) 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
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	EMGALITY	1 syringe per 28 days

Therapy class	Medication name	Quantity limit
	EMGALITY INJ 100MG/ML	3 syringes per 28 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/cafeine 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	1 package (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
	UBRELVIY 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
	NUDEXTA CAP	None
	RILUTEK TAB (Brand only)	2 tablets per day
	TIGLUTIK SUSP	20 mL per day
Neurotoxins	BOTOX COSMETIC INJ	None
	BOTOX INJ	None
	DAXXIFY INJ	None
	DYSPORT INJ	None
	MYOBLOC INJ	None
	XEOMIN INJ	None
Parkinson's	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
	LOMAIRA TAB 8 MG	None
	QSYMIA CAP	None
	SAXENDA INJ	5 syringes per 30 days
	WEGOVY INJ	4 syringes per 28 days
	XENICAL CAP 120 MG	None
	ZEPBOUND INJ	4 syringes per 28 days
Dermatology		
Acne (Oral)	ABSORICA CAP (Brand only)	None
	ABSORICA LD CAP	None

Therapy class	Medication name	Quantity limit
Acne (Topical)	AKLIEF CREAM	None
	ALTRENO, ATRALIN, AVITA, RETIN-A, RETIN-A MICRO (Brand only)	None
	ARAZLO LOTION 0.045%	None
	DIFFERIN (Brand only)	None
	FABIOR FOAM 0.1%	None
	tazarotene	None
	TAZORAC (Brand only)	None
	WINLEVI CREAM	None
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
Plaque Psoriasis	DUOBRII LOTION	None
Topical Dermatitis	ZORYVE FOAM 0.3%	None
Electrolyte & Renal Agents		
Vasopressin Analog	NOC DURNA 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
	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	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
	GLUMETZA TAB	None
	SYMLINPEN INJ	None

Therapy class	Medication name	Quantity limit
Diabetic Supplies	TZIELD IV SOLN	None
	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
	RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB PACK	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 tablets per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Nutritive Agents	DOJOLVI LIQUID	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
	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
Hematopoietic Agents	JESDUVROQ TAB	1 tablet per day
	JESDUVROQ TAB 6 MG	2 tablets per day

Therapy class	Medication name	Quantity limit
	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
	DARTISLA ODT	672 tablets per 365 days
	GLYCATE TAB 1.5 MG	6 tablets per day
	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
	REDITREX 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	None
	EUFLEXXA, HYALGAN, SYNOJOYNT, TRILURON INJ 20 MG/2 ML	None
	GEL-ONE INJ	None
	GELSYN-3 INJ 16.8 MG/2 ML	None
	GENVISC 850, SUPARTZ FX, TRIVISC, VISCO-3 INJ 25 MG/2.5 ML	None
	HYALGAN INJ 20 MG/2 ML	None
	HYMOVIS, MONOVISC INJ	None
	ORTHOVISC INJ 30 MG/2 ML	None
	SYNVISC INJ 8 MG/ML	None
	SYNVISC ONE INJ 8 MG/ML	None
Wound Care	REGRANEX GEL	None
Non-Solid Oral Dosage Forms		
Anticonvulsants	ZONISADE SUSP 100 MG/5 ML	None
Antidepressants	RALDESY SOLN 10 MG/ML	None
Antifungals	LIKMEZ SUSP 500 MG/5 ML	None
Antigout	GLOPERBA SOLN 0.6/5 ML	None
Antihypertensive Agents	NORLIQVA SOLN 1 MG/ML (Brand only)	None
Antilipemic	ATORVALIQ SUSP 20 MG/5 ML	None
BPH Agents	TEZRULY SOLN 1 MG/ML	None

