



## Prior authorization — Premium

Utilization management updates - January 1, 2020

There are some medications that have to be authorized by a doctor before you can get them, because the medications are approved or effective only for some conditions.

### Reviewing medications

A group of doctors and pharmacists meets often to review medications under pharmacy benefit plans. They also recommend prior authorization guidelines.

### Safe and effective

When making recommendations, the review committee focuses on medication safety, effectiveness and cost, including:

- U.S. Food and Drug Administration (FDA) approved uses
- Medication instruction labels
- Accepted or published clinical recommendations

In this drug list, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

### 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.

### Requesting a prior authorization

You, your pharmacist or your doctor can start the prior authorization process by contacting us. We will work with your doctor to get the information needed for the review. Once we receive a finished prior authorization form from your doctor, we will conduct a review within a few days and send you and your doctor a letter regarding the decision.

## Premium non-specialty prior authorization list

These medications may require prior authorization based on your benefit plan. For more information, contact customer service at the phone number on your member ID card.

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
<b>Anti-infectives</b>		
Anthelmintics	ALBENZA (albendazole)	None
Antibiotics	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin)	None
Antifungals	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	CNL8 NAIL KIT (ciclopirox)	None
	KERYDIN (tavaborole)	None
	ONMEL (itraconazole)	None
	PEDIPROX-4 (ciclopirox) nail kit	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
Antihelmintics	ALBENZA (albendazole)	None
Antimalarial	QUALAQUIN (quinine)	None
Antiretrovirals, HIV	Selzentry (maraviroc)	None
<b>Cardiology</b>		
Antilipemic	omega-3 fatty acid	None
	PRALUENT (alirocumab)	2 syringes/28 days
	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
<b>Central Nervous System</b>		
ADHD Agents (PA age 19+ only)	ADHANSIA XR (methylphenidate) 25 mg	4 caps/day
	ADHANSIA XR (methylphenidate)	1 cap/day
	ADZENYS ER (amphetamine)	15 mL/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	amphetamine	6 tabs/day
	amphetamine/detroamphetamine 30 mg tab	2 tabs/day
	amphetamine/detroamphetamine	3 tabs/day
	amphetamine/detroamphetamine ER	1 cap/day
	APTENSIO XR (methylphenidate)	1 cap/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
ADHD Agents (PA age 19+ only)	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	dexmethylphenidate	2 tabs/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO ODT (amphetamine) 5 mg, 10 mg	3 tabs/day
	EVEKEO ODT (amphetamine) 15 mg, 20 mg	2 tabs/day
	FOCALIN XR (dexmethylphenidate)	1 cap/day
	FOCALIN XR (dexmethylphenidate) 20 mg	2 caps/day
	JORNAY PM (methylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/day
	METHYLIN (methylphenidate) Soln 10 mg/5 mL	30 mL/day
	METHYLIN (methylphenidate) Soln 5 mg/5 mL	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day
	methylphenidate	3 tabs/day
	METHYLPHENIDATE ER (methylphenidate) 10 mg	2 tabs/day
	methylphenidate ER tab osmotic release 36 mg	2 tabs/day
	methylphenidate ER tab osmotic release	1 tab/day
	MYDAYIS (amphetamine/dextroamphetamine)	1 cap/day
	PROCENTRA (dextroamphetamine) Sol	60 mL/day
	QUILLICHEW ER (methylphenidate) 30 mg	2 tabs/day
	QUILLICHEW ER (methylphenidate)	1 tab/day
	QUILLIVANT XR (methylphenidate)	12 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day	
ZENZEDI (dextroamphetamine)	3 tabs/day	
ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day	
Analgesics (non-opioid)	QUTENZA (capsaicin)	4 patches/3 months
Analgesics (opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid)	acetaminophen/codeine tab 300-15	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day
	AVINZA (morphine ext-release)	1 cap/day
	AVINZA (morphine ext-release) 120 mg	2 caps/day
	BELBUCA (buprenorphine) film	2 films/day
	butorphanol nasal spray 10 mg/mL	1 bottle/fill, 2 fills/60 days
	BUTRANS (buprenorphine)	4 patches/28 days
	codeine tab 15 mg	21 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 40 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 30 mg	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 20 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 60 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 100 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 50 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	DOLOPHINE (methadone)	None
	DILAUDID (hydromorphone) liq 1 mg/mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 2 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 4 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 5 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 8 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	EMBEDA (morphine/naltrexone)	2 caps/day
	EXALGO (hydromorphone)	2 tabs/day
	fentanyl transdermal patch	15 patches/30 days
fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days	

