

Prior authorization — Premium

Utilization management updates

July 1, 2023

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. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will rule. Some injectable medications listed may be covered by your medical benefit and not your pharmacy benefit.

Getting a short-term supply

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

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

Premium non-specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	ALBENZA (albendazole)	None
Antibiotics	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin) 500 mg	None
Antifungals	CICLOPIROX KIT (ciclopirox)	None
	CRESEMBA (isavuconazonium sulfate)	None
	KERYDIN (tavaborole)	None
	NOXAFIL (posaconazole)	None
	SPORANOX (itraconazole)	None
	VFEND (voriconazole)	None
Antimalarial	QUALAQUIN (quinine)	None
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
	TROGARZO (ibalizumab-uiyk)	None
Cardiology		
Antihypertensive agents	NORLIQVA (amlodipine)	None
Antilipemic	NEXLETOL (bempedoic acid)	1 tab/day
	NEXLIZET (bempedoic acid/ezetimibe)	1 tab/day
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
	VASCEPA (icosapent ethyl)	None
Heart failure	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) soln	15 mL/day
	VERQUVO (vericiguat)	1 tab/day
Miscellaneous	DEMSEER (metyrosine)	16 caps/day
	DIBENZYLIN (phenoxybenzamine)	None
Central Nervous System		
Analgesics (gastroprotective)	naproxen-esomeprazole	2 tabs/day
Analgesics (non-opioid)	diclofenac solution 1.5%	None
	QUTENZA (capsaicin)	4 patches/90 days
Analgesics (opioid)	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	buprenorphine patch	4 patches/28 days
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydromorphone tab ER	2 tabs/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	methadone	None
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sulfate ER cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day
	tramadol ER	1 tab/day
	ZOHYDRO ER (hydrocodone ext-release)	2 caps/day
ZOHYDRO ER (hydrocodone ext-release) 50 mg	4 caps/day	

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

Premium specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anticonvulsants	BANZEL (rufinamide)	None
	HORIZANT (gabapentin enacarbil)	2 tabs/day
Antipsychotics	ADASUVE (loxapine)	None
	IGALMI (dexmedetomidine)	None
Antitussives (PA age <18)	CAPCOF (phenylephrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN DAC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	guaifenesin/codeine	240 mL/fill, 2 fills/60 days
	HISTEX-AC (phenylephrine/triprolidine/codeine)	240 mL/fill, 2 fills/60 days
	HYCODAN (hydrocodone/homatropine)	6 tabs/day, 7 day supply, 2 fills/60 days
	HYD POL/CPM (hydrocodone polst-chlorphen ER)	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	MAR-COF BP (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	MAXI-TUSS CD (phenylephrine-chlorphen w/ codeine)	240 mL/fill, 2 fills/60 days
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PROMETH VC/ SYP CODEINE (promethazine-phenylephrine-codeine)	240 mL/fill, 2 fills/60 days
	PROMETH/COD (promethazine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-RED AC (phenylephrine/dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TUSNEL C (pseudoephedrine w/ cod-gg)	240 mL/fill, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 10-8 mg	14 caps/fill, 2 fills/60 days
	TUXARIN ER (codeine/chlorpheniramine)	14 caps/fill, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VIRTUSSIN (pseudoephedrine w/ cod-gg)	240 mL/fill, 2 fills/60 days
	Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	Benzodiazepines	clobazam
SYMPAZAN (clobazam)		None
Hypoactive sexual desire disorder	ADDYI (flibanserin)	1 tab/day
	VYLEESI (bremelanotide)	1.8 mL (6 injections)/30 days
Migraine	AIMOVIG (erenumab)	2 syringes/30 days
	AIMOVIG (erenumab) 140 mg/mL	1 syringe/30 days
	AJOVY (fremanezumab-vfrm)	3 syringes/90 days
	CAFERGOT (ergotamine w/caffeine)	24 tabs/28 days
	D.H.E. 45 (dihydroergotamine)	24 ampules/28 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injectors/30 days
	ERGOMAR (ergotamine tartrate)	20 tabs/28 days
	MIGERGOT (ergotamine)	20 supps/28 days
	MIGRANAL (dihydroergotamine)	1 package (8 vials)/30 days
	NURTEC (rimegepant)	8 tabs/30 days

