

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 | | |
| Antiretrovirals, HIV | SELZENTRY (maraviroc) | None |
| Cardiology | | |
| Antilipemic | JUXTAPID (lomitapide) | 1 tab/day |
| | PRALUENT (alirocumab) | 2 syringes/28 days |
| | REPATHA (evolocumab) | 3 syringes/28 days |
| Pulmonary Arterial Hypertension | ADCIRCA (tadalafil) | 2 tabs/day |
| | ADEMPAS (riociguat) | 3 tabs/day |
| | FLOLAN (epoprostenol) | None |
| | LETAIRIS (ambrisentan) | 1 tab/day |
| | OPSUMIT (macitentan) | 1 tab/day |
| | ORENITRAM (treprostinil diolamine) | None |
| | REMODULIN (treprostinil) | None |
| | REVATIO (sildenafil) Soln | None |
| | REVATIO (sildenafil) Tabs | 3 tabs/day |
| | TRACLEER (bosentan) | 2 tabs/day |
| | TYVASO (treprostinil) | 1 ampule/day |
| | UPTRAVI (selexipag) | 2 tabs/day |
| | UPTRAVI (selexipag) Pack | 2 packs/year |
| | VELETTRI (epoprostenol) | None |
| | VENTAVIS (iloprost) | 9 ampules/day |
| Central Nervous System | | |
| Anticonvulsants | SABRIL (vigabatrin) pack | None |
| Depressant | XYREM (sodium oxybate) | 3 bottles (540 mL)/30 days |
| Neurotoxins | BOTOX (onabotulinumtoxinA) | None |
| | DYSPORT (abobotulinumtoxinA) | None |
| | MYOBLOC (rimabotulinumtoxinB) | None |
| | XEOMIN (incobotulinumtoxinA) | None |
| Parkinson's | APOKYN (apomorphine) | 20 cartridges/30 days |
| Sleep Disorder | HETLIOZ (tasimelteon) | 1 cap/day |
| Dermatology | | |
| Alkylating Agents | VALCHLOR (mechlorethamine) Gel | None |
| Electrolyte & Renal Agents | | |
| Diuretics | KEVEYIS (dichlorphenamide) | 4 tabs/day |
| Endocrinology & Metabolism | | |
| Gonadotropins | ELIGARD (leuprolide) 22.5 mg (3-month) | 1 injection/84 days |
| | ELIGARD (leuprolide) 30 mg (4-month) | 1 injection/112 days |
| | ELIGARD (leuprolide) 45 mg (6-month) | 1 injection/168 days |
| | ELIGARD (leuprolide) 7.5 mg (1-month) | 1 injection/28 days |
| | FIRMAGON (degarelix) 120 mg | 2 vials/year |
| | FIRMAGON (degarelix) 80 mg | 1 vial/28 days |
| | LUPRON (leuprolide) 1 mg/0.2 mL | None |
| | LUPRON DEPOT (leuprolide) 3.75 mg & 7.5 mg (1-month) | None |
| | LUPRON DEPOT-PED (leuprolide) | None |
| | SUPPRELIN LA (histrelin acetate) | 1 kit/365 days |

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|--|--|----------------------------------|-------------------------|
| Therapeutic Category | Drug Name | Quantity Limit | |
| Endocrinology & Metabolism | | | |
| Gonadotropins | TRELSTAR (triptorelin) 22.5 mg (6-month) | 1 injection/168 days | |
| | TRELSTAR DEPOT (triptorelin) 3.75 mg (1-month) | 1 injection/28 days | |
| | TRELSTAR LA (triptorelin) 11.25 mg (3-month) | 1 injection/84 days | |
| | VANTAS (histrelin) | 1 implant/year | |
| Growth Hormones and Related Therapy | EGRIFTA (tesamorelin) 1 mg | 2 vials (1 mg each)/day | |
| | EGRIFTA (tesamorelin) 2 mg | 1 vial (2 mg each)/day | |
| | NORDITROPIN (somatropin) | None | |
| | NUTROPIN (somatropin) | None | |
| | NUTROPIN AQ (somatropin) | None | |
| | SEROSTIM (somatropin) | None | |
| | ZORBTIVE (somatropin) | None | |
| | INCRELEX (mecasermin) | None | |
| | SOMAVERT (pegvisomant) | None | |
| | Hormone Modifiers | MYALEPT (metreleptin) | None |
| | | H.P. ACTHAR (corticotropin) | None |
| | Miscellaneous | PROLIA (denosumab) | 2 syringes/year |
| Osteoporosis | SANDOSTATIN (octreotide) | None | |
| Somatostatins | SANDOSTATIN LAR (octreotide) | None | |
| | SIGNIFOR (pasireotide) | 2 ampules/day | |
| | SOMATULINE DEPOT (lanreotide) | None | |
| Enzyme-Related | | | |
| Alpha-1 proteinase inhibitor | ARALAST (alpha-1 proteinase inhibitor) | None | |
| | GLASSIA (alpha-1 proteinase inhibitor) | None | |
| | PROLASTIN (alpha-1 proteinase inhibitor) | None | |
| | ZEMAIRA (alpha-1 proteinase inhibitor) | None | |
| Cystine-depleting Agents | CYSTARAN (cysteamine) | 4 bottles/28 days | |
| | PROCYSBI (cysteamine bitartrate) | None | |
| Enzyme Replacement | ALDURAZYME (laronidase) | None | |
| | CEREZYME (imiglucerase) | None | |
| | ELAPRASE (idursulfase) | None | |
| | ELELYSO (taliglucerase) | None | |
| | FABRAZYME (agalsidase beta) | None | |
| | KANUMA (sebelipase alfa) | None | |
| | LUMIZYME (alglucosidase alfa) | None | |
| | MYOZYME (alglucosidase alfa) | None | |
| | NAGLAZYME (galsulfase) | None | |
| | RAVICTI (glycerol phenylbutyrate) | None | |
| | STRENSIQ (asfotase alfa) | None | |
| | VIMIZIM (elosulfase) | None | |
| | VPRIV (velaglucerase) | None | |
| | Enzyme, Gout | ZAVESCA (miglustat) | None |
| | | Phenylketonuria Treatment Agents | KRYSTEXXA (peglicotase) |
| | KUVAN (sapropterin) | | None |
| | Gastroenterology | | |
| Short Bowel Syndrome | GATTEX (teduglutide) | None | |