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid)	HYCET (hydrocodone/acetaminophen) sol 7.5-325 mg/ 15 mL	98 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 10-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-325 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 7 supps/day, 2 fills/60 days for treatment experienced
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	levorphanol tab 2 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	LORTAB (hydrocodone/acetaminophen) elx 10-300 mg/ 15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	meperidine/promethazine cap 50-25 mg	9 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 caps/day, 2 fills/60 days for treatment experienced
	mepridine sol 50 mg/5 mL	49 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4.5 mL/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid)	morphine supp 10 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 20 mg	2 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 30 mg	1 supp/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 5 mg	9 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 supps/day, 2 fills/60 days for treatment experienced
	morphine tab 15 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	morphine tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	morphine sulfate ER cap	2 caps/day
	MS CONTIN (morphine ext-release)	3 tabs/day
	NALOCET (oxycodone/acetaminophen)	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 10 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 5 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/aspirin tab	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid)	oxycodone/ibuprofen tab 5-400 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone cap 5 mg	6 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 mL/day, 2 fills/60 days for treatment experienced
	oxycodone sol 5 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone tab 10 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 20 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen sol 5-325 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 10-325 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 2.5-325 mg	12 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 7.5-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day
pentazocine/naloxone tab 50-0.5 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced	

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid)	PRIMLEV (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 10-200 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 5-200 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 16 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 15 mg	2 tabs/day, 7 day supply, (age 20 and older), 3 day supply (age less than 20) 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 15 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	SYNALGOS-DC (aspirin/caffeine/dihydrocodeine) cap	11 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 caps/day, 2 fills/60 days for treatment experienced
	TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	12 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced



OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Analgesics (opioid)	TYLENOL (acetaminophen)/codeine #3	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	TYLENOL (acetaminophen)/codeine #4	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ULTRACET (tramadol/acetaminophen) tab 37.5-325 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM (tramadol) tab 50 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM ER (tramadol ext-release)	1 tab/day
	VERDROCET (hydrocodone/acetaminophen) tab 2.5-325 mg	12 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN (hydrocodone/acetaminophen) tab 5-300 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN ES (hydrocodone/acetaminophen) tab 7.5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN HP (hydrocodone/acetaminophen) tab 10-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	VICOPROFEN (hydrocodone/ibuprofen) tab 7.5-200 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	ZAMICET (hydrocodone/acetaminophen) sol 10-325 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
Anticonvulsants	BANZEL (rufinamide)	None
	clobazam	None
	HORIZANT (gabapentin enacarbil)	2 tabs/day
Antipsychotics	ADASUVE (loxapine)	None
Antitussives (PA age <18)	CAPCOF (phenylephrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CHERATUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODAR AR (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR D (pseudoephedrine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR GF (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Antitussives (PA age <18)	CODITUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	FLOWTUSS (hydrocodone/guaifenesin)	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
	hydrocodone/chlorpheniramine	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	LEXUSS 210 (chlorpheniramine/codeine)	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
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END MAX D (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/brompheniramine/ codeine)	240 mL/fill, 2 fills/60 days
	M-END WC (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	OBREDON (hydrocodone/guaifenesin)	240 mL/fill, 2 fills/60 days
	PHENHIST DH (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-CLEAR AC (codeine/pyrilamine)	240 mL/fill, 2 fills/60 days
	promethazine/phenylephrine/codeine	240 mL/fill, 2 fills/60 days
	promethazine/codeine	240 mL/fill, 2 fills/60 days
	pseudoephedrine/chlorpheniramine/ hydrocodone	240 mL/fill, 2 fills/60 days
	PRO-RED AC (phenylephrine/ dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RELCOF C (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	REZIRA (pseudoephedrine/hydrocodone)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/brompheniramine/ codeine)	240 mL/fill, 2 fills/60 days
	TRICODE AR (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRYMINE CG (guaifenesin/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	2 caps/day, 7 day supply, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 5-4 mg	4 caps/day, 7 day supply, 2 fills/60 days
	TUSSIGON (hydrocodone/homatropine)	6 tabs/day, 7 day supply, 2 fills/60 days
	TUSSIONEX (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
TUXARIN ER (codeine/chlorpheniramine)	2 tabs/day, 7 day supply, 2 fills/60 days	