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

Therapy class	Medication name	Quantity limit
	QULIPTA (atogepant)	1 tab/day
	UBRELVY (ubrogepant)	10 tabs/30 days
	VYEPTI (eptinezumab-jjmr)	3 mL/90 days
Miscellaneous	NUDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
	TIGLUTIK (riluzole)	20 mL/day
Parkinson's	DUOPA (carbidopa-levodopa) susp	None
	NUPLAZID (pimavanserin)	None
Sedative hypnotics	flurazepam	1 cap/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
	SUNOSI (solriamfetol)	1 tab/day
Weight loss	LOMAIRA (phentermine)	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	5 pens/30 days
	WEGOVY (semaglutide)	4 pens/28 days
	XENICAL (orlistat)	None
Dermatology		
Acne (oral)	ABSORICA LD (isotretinoin)	None
Acne (topical)	adapalene	None
	ALTRENO (tretinoin)	None
	ATRALIN (tretinoin)	None
	tazarotene cream	None
Plaque psoriasis	VTAMA (tapinarof)	None
Endocrinology & Metabolism		
Aldosterone antagonist	KERENDIA (finerenone)	1 tab/day
Androgens, testosterone (oral)	ANADROL-50 (oxymetholone)	None
	METHITEST (methyltestosterone)	None
	methyltestosterone	None
	oxandrolone 2.5 mg	8 tabs/day
	oxandrolone 10 mg	2 tabs/day
Androgens, testosterone (injectable)	testosterone cypionate	None
	testosterone enanthate	None
	XYOSTED (testosterone enanthate)	None
Androgens, testosterone (topical)	ANDRODERM (testosterone)	None
	testosterone gel	None
	testosterone solution	None
Antidiabetic agents	AFREZZA (insulin regular)	None
	SYMLINPEN (pramlintide)	None
GLP-1 agonists	BYDUREON, BYDUREON BCISE (exenatide)	4 injectors/28 days
	BYETTA (exenatide)	1 syringe/30 days
	MOUNJARO (tirzepatide)	4 pens/28 days
	OZEMPIC (semaglutide)	1 pen/28 days
	OZEMPIC (semaglutide) 1 mg/dose (2 mg/1.5 mL)	2 pens/28 days
	RYBELSUS 3 mg (semaglutide)	60 tabs/365 days
	RYBELSUS (semaglutide)	1 tab/day
	TRULICITY (dulaglutide)	4 pen-inj/28 days
	VICTOZA (liraglutide)	3 pen-inj/ 30 days

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

Therapy class	Medication name	Quantity limit
Diabetic supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
Gonadotropins	MYFEMBREE (relugolix/estradiol/norethindrone acetate)	1 tab/day
	ORIAHNN (elagolix/estradiol/norethisterone)	2 tabs/day
	ORLISSA (elagolix) 150mg	1 tab/day
	ORLISSA (elagolix) 200mg	2 tabs/day
Gastroenterology		
Antiemetics	BONJESTA (doxylamine/pyridoxine)	2 tabs/day
	DICLEGIS (doxylamine/pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	4mL/day
Helicobacter pylori agents	VOQUEZNA (amoxicillin/clarithromycin/vonoprazan)	None
	VOQUEZNA (amoxicillin/vonoprazan)	None
Irritable bowel syndrome	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
Immunology		
Allergen extracts	GRASTEK (timothy grass pollen)	1 tab/day
	ODACTRA (house dust mite)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Starter Pack	2 packs/365 days
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Sample Kit	2 kits/365 days
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Immune globulins	VARIZIG (varicella-zoster immune globulin)	None
Miscellaneous		
Amino acid	ENDARI (glutamine)	None
Anticholinergic	CUVPOSA (glycopyrrolate)	None
	GLYCATE (glycopyrrolate)	6 tabs/day
	ROBINUL (glycopyrrolate)	4 tabs/day
	ROBINUL FORTE (glycopyrrolate)	4 tabs/day
Antimetabolites	SIKLOS (hydroxyurea)	None
Calcium modifier	cinacalcet	None
Methotrexate auto-injectors	RASUVO (methotrexate)	4 auto-injectors/28 days
Movement disorder agents	NOURIANZ (istradefylline)	None
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
Wound care	REGRANEX (becaplermin)	None
Ophthalmology		
Dry Eye	EYSUVIS (loteprednol)	None
	RESTASIS (cyclosporine)	None
	TYRVAYA (varenicline)	2 bottles/30 days
	XIIDRA (lifitegrast)	None
Miscellaneous	XIPERE (triamcinolone)	None
Vasoconstrictor	UPNEEQ (oxymetazoline)	None