Therapy class	Medication name	Quantity limit
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	VEOZAH TAB	1 tablet per day
Ophthalmology		
Anti-inflammatory	KLARITY-C, VERKAZIA EMULSION 0.1%	4 vials per day
	XDEMVY SOLN 0.25%	1 bottle (10 mL) per 42 days
Dry Eye	CEQUA SOLN 0.09%	2 vials per day
	EYSUVIS SUSP 0.25%	1 bottle (8.3 mL) per 30 days
	MIEBO SOLN 1.3 GM/ML	3 mL per 30 days
	RESTASIS EMULSION 0.05%	2 vials per day or 1 bottle per 30 days
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	VEVYE SOLN 0.1%	1 bottle (2 mL) per 30 days
	XIIDRA SOLN 5%	2 vials per day
Miscellaneous	QLOSI SOLN 0.4%	60 vials per 30 days
	VUITY SOLN 1.25%	7.5 mL (3 bottles) per 28 days
	XIPERE SUSP 40 MG/ML	None
Prostaglandins	IDOSE TR IMPLANT	None
Vasoconstrictor	UPNEEQ SOLN	None
Respiratory		
Asthma/COPD	DALIRESP TAB	None
Asthma/COPD (Nebulized)	OHTUVAYRE SUSP 3 MG/2.5 ML	2 ampules (5 mL) 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 (24 caps) per 365 days
Antifungals	REZZAYO IV SOLN	None
Antiprotozoals	DARAPRIM TAB	None
Antivirals	LIVTENCITY TAB	None
Cardiology		
Antilipemic	EVKEEZA IV SOLN	None
	JUXTAPID CAP	1 capsule per day
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
	TRYNGOLZA INJ 80 MG/0.8 ML	1 syringe per 28 days
Hereditary Angioedema Agents	BERINERT INJ	10 vials per 30 days
	CINRYZE SOLN 500 UNIT	32 vials per 28 days
	FIRAZYR INJ, 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
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO INJ 150 MG/ML	2 syringes per 28 days
	TAKHZYRO INJ 300 MG/2 ML	2 syringes/vials per 28 days
Miscellaneous	CAMZYOS CAP	1 capsule 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
	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 32-48 MCG	8 cartridges per day

Therapy class	Medication name	Quantity limit
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAIVI IV SOLN	None
	UPTRAIVI TAB	2 tablets per day
	UPTRAIVI 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 IV SOLN 200 MG/2 ML	None
	LEQEMBI IV SOLN 500 MG/5 ML	5 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
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

Therapy class	Medication name	Quantity limit
	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	0.5 mL per 90 days
	DAYBUE SOLN 200 MG/ML	120 mL per day
	ONPATTRO IV SOLN	None
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ 45 MG/0.8 ML	1 syringe per 28 days
Parkinson's	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 (4 vials) 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
Congenital Adrenal Hyperplasia Agent	CRENESSITY CAP	3 capsules per day
	CRENESSITY CAP 100 MG	4 capsules per day
	CRENESSITY SOLN 50 MG/ML	8mL 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	1 tablet per day
	VANRAFIA TAB	1 tablet per day
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days

Therapy class	Medication name	Quantity limit
	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
	LEUPROLIDE, LUTRATE DEPOT INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT INJ	None
	LUPRON DEPOT-PED INJ	1 syringe per 28 days
	LUPRON DEPOT-PED (3-MONTH) INJ	1 syringe per 84 days
	LUPRON DEPOT-PED (6 MONTH) 45 MG INJ	1 syringe per 168 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
	GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN AQ, OMNITROPE, ZOMACTON	None
	NGENLA	None
	SAIZEN INJ	None
	SEROSTIM INJ	None
	SKYTROFA INJ	None
	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	BONSITY, FORTEO, TERIPARATIDE	None
	CONEXXENCE INJ 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
	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

Therapy class	Medication name	Quantity limit
Retinoic Acid Receptor Gamma Agonist	VYKAT XR TAB 75 MG	7 tablets per day
	VYKAT XR TAB 100 MG	3 tablets per day
	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	MYCAPSSA CAP	None
	octreotide inj	None
	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 THERAPY PACK	2 tablets per day
	SAMSCA, JYNARQUE TAB	2 tablets per day
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
	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
	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