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Antitussives (PA age <18)	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VIRTUSSIN (pseudoephedrine w/ cod-gg)	240 mL/fill, 2 fills/60 days
	VITUZ (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	ZUTRIPRO (pseudoephedrine/chlorpheniramine/hydrocodone)	240 mL/fill, 2 fills/60 days
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
Migraine	AIMOVIG (erenumab)	2 syringes/30 days
	AIMOVIG (erenumab) 140 mg/mL	1 syringe/30 days
	EMGALITY (galcanezumab-gnlm)	1 syringe/auto-injector/30 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injector/30 days
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)	None
Parkinson's	DUOPA (carbidopa-levodopa) Susp	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	FLURAZEPAM (flurazepam)	1 cap/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
Weight Loss	BELVIQ (lorcaserin)	None
	BELVIQ XR (lorcaserin)	None
	BONTRIL (phendimetrazine)	None
	CONTRAVE (naltrexone-bupropion)	None
	DIDREX (benzphetamine)	None
	LOMAIRA (phentermine)	None
	phentermine	None
	QSYMIA (phentermine/topiramate)	None
	REGIMEX (benzphetamine)	None
	SAXENDA (liraglutide)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
XENICAL (orlistat)	None	
<b>Dermatology</b>		
Acne (Oral)	ABSORICA (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (PA age >25 only)	adapalene	None
	ATRALIN (tretinoin)	None
	AVITA (tretinoin)	None
	PLIXDA (adapalene)	None
	RETIN-A (tretinoin)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Acne (PA age >25 only)	tretinoin microsphere gel	None
	TRETIN-X (tretinoin)	None
<b>Endocrinology &amp; Metabolism</b>		
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	ANDROID (methyltestosterone)	None
	ANDROXY (fluoxymesterone)	None
	METHITEST (methyltestosterone)	None
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
	TESTRED (methyltestosterone)	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	NATESTO (testosterone nasal)	None
	STRIANT (testosterone)	None
	testosterone gel 1.62%	None
Antidiabetic Agents	AFREZZA (insulin regular)	None
	SYMLINPEN (pramlintide)	None
<b>Gastroenterology</b>		
Antiemetics	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 caps/fill or 3 max days supply
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	120 mL/30 days
Irritable Bowel Syndrome	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
<b>Immunology</b>		
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 ADULT SAMPLE KIT (mixed grass pollens allergen) Kit	1 kit/year
	ORALAIR ADULT STARTER PACK (mixed grass pollens allergen)	1 pack/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Starter Pack	2 packs/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Sample Kit	2 kits/year
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
<b>Miscellaneous</b>		
Antimetabolites	SIKLOS (hydroxyurea) 100 mg	None
Calcium Modifier	cinacalcet	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	OSMOLEX ER (amantadine)	None

Therapy Class	Medication Name	Quantity Limit
Wound Care	REGRANEX (becaplermin)	None
<b>Ophthalmology</b>		
Miscellaneous	RESTASIS (cyclosporine)	None
	XIIDRA (lifitegrast)	None
<b>Respiratory</b>		
Asthma/COPD	DALIRESP (roflumilast)	None

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### Premium specialty prior authorization list

These medications may require prior authorization as defined by your benefit plan. For more information, contact customer service at the member phone number on your ID card.