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

Therapy class	Medication name	Quantity limit
Respiratory		
Asthma/COPD	DALIRESP (roflumilast)	None
Clinical Duplicates		
	ABILIFY MYCITE (aripiprazole)	1 tab/day
	ABILIFY MYCITE (aripiprazole) starter pack	2 starter packs/365 days
	ACUVAIL (ketorolac)	None
	ALLZITAL (butalbital/acetaminophen)	None
	ALOCRIAL (nedocromil sodium)	None
	ALREX (loteprednol etabonate)	None
	ANALPRAM-HC (hydrocortisone/pramoxine)	None
	ANTARA (fenofibrate micronized)	None
	BETOPTIC-S (betaxolol)	None
	BRYHALI (halobetasol)	None
	BUTAL/APAP (butalbital/acetaminophen)	None
	CORDRAN (flurandrenolide) cream	None
	CYCLO/GABA (cyclobenzaprine-gabapentin)	None
	DECADRON (dexamethasone)	None
	DENAVIR (penciclovir)	5 grams/30 days
	DEXABLISS (dexamethasone)	None
	DUREZOL (difluprednate)	None
	DURLAZA (acetylsalicylic acid)	None
	DUTOPROL (metoprolol hydrochlorothiazide)	None
	DXEVO 11-DAY PAK (dexamethasone)	None
	ECOZA (econazole nitrate)	None
	EPANED (enalapril)	None
	ERTACZO (sertaconazole nitrate)	None
	EXELDERM (sulconazole nitrate)	None
	FOSAMAX + D (alendronate sodium-cholecalciferol)	4 tabs/28 days
	GIALAX (polyethylene glycol)	None
	GILPHEX TR (phenylephrine-chlorphen)	None
	GILTUSS TR (phenylephrine w/dm)	None
	HALOG SOL (halcinonide)	None
	HIDEX 6-DAY PAK (dexamethasone)	None
	IMPEKLO (clobetasol)	None
	IMPOYZ (clobetasol)	None
	KARBINAL ER (carbinoxamine maleate)	None
	KRISTALLOSE (lactulose)	None
	LOTEMAX (loteprednol etabonate)	4 bottles/365 days
	LUZU (luliconazole)	None
	MENTAX (butenafine)	None
	methocarbamol	None
	MILLIPRED (prednisolone)	None
	MILLIPRED DP PAK (dexamethasone)	None
	NAPRELAN (naproxen)	None
	NEOTUSS PLUS (pheynylephrine-chlorphen)	None
	NEXICLON XR (clonidine)	None
	ORAVIG (miconazole buccal)	None
	OTOVEL (ciprofloxacin-fluocinolone)	None
	OXISTAT (oxiconazole nitrate)	None

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

Therapy class	Medication name	Quantity limit
	PLIAGLIS (lidocaine-tetracaine)	None
	QBRELIS (lisinopril)	None
	SEMPREX-D (acrivastine & pseudoephedrine)	None
	SITAVIG TAB 50MG (acyclovir buccal)	2 tabs/30 days
	SIVEXTRO TAB 200MG(tedizolid phosphate)	6 tabs/30 days
	SPRITAM (levetiracetam)	None
	SULFAMYLON (mafenide acetate)	None
	SYNERA (lidocaine-tetracaine)	None
	TAPERDEX (dexamethasone)	None
	VANATOL LQ (butalbital-acetaminophen-caffeine)	None
	VANATOL S (butalbital-acetaminophen-caffeine)	None
	VTOL LQ (butalbital-acetaminophen-caffeine)	None
	VEREGEN (sinecatechins)	None
	VUSION (miconazole-zinc oxide)	None
	XERESE (acyclovir-hydrocortisone)	None
	XOLEGEL (ketoconazole-pyrithione zinc)	None
	ZCORT 7-DAY (dexamethasone)	None
	ZILRETTA (triamcinolone acetonide)	None
	ZUPLENZ (ondansetron)	10 films/30 days