Therapy class	Medication name	Quantity limit
	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
Metabolic Agents	NITYR TAB	None
	ORFADIN CAP	None
	ORFADIN SUSP	None
Phenylketonuria Treatment Agents	KUVAN, JAVYGTOR POWDER PACKET	None
	KUVAN, JAVYGTOR TAB	None
	PALYNZIQ INJ 2.5 MG/0.5 ML	8 syringes per 28 days
	PALYNZIQ INJ 10 MG/0.5 ML	1 syringe per day
	PALYNZIQ INJ 20 MG/ML	2 syringes per day
Gastroenterology		
Acute Hepatic Porphyria Agents	GIVLAARI INJ	None
Bile Acid Agents	CHOLBAM CAP	None
Diarrhea	XERMELO	3 tablets per day
Gallstone Solubilizing Agents	CHENODAL, CTEXLI TAB	None
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		
Hemophilia Agents	ALHEMO	None
	BEQVEZ	None
	HEMGENIX	None
	QFITLIA	None
	ROCTAVIAN INJ	None
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Sickle Cell Disease	ADAKVEO INJ	None
	CASGEVY	None

Therapy class	Medication name	Quantity limit
	LYFGENIA	None
	ZYNTEGLO INJ	None
Immunology		
APDS Agent	JOENJA TAB	2 tablets per day
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
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
Hematopoietic Agents	ARANESP	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
	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
	VOYDEYA	6 tablets per day
	ZARXIO INJ	None

Therapy class	Medication name	Quantity limit
	ZIEXTENZO 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, SOFOSBUVIR/VELPATASVIRG TAB	1 tablet per day
	HARVONI PELLETT PACK 33.75-150 MG	1 pack per day
	HARVONI PELLETT PACK 45-200 MG	2 packs per day
	HARVONI TAB 45-200 MG	2 tablets per day
	HARVONI, LEDIPASVIR/SOFOSBUVIRG 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
	SOVALDI PELLETT PACK 150 MG	1 pack per day
	SOVALDI PELLETT 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, ASCENIV, BIVIGAM, CARIMUNE/NF, CUTAQUIG, CUVITRU, FLEBOGAMMA, GAMASTAN, GAMMAGARD/SD, GAMMAKED, GAMMAPLEX, GAMUNEX-C, HIZENTRA, OCTAGAM, PANZYGA, PRIVIGEN, XEMBIFY	None
	CYTOGAM	None
	HYQVIA	None
Immunomodulators	ABRILADA INJ	4 syringes per 28 days
	ACTEMRA INJ 162 MG/0.9 ML	4 syringes per 28 days
	ACTEMRA IV SOLN	None
	AMJEVITA INJ 10 MG/0.2 ML	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/0.8 ML	2 syringes per 28 days
	AVSOLA 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 75 MG/0.5 ML	1 syringe per 28 days
	COSENTYX INJ 150 MG/ML	1 syringe per 28 days
	COSENTYX INJ 300 DOSE	2 syringes 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

Therapy class	Medication name	Quantity limit
	CYLTEZO, ADALIMUMAB-ADBIM INJ 10 MG/0.2 ML	2 syringes per 28 days
	CYLTEZO, ADALIMUMAB-ADBIM INJ 20 MG/0.4 ML	4 syringes per 28 days
	CYLTEZO, ADALIMUMAB-ADBIM INJ 40 MG/0.4 ML	4 syringes per 28 days
	CYLTEZO, ADALIMUMAB-ADBIM INJ 40 MG/0.8 ML	4 syringes per 28 days
	ENBREL INJ 25 MG/0.5 ML	8 vials/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	4 syringes per 28 days
	HADLIMA PUSH INJ 40 MG	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 20 MG/0.2 ML	4 syringes per 28 days
	HUMIRA INJ 40 MG	4 syringes per 28 days
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	1 starter kit per 365 days
	HUMIRA PEN INJ 40 MG	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, ADALIMUMAB-ADAZ INJ 10 MG/0.1 ML	2 syringes per 28 days
	HYRIMOZ, ADALIMUMAB-ADAZ INJ 20 MG/0.2 ML	4 syringes per 28 days
	HYRIMOZ, ADALIMUMAB-ADAZ INJ 40 MG/0.4 ML	4 syringes per 28 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
	IDACIO INJ 40 MG/0.8 ML	4 syringes per 28 days
	IDACIO, ADALIMUMAB-AACF INJ 40 MG/0.8 ML	4 syringes per 28 days
	ILUMYA INJ 100 MG/ML	1 syringe per 84 days
	INFLECTRA IV SOLN	None
	IMULDOSA INJ	1 syringe per 56 days
	IMULDOSA 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 IV SOLN 300 MG/15 ML	45 mL per 365 days
	ORENCIA INJ 50 MG/0.4 ML	4 syringes per 28 days