Therapy Class	Medication Name	Quantity Limit
<b>Anti-infectives</b>		
Antiprotozoals	DARAPRIM (pyrimethamine)	None
<b>Antithrombotic Agents</b>		
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit per day
<b>Cardiology</b>		
Antilipemic	JUXTAPIID (lomitapide)	1 tab/day
	KYNAMRO (mipomersen)	4 syringes/28 days
Pulmonary Arterial Hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REVATIO (sildenafil) Soln	None
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	tadalafil	2 tabs/day
	TRACLEER (bosentan) Tabs	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	treprostinil	None
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
VENTAVIS (iloprost)	9 ampules/day	
Transthyretin Stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDALIQ (tafamidis meglumine)	4 caps/day

Therapy Class	Medication Name	Quantity Limit
Vasopressors	NORTHERA (droxidopa)	None
<b>Central Nervous System</b>		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol) soln	None
	vigabatrin tabs	None
Antidepressant	SPRAVATO (esketamine)	None
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
Miscellaneous	RILUTEK (riluzole)	2 tabs/day
	TIGLUTIK (riluzole susp)	20 mL/day
Muscular Dystrophy	EMFLAZA (deflazacort)	None
Musculoskeletal Agents	FIRDAPSE (amifampridine phosphate)	None
	RUZURGI (amifanpridine)	None
Neurological Agents	TEGSEDI (inotersen)	None
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
	SUNOSI (solriamfetol)	1 cap/day
<b>Dermatology</b>		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Atopic Dermatitis	DUPIXENT (dupilumab) Sosy	4 syringes/28 days
<b>Electrolyte &amp; Renal Agents</b>		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
<b>Endocrinology &amp; Metabolism</b>		
Gonadotropins	ORLISSA (elagolix) 150 mg	1 tab/day
	ORLISSA (elagolix) 200 mg	2 tab/day
Growth Hormones and Related Therapy	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	OMNITROPE (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
Miscellaneous	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	FORTEO (teriparatide)	None
	TYMLOS (abaloparatide) Sopn	None
<b>Enzyme-Related</b>		
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None

Therapy Class	Medication Name	Quantity Limit
Enzyme Replacement	CERDELGA (eliglustat)	None
	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	RAVICTI (glycerol phenylbutyrate)	None
	STRENSIQ (asfotase alfa)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
Enzyme, Gout	KRYSTEXXA (peglicotase)	None
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
Phenylketonuria Treatment Agents	KUVAN (sapropterin)	None
	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day
<b>Gastroenterology</b>		
Bile Acid Agents	CHOLBAM (cholic acid)	None
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
Short Bowel Syndrome	GATTEX (teduglutide)	None
<b>Immunology</b>		
Hematopoietic Agents	DOPTELET (avatrombopag)	None
	MULPLETA (lusutrombopag)	None
	PROMACTA (eltrombopag)	None
	TAVALISSE (fostamatinib)	None
Hemostatic Agent	BERINERT (c1 esterase)	None
	CINRYZE (c1 esterase)	None
	FIRAZYR (icatibant) Soln	None
	HAEGARDA (c1 esterase)	None
	RUCONEST (c1 esterase) Solr	None
	TAKHZYRO (lanadelumab-flyo)	None
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day
	EPCLUSA (sofosbuvir-velpatasvir)	1 tab/day
	HARVONI (ledipasvir-sofosbuvir)	1 tab/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/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 PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)	3 tabs/day
	VOSEVI (sofosbuvir-velpatasvir)	1 tab/day