Premium specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotic	ARIKAYCE (amikacin)	None
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antivirals	LIVTENCITY (maribavir)	None
	PREVYMIS (letermovir)	None
Cardiology		
Antilipemic	EVKEEZA (evinacumab-dgnb)	None
	JUXTAPID (lomitapide)	1 tab/day
	JUXTAPID (lomitapide) 20 mg, 30 mg	2 tabs/day
Hemostatic agent	BERINERT (c1 esterase)	10 vials/30 days
	CINRYZE (c1 esterase)	None
	HAEGARDA (c1 esterase)	None
	icatibant	6 syringes/30 days
	KALBITOR (ecallantide)	6 vials/30 days
	ORLADEYO (berotralstat)	1 tab/day
	RUCONEST (c1 esterase)	8 vials/30 days
	TAKHZYRO (lanadelumab-flyo)	None
Pulmonary arterial hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	bosentan	2 tabs/day
	FLOLAN (epoprostenol)	None
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REVATIO (sildenafil) soln	None
	REVATIO (sildenafil) susp	2 bottles/30 days
	REVATIO (sildenafil) tab	3 tabs/day
	tadalafil	2 tabs/day
	TADLIQ (tadalafil)	10 mL/day
	TRACLEER (bosentan) tab for susp	4 tabs/day
	treprostinil	None
	TYVASO (treprostinil)	1 ampule/day
	TYVASO DPI (treprostinil)	4 cartridges/day
	TYVASO DPI (treprostinil) 16-32 mcg	2 kits/365 days
	TYVASO DPI (treprostinil) 16-32-38 mcg	2 kits/365 days
	TYVASO DPI (treprostinil) 32-48 mcg	8 cartridges/day
	UPTRAVI (selexipag) tab	2 tabs/day
	UPTRAVI (selexipag) pack	2 packs/365 days
	UPTRAVI (selexipag) soln	None
	VELETRI (epoprostenol)	None
VENTAVIS (iloprost)	9 ampules/day	
Transthyretin stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day
Vasopressors	NORTHERA (droxidopa)	None
von Willebrand factor-directed antibody	CABLIVI (caplacizumab-yhdp)	1 kit/day

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

Therapy class	Medication name	Quantity limit
Central Nervous System		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol)	None
	FINTEPLA (fenfluramine)	None
	vigabatrin	None
	ZTALMY (ganaxolone)	None
Antidepressants	SPRAVATO (esketamine)	None
	ZULRESSO (brexanolone)	None
Antipruritic	KORSUVA (difelikefalin)	None
Depressant	XYREM (sodium oxybate)	18 mL/day
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Miscellaneous	RADICAVA (edaravone)	None
	RELYVRIO (sodium phenylbutyrate/taurursodiol)	2 packets/day
Muscular dystrophy	EMFLAZA (deflazacort)	None
Neurological agents	AMVUTTRA (vutrisiran)	0.5 mL/ 90 days
	ONPATTRO (patisiran sodium)	None
	TEGSEDI (inotersen)	4 syringes/28 days
Neurotoxins	BOTOX (onabotulinumtoxinA)	None
	BOTOX COSMETIC (onabotulinumtoxinA)	None
	DYSPOUR (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
	KYNMOBI (apomorphine)	5 films/day
	KYNMOBI (apomorphine) titration kit	2 kits/365 days
Sleep disorder	WAKIX (pitolisant)	2 tabs/day
Dermatology		
Alkylating agents	VALCHLOR (mechlorethamine)	None
Alpha-melanocyte stimulating hormone analog	SCENESSE (afamelanotide)	None
Electrolyte & Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & Metabolism		
C-type natriuretic peptide	VOXZOGO (vosoritide)	1 vial/day
Cyclic pyranopterin monophosphate (cPMP) substrate	NULIBRY (fosdenopterin)	None
Farnesyltransferase inhibitor	ZOKINVY (lonafarnib)	4 caps/day
Gonadotropins	CAMCEVI (leuprolide) 42 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FENSOLVI (leuprolide)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/365 days
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	leuprolide 1 mg/0.2 mL	1 injection/84 days
	LUPANETA (leuprolide) 11.25 mg (3 month)	1 pack/84 days