Therapy class	Medication name	Quantity limit
	ORENCIA INJ 87.5 MG/0.7 ML	4 syringes per 28 days
	ORENCIA INJ 125 MG/ML	4 syringes per 28 days
	ORENCIA IV SOLN	None
	OTEZLA STARTER PACK	1 starter pack per 365 days
	OTEZLA TAB	2 tablets per day
	OTULFI INJ	1 syringe per 56 days
	OTULFI INJ IV SOLN	None
	PYZCHIVA INJ 45 MG/0.5ML	1 syringe 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, USTEKINUMAB-AEKN INJ	1 syringe per 56 days
	SELARSDI IV SOLN	None
	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, ADALIMUMAB-RYVK INJ 40 MG/0.4 ML	4 syringes per 28 days
	SIMLANDI 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 150 MG/ML	1 syringe per 84 days
	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
	STELARA INJ	1 vial/syringe per 56 days
	STELARA IV SOLN	None
	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 200MG/20 ML	None
	TYENNE INJ	4 syringes per 28 days
	TYENNE IV SOLN	None
	VELSIPITY TAB	1 tablet per day
	WEZLANA INJ	1 syringe/vial per 56 days
	WEZLANA IV SOLN	None

Therapy class	Medication name	Quantity limit
	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 20 MG/0.2 ML	4 syringes per 28 days
	YUFLYMA ADALIMUMAB-AATY INJ 40 MG/0.4 ML	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 120 MG/ML (1 SYRINGE KIT)	2 kits per 28 days
	ZYMFENTRA INJ 120 MG/ML (2 SYRINGE KIT)	1 kit per 28 days
Interleukins	ARCALYST	None
	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes 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
	SAPHNELO IV SOLN 300 MG/2 ML	None
Monoclonal Antibody	CINQAIR IV SOLN	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
	FASENRA PEN INJ	1 syringe per 56 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 SOLN	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 (4 syringes) per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON, EXTAVIA 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

Therapy class	Medication name	Quantity limit
	MAVENCLAD	20 day supply per lifetime
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB	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 STARTER PACK	2 starter packs per 365 days
	PONVORY TAB	1 tablet per day
	REBIF INJ	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
	TECFIDERA CAP	2 capsules per day
	TECFIDERA STARTER PACK	2 starter packs per 365 days
	TYSABRI INJ 300 MG/15 ML	1 injection 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 1000 MG/10000 UNIT/5 ML	4 syringes per 28 days
	VYVGART HYTRULO INJ	None
	VYVGART IV SOLN	None
Prurigo Nodularis Agent	NEMLUVIO INJ 30MG	2 syringes per 28 days
Thrombopoietin Receptor Agonists	ALVAIZ	None
	DOPTLET TAB	None
	MULPLETA TAB	None
	NPLATE	None
	PROMACTA	None
WHIM Syndrome	XOLREMDI CAP	4 capsules per day
Miscellaneous		
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

Therapy class	Medication name	Quantity limit
	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
	SPINRAZA INJ 12 MG/5ML	None
	ZOLGENSMA INJ	None
Toxicology	CUPRIMINE CAP	None
	CUVRIOR TAB	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
	MENOPUR INJ	None
	OVIDREL INJ 250 MCG/0.5 ML	None
Hormone Replacement	HYDROXYPROGESTERONE CAPROATE INJ	None
Oncology (Injectable)		
Alkylating Agents	BELRAPZO, BENDAMUSTINE, BENDEKA, VIVIMUSTA IV SOLN	None
	TREANDA IV SOLN	None
	ZEPZELCA IV SOLN	None
Antifolate	FOLOTYN IV SOLN	None
	TECENTRIQ HYBREZA INJ 1875-30000 MG-UNIT/15 ML	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
	TECELRA SUSP	None
Interferons	BESREMI INJ	None

