

Premium Specialty Prior Authorization and Quantity Limit List



The following products require prior authorization. In addition, there may be quantity limits for these drugs, which is notated below.

Therapeutic Category	Drug Name	Quantity Limit
Anti-infectives		
	SELZENTRY (maraviroc)	None
Cardiology		
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
	KYNAMRO (mipomersen)	4 syringes/28 days
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	90 tabs/30 days
	LETAIRIS (ambrisentan)	1 tab/day
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REVATIO (sildenafil)	3 tabs or vials/day
	REVATIO (sildenafil) Susp	QL is 2 bottles/mon.
	TRACLEER (bosentan)	2 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
Vasopressors	VENTAVIS (iloprost)	9 ampules/day
	NORTHERA (droxidopa)	None
Central Nervous System		
Anticonvulsants	SABRIL (vigabatrin) pack	None
	SABRIL (vigabatrin) Tabs	None
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
Dermatology		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Endocrinology & Metabolism		
Gonadotropins	LUPRON (leuprolide) 1 mg/0.2 mL	None
Growth Hormones and Related Therapy	INCRELEX (mecasermin)	None
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	SAIZEN (somatropin)	None
	SEROSTIM (somatropin)	None
	SOMAVERT (pegvisomant)	None
	ZORBTIVE (somatropin)	None
Hormone Modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
Osteoporosis	FORTEO (teriparatide)	None

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Endocrinology & Metabolism		
Somatostatins	SIGNIFOR (pasireotide)	2 ampules/day
Enzyme-Related		
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	CARBAGLU (carglumic acid)	None
	CERDELGA (eliglustat)	None
	RAVICTI (glycerol phenylbutyrate)	None
	STRENSIQ (asfotase alfa)	None
	ZAVESCA (miglustat)	None
Phenylketonuria Treatment Agents	KUVAN (sapropterin)	None
Gastroenterology		
Bile Acid Agents	CHOLBAM (cholic acid)	None
Short Bowel Syndrome	GATTEX (teduglutide)	None
Immunology		
Allergen Extracts	GRASSTK (timothy grass pollen)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR ADULT SAMPLE KIT (mixed grass pollens allergen) Kit	1 kit per year
	ORALAIR ADULT STARTER PACK (mixed grass pollens allergen)	1 pack per year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen)	2 kits/year
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Hematopoietic Agents	PROCRIT (epoetin alfa)	None
	PROMACTA (eltrombopag)	None
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride) 30 mg	3 tabs/day
	DAKLINZA (daclatasvir dihydrochloride) 60 mg	1 tab/day
	HARVONI (ledipasvir-sofosbuvir)	1 tab/day
	OLYSIO (simeprevir)	1 cap/day
	PEGASYS (peginterferon alfa-2a)	None
	PEG-INTRON (peginterferon alfa-2b)	None
	SOVALDI (sofosbuvir)	1 tab/day
	TECHNIVIE (ombitasvir-paritaprevir-ritonavir)	2 tabs/day
	VIEKIRA (simeprevir)	4 tabs/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Immunomodulators	ACTEMRA (tocilizumab) Soty	None
	CIMZIA (certolizumab)	None
	COSENTYX (secukinumab)	None
	ENBREL (etanercept)	None
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab)	None
	KINERET (anakinra)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	SIMPONI (golimumab)	None
	XELJANZ (tofacitinib)	None
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day

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Therapeutic Category	Drug Name	Quantity Limit
Immunology		
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	1 kit/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	1 kit/30 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	1 kit/30 days
	PLEGRIDY (peginterferon beta)	2 PENS/SYR PER 28 DAYS.
	PLEGRIDY (peginterferon beta) Starter Pack	1 starter pack/year
	TECFIDERA (dimethyl fumarate)	2 caps/day
	TECFIDERA (dimethyl fumarate) Starter Pack	1 starter pack/year
Transplant	ZORTRESS (everolimus)	None
Miscellaneous		
Movement Disorder Agents	XENAZINE (tetrabenazine)	QL varies*
Toxicology	CUPRIMINE (penicillamine)	None
	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone) Tabs	None
	JADENU (deferasirox)	None
Viscosupplements	EUFLEXXA (sodium hyaluronate)	QL varies*

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Oncology		
Alkylating Agents Antiandrogen	TEMODAR (temozolomide)	None
	XTANDI (enzalutamide)	None
Interferons	ZYTIGA (abiraterone)	None
	SYLATRON (peginterferon alfa-2b)	None
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	AFINITOR DISPERZ (everolimus)	None
	BOSULIF (bosutinib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CAPRELSA (vandetanib) 300 mg	No QL for this strength
	COMETRIQ (carbozantinib)	None
	COTELLIC (cobimetnib)	63 tabs/28 days
	ERIVEDGE (vismodegib)	None
	FARYDAK (panobinostat)	6 caps/ 21 days
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	ICLUSIG (ponatinib) 45 mg	No QL for this strength
	IMBRUVICA (ibrutinib)	None
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	LENVIMA (lenvatinib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	3 caps/28 days
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	1 tab/day
	TARCEVA (erlotinib)	3 tabs/day
	TASIGNA (nilotinib)	None
	TYKERB (lapatinib)	None
	VOTRIENT (pazopanib)	None
XALKORI (crizotinib)	None	
ZELBORAF (vemurafenib)	None	
ZYDELIG (idelalisib)	None	
ZYKADIA (ceritinib)	None	
Miscellaneous	TARGRETIN (bexarotene) caps	None
	TARGRETIN (bexarotene) Gel	None
	XELODA (capecitabine)	None

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Oncology		
Thalidomide-related Agents	ZOLINZA (vorinostat)	None
	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Respiratory		
Cystic Fibrosis	CAYSTON (aztreonam)	None
	KALYDECO (ivacaftor)	None
	KALYDECO (ivacaftor) Packs	None
Pulmonary Fibrosis	ORKAMBI (lumacaftor-ivacaftor)	112 tabs/28 days
	PULMOZYME (dornase alfa)	None
	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None

PLEASE NOTE: This drug list is subject to periodic updates and may not be all inclusive. Drugs affected include both brand and generic where applicable and includes all dosage formulations unless otherwise specifically notated. If a new drug is approved and falls into one of the targeted PA categories, the new drug may automatically be added to this list. Quantity limits may also apply.

*Quantity limits are built into the PA criteria approval and varies based on indication and/or other clinical factors.