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

Therapy class	Medication name	Quantity limit
	LUPANETA (leuprolide) 3.75 mg (1 month)	1 pack/28 days
	LUPRON DEPOT (leuprolide)	None
	LUPRON DEPOT-PED (leuprolide)	None
	ORGOVYX (relugolix)	None
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
	VANTAS (histrelin)	1 implant/365 days
	Growth hormones and related therapy	EGRIFTA SV (tesamorelin)
NORDITROPIN (somatropin)		None
NUTROPIN AQ (somatropin)		None
SEROSTIM (somatropin)		None
ZORBTIVE (somatropin)		None
Growth hormones and related therapy (acromegaly)	INCRELEX (mecasermin)	None
	SOMAVERT (pegvisomant)	None
Hormone modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
Hyperammonemia agent	CARBAGLU (carglumic acid)	None
Miscellaneous	ACTHAR (corticotropin)	None
	CORTROPHIN (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day
Monoclonal antibody	TEPEZZA (teprotumumab-trbw)	None
Osteoporosis	EVENITY (romosozumab-aqqg)	2 syringes/28 days
	PROLIA (denosumab)	2 syringes/365 days
	TERIPARATIDE (teriparatide)	None
	TYMLOS (abaloparatide)	None
Somatostatins	octreotide	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None
Vasopressin antagonist	SAMSCA (tolvaptan)	2 tabs/day
Enzyme-Related		
Alpha-1 proteinase inhibitor	ARALAST NP (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None
	PROLASTIN-C (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
Cystine-depleting agents	CYSTADROPS (cysteamine)	4 bottles/28 days
	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase)	None
	sodium phenylbutyrate	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None

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

Therapy class	Medication name	Quantity limit
	GALAFOLD (migalastat)	14 caps/28 days
	KANUMA (sebelipase alfa)	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	NEXVIAZYME (avalglucosidase alfa-ngpt)	None
	PHEBURANE (sodium phenylbutyrate)	None
	REVCovi (elapegedemase-lvlr)	None
	STRENSIQ (asfotase alfa)	None
	SUCRAID (sacrosidase)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase alfa)	None
	XENPOZYME (olipudase alfa-rpcp)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
Enzyme, gout	KRYSTEXXA (pegloticase)	None
Metabolic agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
	sapropterin	None
Gastroenterology		
Bile acid agents	CHOLBAM (cholic acid)	None
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Gallstone solubilizing agents	CHENODAL (chenodiol)	None
Hepatic agents	GIVLAARI (givosiran)	None
	OCALIVA (obeticholic acid)	1 tab/day
Ileal bile acid transporter inhibitor	BYLVAY (odevixibat)	None
Short bowel syndrome	GATTEX (teduglutide)	None
Hematology		
Hemolytic anemia	PYRUKYND (mitapivat)	2 tabs/day
	PYRUKYND (mitapivat) taper pak	1 tab/day
Sickle cell disease	ADAKVEO (crizanlizumab)	None
	ZYNTEGLO (betibeglogene autotemcel)	None
Immunology		
Atopic dermatitis	ADBRY (tralokinumab-ldrm)	4 syringes/28 days
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
Complement inhibitor	ENJAYMO (sutimlimab-jome)	None
Hematopoietic agents	ARANESP (darbepoetin alfa)	None
	DOPTELET (avatrombopag)	None
	EMPAVELI (pegcetacoplan)	None
	ENSPRYNG (satralizumab)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy peg-epoetin beta)	None
	MOZOBIL (plerixafor)	8 vials (9.6 mL)/transplant
	MULPLETA (lusutrombopag)	None
	NEULASTA (pegfilgrastim)	None
	NIVESTYM (filgrastim-aafi)	None
	NPLATE (romiplostim)	None
	PROMACTA (eltrombopag)	None