Therapy Class	Medication Name	Quantity Limit
Hepatitis C Agents	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Immunomodulators	ACTEMRA (tocilizumab) Sosy	None
	CIMZIA (certolizumab)	None
	ENBREL (etanercept)	None
	HUMIRA (adalimumab)	None
	KEVZARA (sarilumab)	None
	KINERET (anakinra)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	SILIQ (brodalumab) Sosy	None
	SIMPONI (golimumab)	None
	SKYRIZI (risankizumab-rzaa)	None
	STELARA (ustekinumab)	None
	TALTZ (ixekizumab)	None
	TREMFYA (guselkumab)	None
	XELJANZ (tofacitinib)	None
XELJANZ XR (tofacitinib)	None	
Interleukins	ARCALYST (rilonacept)	None
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	MAVENCLAD (cladribine)	None
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs (24 tabs)/365 days
	REBIF (interferon beta-1a)	12 syringes/28 days
	REBIF (interferon beta-1a) 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
<b>Miscellaneous</b>		
Amino Acid	ENDARI (glutamine)	None
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day



Therapy Class	Medication Name	Quantity Limit
Movement Disorder Agents	INGREZZA (valbenazine tosylate)	2 caps/day
	INGREZZA (valbenazine tosylate) 80 mg	1 cap/day
	INGREZZA (valbenazine tosylate) pack	56 caps (2 packs) per 365 days
	XENAZINE (tetrabenazine)	None
Toxicology	CUPRIMINE (penicillamine)	None
	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
	SYPRINE (trientine)	None
<b>Obstetrics &amp; Gynecology</b>		
Fertility Agents	chorionic gonadotropin	None
	FOLLISTIM AQ (follitropin beta)	None
	ganirelix acetate	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	OVIDREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
<b>Oncology (Injectable)</b>		
Interferons	SYLATRON (peginterferon alfa-2b)	None
<b>Oncology (Oral)</b>		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	ERLEADA (apalutamide)	None
	XTANDI (enzalutamide)	None
	YONSA (abiraterone)	None
	ZYTIGA (abiraterone)	None
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	AFINITOR DISPERZ (everolimus)	None
	ALECENSA (alectinib)	8 caps/day
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg, 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Pack	1 pack/year
	BALVERSA (erdafitinib)	None
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day

THERAPY CLASS	MEDICATION NAME	Quantity Limit
Kinase and Molecular Target Inhibitors	COMETRIQ (carbozantinib)	None
	COTELLIC (cobimetnib)	None
	ERIVEDGE (vismodegib)	None
	FARYDAK (panobinostat)	None
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tab/day
	ICLUSIG (ponatinib) 45 mg	None
	IDHIFA (enasidenib)	None
	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
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	RYDAPT (midostaurin)	None
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	1 tab/day
	TAGRISSO (osimertinib) 40 mg	None
	TARCEVA (erlotinib) 100 mg, 150 mg	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TIBSOVO (ivosidenib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	ZEJULA (niraparib tosylate)	None
ZELBORAF (vemurafenib)	None	

Therapy Class	Medication Name	Quantity Limit
Kinase and Molecular Target Inhibitors	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
Miscellaneous	bexarotene caps	None
	KISQALI (ribociclib)	None
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	None
	LONSURF (trifluridine-tipiracil) 15-6.14 mg	None
	LONSURF (trifluridine-tipiracil) 20-8.19 mg	None
	RUBRACA (rucaparib camsylate)	None
	XELODA (capecitabine)	None
	ZOLINZA (vorinostat)	None
Skin Cancer	TARGRETIN GEL (bexarotene)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
<b>Respiratory</b>		
Asthma/COPD	DUPIXENT (dupilumab) Sosy	4 syringes/28 days
	NUCALA (mepolizumab)	3 vials/28 days
Cystic fibrosis	CAYSTON (aztreonam)	None
	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None

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