Therapy class	Medication name	Quantity limit
Interleukins	ANKTIVA INJ	None
	ELZONRIS IV SOLN	None
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
	ISTODAX IV SOLN	None
	PROVENGE IV SUSP	None
	ROMIDEPSIN IV SOLN	None
Monoclonal Antibody	ADCETRIS IV SOLN	None
	ARZERRA IV SOLN	None
	BAVENCIO IV SOLN	None
	BLINCYTO IV SOLN	None
	BOMYNTRA INJ	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
	KADCYLA IV SOLN	None
	KANJINTI IV SOLN	None

Therapy class	Medication name	Quantity limit
	KEYTRUDA IV SOLN	None
	LIBTAYO IV SOLN	None
	LOQTORZI IV SOLN	None
	LUMOXITI IV SOLN	None
	LUNSUMIO IV	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 INJ QVANTIG	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 IV SOLN	None
	SARCLISA IV SOLN	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
	VYLOY INJ	None
	WYOST INJ 120MG/1.7 ML	None
	XGEVA INJ 120 MG/1.7 ML	None
	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

Therapy class	Medication name	Quantity limit
	AVASTIN 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 CAP	None
	ERLEADA CAP	None
	INREBIC TAB	None
	NUBEQA TAB	None
	ROZLYTREK	None
	XTANDI	None
	YONSA TAB 125 MG	None
	ZYTIGA, ABIRTEGA	None
Gamma Secretase Inhibitor	OGSIVEO TAB	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 30MG	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
	CAPRELSA TAB 100MG	2 tablets per day
	COMETRIQ KIT	None
	COPIKTRA CAP	None
	COTELLIC TAB	None
	DANZITEN TAB	None
	DAURISMO TAB	None
	ERIVEDGE CAP	None
	FOTIVDA CAP	None
	FRUZAQLA CAP	None
	GAVRETO CAP	None

Therapy class	Medication name	Quantity limit
	GILOTRIF TAB	1 tablet per day
	GLEEVEC, IMKELDI	None
	GOMEKLI	None
	IBRANCE	None
	ICLUSIG TAB	None
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	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
	INLYTA TAB	None
	IRESSA TAB	None
	ITOVEBI TAB	None
	ITOVEBI TAB 3 MG	2 tablets per day
	JAKAFI TAB	None
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	JAYPIRCA TAB 100 MG	None
	KOSELUGO CAP	None
	KRAZATI TAB	None
	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
	NINLARO CAP	None
	ODOMZO CAP	None
	OJEMDA	None
	OJJAARA TAB	None
	OJJAARA TAB 100 MG	1 tablet per day
	PEMAZYRE TAB	1 tablet per day
	PIQRAY THERAPY PACK	None
	QINLOCK TAB	None
	RETEVMO	None
	RETEVMO TAB 40 MG	3 tablets per day

Therapy class	Medication name	Quantity limit
	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
	SPRYCEL	None
	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
	TEPMETKO TAB	None
	TRUQAP PAK	None
	TRUQAP TAB	None
	TRUSELTIQ THERAPY PACK	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

Therapy class	Medication name	Quantity limit
	ZELBORAF TAB	None
	ZYDELIG TAB	None
	ZYKADIA	None
Miscellaneous	INQOVI TAB 35-100 MG	None
	KISQALI FEMARA	None
	KISQALI PAK	None
	LONSURF TAB	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
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
	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

Therapy class	Medication name	Quantity limit
	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
Pulmonary Fibrosis	ESBRIET	None
	OFEV CAP	None
Respiratory Syncytial Virus Agents	SYNAGIS	None
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
HPG (Higher Priced Generics)		
Endocrinology & Metabolism	tolvaptan tab (generic Jynarque only)	2 tablets per day

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.

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ និងការផ្ញើនូវឯកសារឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzen und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yánílti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxíł hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nítł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíłnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