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

Therapy class	Medication name	Quantity limit
	REBLOZYL (luspaterecept)	None
	RETACRIT (epoetin alfa-epbx)	None
	SOLIRIS (eculizumab)	None
	TAVALISSE (fostamatinib)	None
	ULTOMIRIS (ravulizumab-cwvz)	None
	UPLIZNA (inebilizumab-cdon)	None
	ZARXIO (filgrastim-sndz)	None
	ZIEXTENZO (pegfilgrastim-bmez)	None
Hepatitis C agents	EPCLUSA (sofosbuvir-velpatasvir)	1 tab or packet/day
	EPCLUSA (sofosbuvir-velpatasvir) 200-50 mg pellet pack	2 packets/day
	HARVONI (ledipasvir-sofosbuvir) 90-400 mg tab	1 tab/day
	HARVONI (ledipasvir-sofosbuvir) 45-200 mg tab	2 tabs/day
	HARVONI (ledipasvir-sofosbuvir) 45-200 mg pellet pack	2 packs/day
	HARVONI (ledipasvir-sofosbuvir) 33.75-150mg pellet pack	1 packs/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day
	MAVYRET (glecaprevir-pibrentasvir) pellet pack	5 packets/day
	PEGASYS (peginterferon alfa-2a)	None
	PEG-INTRON (peginterferon alfa-2b)	None
	SOVALDI (sofosbuvir) 400 mg tab	1 tab/day
	SOVALDI (sofosbuvir) 200 mg tab	2 tabs/day
	SOVALDI (sofosbuvir) 200 mg pellet pack	2 packs/day
	SOVALDI (sofosbuvir) 150mg pellet pack	1 pack/day
	VIEKIRA PAK (ombitas-paritapre-riton & dasab)	4 tabs/day
	VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)	1 tab/day
ZEPATIER (elbasvir-grazoprevir)	1 tab/day	
Immune globulins	BIVIGAM (immune globulin)	None
	CARIMUNE/NF (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus immune globulin)	None
	FLEBOGAMMA (immune globulin)	None
	GAMASTAN (immune globulin)	None
	GAMMAGARD/SD (immune globulin)	None
	GAMMAKED (immune globulin)	None
	GAMMAPLEX (immune globulin)	None
	GAMUNEX-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PRIVIGEN (immune globulin)	None
	XEMBIFY (immune globulin)	None
Immunomodulators	ACTEMRA (tocilizumab)	4 syringes/28 days
	AMJEVITA (adalimumab-atto)	4 syringes/28 days
	AVSOLA (infliximab-axxq)	None
	CIBINQO (abrocitinib)	1 tab/day
	CIMZIA (certolizumab) 200 mg/mL	4 syringes/28 days
	CIMZIA (certolizumab) 200 mg/mL Starter Kit	1 starter kit/365 days
	ENBREL (etanercept) 25mg/0.5mL	8 vials or syringes/28 days
	ENBREL (etanercept) 50mg/mL	4 syringes or cartridges/28 days
	ENTYVIO (vedolizumab)	None

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

Therapy class	Medication name	Quantity limit
	HUMIRA (adalimumab) 40mg/0.8mL, 40 mg/0.4mL , 20mg/0.2mL	4 syringes/28 days
	HUMIRA (adalimumab) 80 mg/0.8mL, 10 mg/0.1mL	2 syringes/28 days
	HUMIRA (adalimumab) 80 mg/0.8mL, 40 mg/0.4mL	3 syringes/28 days
	ILUMYA (tildrakizumab-asmn)	1 syringe/84 days
	INFLECTRA (infliximab)	None
	KEVZARA (sarilumab)	2 syringes/28 days
	KINERET (anakinra)	None
	OLUMIANT (baricitinib)	1 tab/day
	ORENCIA (abatacept)	4 syringes/28 days
	OTEZLA (apremilast)	2 tabs/day
	OTEZLA (apremilast) Starter Pack	1 pack/365 days
	RINVOQ (upadacitinib)	1 tab/day
	SILIQ (brodalumab) Sosy	2 syringes/ 28 days
	SIMPONI (golimumab)	1 syringe/28 days
	SIMPONI ARIA (golimumab)	None
	SKYRIZI (risankizumab-rzaa)	2 syringes/84 days
	SKYRIZI (risankizumab-rzaa) 150 mg/mL	1 syringe/84 days
	SKYRIZI (risankizumab-rzaa) 360 mg/2.4mL, 180 mg/1.2mL	1 syringe/56 days
	STELARA (ustekinumab)	1 syringe/56 days
	STELARA (ustekinumab) IV	None
	TALTZ (ixekizumab)	1 syringe/28 days
	TREMFYA (guselkumab)	1 syringe/56 days
	XELJANZ (tofacitinib)	2 tabs/day
	XELJANZ (tofacitinib) soln	10 mL/day
	XELJANZ XR (tofacitinib)	1 tab/day
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/28 days
	SPEVIGO (spesolimab-sbzo)	30mL/84 days
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
	SAPHNELO (anifrolumab-fnia)	None
Monoclonal antibody	CINQAIR (reslizumab)	None
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
	FASENRA (benralizumab)	None
	GAMIFANT (emapalumab-lzsg)	None
	NUCALA (mepolizumab)	1 syringe/28 days
	NUCALA (mepolizumab)	3 vials/28 days
	XOLAIR (omalizumab)	None
Multiple sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BAFIERTAM (monomethyl fumarate)	4 caps/day
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) 20 mg/ml	30 syringes/30 days
	COPAXONE (glatiramer) 40 mg/ml	12 syringes/28 days
	dimethyl fumarate	2 caps/day

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

Therapy class	Medication name	Quantity limit
	dimethyl fumarate starter pack	2 starter packs/365 days
	GILENYA (fingolimod) 0.25 mg, fingolimod 0.5 mg	1 cap/day
	KESIMPTA (ofatumumab)	1 syringe/30 days
	LEMTRADA (alemtuzumab)	None
	MAVENCLAD (cladribine)	None
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 1 mg, 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs/365 days
	mitoxantrone	None
	OCREVUS (ocrelizumab)	40 mL/365 days
	TYSABRI (natalizumab)	1 injection/28 days
	VUMERITY (diroximel fumarate)	4 caps/day
	ZEPOSIA (ozanimod)	1 cap/day
	ZEPOSIA 7DAY CAP STR PACK (ozanimod cap pack)	2 starter packs/365 days
	ZEPOSIA STARTER KIT (ozanimod cap pack)	2 starter packs/365 days
Neonatal Fc receptor antagonist	VYVGART (efgartigimod alfa-fcab)	None
Miscellaneous		
Blood modifier	RYPLAZIM (plasminogen, human-tvmh)	None
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Diagnostic	THYROGEN (thyrotropin alfa)	None
Movement disorder agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	AUSTEDO (deutetrabenazine) Starter Pack	2 starter packs/365 days
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) Starter Pack	2 starter packs/365 days
	XENAZINE (tetrabenazine)	None
Musculoskeletal agents	EVRYSDI (risdiplam)	8 mL/day
	SPINRAZA (nusinersen)	None
	ZOLGENSMA (onasemnogene abeparvovec-xioi)	None
Toxicology	SYPRINE (trientine)	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
	SYNOJOYNT (sodium hyaluronate)	None
	TRILURON (sodium hyaluronate)	None
Obstetrics & Gynecology		
Fertility agents	CHORIONIC GONADOTROPIN	None
	FOLLISTIM AQ (follitropin beta)	None
	FYREMADEL (ganirelix acetate)	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	OVIDREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
Hormone replacement	hydroxyprogesterone caproate	None
	MAKENA (hydroxyprogesterone caproate)	None
Oncology (Injectable)		
Alkylating agents	BENDEKA (bendamustine)	None
	ZEPZELCA (lurbinectedin)	None
Antifolate	FOLOTYN (pralatrexate)	None
	TECENTRIQ (atezolizumab)	None

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

Therapy class	Medication name	Quantity limit
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
CAR-T therapy	ABECMA (idecabtagene vicleucel)	None
	BREYANZI (lisocabtagene maraleucel)	None
	CARVYKTI (ciltacabtagene autoleucel)	None
	KYMRIAH (tisagenlecleucel)	None
	TECARTUS (brexucabtagene autoleucel)	None
	YESCARTA (axicabtagene ciloleucel)	None
Interferons	INTRON A (interferon alfa-2b)	None
Interleukins	ELZONRIS (tagraxofusp-erzs)	None
Kinase and molecular target inhibitors	ALIQOPA (copanlisib)	None
	BESPONSA (inotuzumab)	None
	FYARRO (sirolimus)	None
	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab)	None
	VELCADE (bortezomib)	None
	VYXEOS (daunorubicin-cytarabine)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	PROVENGE (sipuleucel-T)	None
	ROMIDEPSIN (romidepsin)	None
	SYNRIBO (omacetaxine)	None
Monoclonal antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DANYELZA (naxitamab-gqgk)	None
	DARZALEX (daratumumab)	None
	EMPLICITI (elotuzumab)	None
	ENHERTU (fam-trastuzumab deruxtecan-nxki)	None
	ERBITUX (cetuximab)	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	HERCEPTIN HYLECTA (trastuzumab and hyaluronidase-oysk)	None
	IMFINZI (durvalumab)	None
	JEMPERLI (dostarlimab-gxly)	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KANJINTI (trastuzumab-anns)	None
	KEYTRUDA (pembrolizumab)	None
	LIBTAYO (cemiplimab-rwlc)	None
	LUMOXITI (moxetumomab pasudotox-tdfk)	None
	MARGENZA (margetuximab-cmkb)	None
MONJUVI (tafasitamab-cxix)	None	
MYLOTARG (gemtuzumab)	None	
OPDIVO (nivolumab)	None	

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

Therapy class	Medication name	Quantity limit
	OPDUALAG (nivolumab/relatlimab-rmbw)	None
	PADCEV (enfortumab vedotin-ejfv)	None
	PERJETA (pertuzumab)	None
	PHESGO (pertuzumab-trastuz-hyaluron-zzxf)	None
	POLIVY (polatuzumab vedotin-piiq)	None
	POTELIGEO (mogamulizumab-kpkc)	None
	RITUXAN (rituximab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	RYBREVAANT (amivantamab-vmjw)	None
	SARCLISA (isatuximab-irfc)	None
	SYLVANT (siltuximab)	None
	TIVDAK (tisotumab vedotin-tftv)	None
	TRAZIMERA (trastuzumab-qyyp)	None
	TRODELVY (sacituzumab govitecan-hziy)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
	ZYNLONTA (loncastuximab tesirine-lpyl)	None
T-cell receptor	KIMMTRAK (tebentafusp-tebn)	None
Vascular endothelial growth factor (VEGF) inhibitor	ALYMSYS (bevacizumab-maly)	None
	AVASTIN (bevacizumab)	None
	MVASI (bevacizumab-awwb)	None
	ZIRABEV (bevacizumab-bvzr)	None
Oncology (oral)		
Alkylating agents	TEMODAR (temozolomide)	None
Antiandrogen	abiraterone	None
	BRUKINSA (zanubrutinib)	None
	INREBIC (fedratinib)	None
	NUBEQA (darolutamide)	None
	ROZLYTREK (entrectinib)	None
	XTANDI (enzalutamide)	None
Kinase and molecular target inhibitors	ALECENSA (alectinib)	None
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg, 180 mg	1 tab/day
	ALUNBRIG (brigatinib) pack	1 pack/365 days
	AYVAKIT (avapritinib)	1 tab/day
	BALVERSA (erdafitinib)	None
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CAPRELSA (vandetanib)	None
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetinib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None

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

Therapy class	Medication name	Quantity limit
	everolimus	1 tab/day
	everolimus for oral susp	None
	EXKIVITY (mobocertinib succinate)	None
	GAVRETO (pralsetnib)	None
	GILOTRIF (afatinib)	1 tab/day
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 10 mg, 15 mg	1 tab/day
	ICLUSIG (ponatinib) 30 mg, 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	imatinib	None
	IMBRUVICA (ibrutinib)	1 tab or cap/day
	IMBRUVICA (ibrutinib) 140 mg	3 caps/day
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 5 mg, 10 mg	2 tabs/day
	KOSELUGO (selumetinib)	None
	LENVIMA (lenvatinib)	None
	LORBRENA (lorlatinib)	None
	LUMAKRAS (sotorasib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	PIQRAY (alpelisib)	None
	QINLOCK (ripretinib)	None
	RETEVMO (selpercatinib)	None
	RYDAPT (midostaurin)	None
	SCEMBLIX (asciminib)	None
	SCEMBLIX (asciminib) 20 mg	2 tabs/day
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	sunitinib	None
	TABRECTA (capmatinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSE (osimertinib)	None
	TAGRISSE (osimertinib) 40 mg	1 tab/day
	TARCEVA (erlotinib)	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TRUSELTIQ (infigratinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None

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

Therapy class	Medication name	Quantity limit
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VONJO (pacritinib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
	Miscellaneous	bexarotene caps
KISQALI (ribociclib)		None
KISQALI-FEMARA (ribociclib-letrozole)		None
LONSURF (trifluridine-tipiracil)		None
ONUREG (azacitadine)		None
TIBSOVO (ivosidenib)		None
WELIREG (belzutifan)		None
XELODA (capecitabine)		None
XPOVIO (selinexor)		None
ZOLINZA (vorinostat)		None
Thalidomide-related agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Oncology (Topical)		
Skin cancer	TARGRETIN GEL (bexarotene)	None
Ophthalmology		
Miscellaneous	LUXTURNA (voretigene neparvovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day; 112 mL/lifetime
Vascular endothelial growth factor (VEGF) inhibitor	CIMERLI (ranibizumab-eqrn)	None
	EYLEA (afibercept)	None
	MACUGEN (pegaptanib)	None
	SUSVIMO (ranibizumab)	None
	VABYSMO (faricimab-svoa)	None
Respiratory		
Cystic fibrosis	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor/ivacaftor)	112 tablets/28 days
	ORKAMBI (lumacaftor/ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor/ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor)	3 tabs/day
Pulmonary fibrosis	pirfenidone	None
	OFEV (nintedanib)	None
Respiratory syncytial virus agents	SYNAGIS (palivizumab)	None
Urology		
Miscellaneous	OXLUMO (lumasiran)	None

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

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.