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 | |
|-------------------------------------|--|---------------------------------|------|
| Immunology | | | |
| Hematopoietic Agents | ARANESP (darbepoetin alfa) | None | |
| | EPOGEN (epoetin alfa) | None | |
| | LEUKINE (sargramostim) | None | |
| | MOZOBIL (plerixafor) | 8 vials (9.6 mL) per transplant | |
| | NEULASTA (pegfilgrastim) | None | |
| | NEUMEGA (oprelvekin) | None | |
| | NEUPOGEN (filgrastim) | None | |
| | NPLATE (romiplostim) | None | |
| | PROCRIT (epoetin alfa) | None | |
| | PROMACTA (eltrombopag) | None | |
| Hepatitis C Agents | SOLIRIS (eculizumab) | None | |
| | DAKLINZA (daclatasvir dihydrochloride) | 1 tab/day | |
| | DAKLINZA (daclatasvir dihydrochloride) 30 mg | 3 tabs/day | |
| | HARVONI (ledipasvir-sofosbuvir) | 1 tab/day | |
| | PEGASYS (peginterferon alfa-2a) | None | |
| | PEG-INTRON (peginterferon alfa-2b) | None | |
| | SOVALDI (sofosbuvir) | 1 tab/day | |
| | ZEPATIER (elbasvir-grazoprevir) | 1 tab/day | |
| Immune Globulins | BIVIGAM (immune globulin) | None | |
| | CARIMUNE (immune globulin) | None | |
| | CYTOGAM (cytomegalovirus immune globulin) | None | |
| | FLEBOGAMMA (immune globulin) | None | |
| | FLEBOGAMMA DIF (immune globulin) | None | |
| | GAMASTAN (immune globulin) | None | |
| | GAMMAGARD (immune globulin) | None | |
| | GAMMAKED (immune globulin) | None | |
| | GAMMAPLEX (immune globulin) | None | |
| | GAMUNEX (immune globulin) | None | |
| | GAMUNEX-C (immune globulin) | None | |
| | HIZENTRA (immune globulin) | None | |
| | Immunomodulators | OCTAGAM (immune globulin) | None |
| | | PRIVIGEN (immune globulin) | None |
| | | CIMZIA (certolizumab) | None |
| | | ENBREL (etanercept) | None |
| | | HUMIRA (adalimumab) | None |
| KINERET (anakinra) | | None | |
| ORENCIA (abatacept) | | None | |
| REMICADE (infliximab) | | None | |
| SIMPONI (golimumab) | | None | |
| Interleukins | | SIMPONI ARIA (golimumab) | None |
| | ARCALYST (rilonacept) | None | |
| Miscellaneous Multiple Sclerosis | ILARIS (canakinumab) | 2 vials/4 weeks | |
| | BENLYSTA (belimumab) | None | |
| | 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) | 1 kit/30 days | |

| Therapeutic Category | Drug Name | Quantity Limit |
|--|--|----------------------|
| Immunology | | |
| Multiple Sclerosis | GILENYA (fingolimod) | 1 cap/day |
| | GLATOPA (glatiramer) SOSY 20 mg/ml | 1 kit/30 days |
| | LEMTRADA (alemtuzumab) | None |
| | NOVANTRONE (mitoxantrone) | None |
| | 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 |
| | TYSABRI (natalizumab) | 1 injection /28 days |
| Transplant | NULOJIX (belatacept) | None |
| | ZORTRESS (everolimus) | None |
| Miscellaneous | | |
| Collagenase | XIAFLEX (collagenase clostridium histolyticum) | None |
| Diagnostic | THYROGEN (thyrotropin alfa) | None |
| Movement Disorder Agents | XENAZINE (tetraabenazine) | None |
| Toxicology | EXJADE (deferasirox) | None |
| | FERRIPROX (deferiprone) Tabs | None |
| | JADENU (deferasirox) | None |
| Viscosupplements | MONOVISC (hyaluronan) | None |
| | ORTHOVISC (sodium hyaluronate) | None |
| | SYNVISC (sodium hyaluronate) | None |
| | SYNVISC-ONE (sodium hyaluronate) | None |
| Obstetrics & Gynecology | | |
| Hormone Replacement | MAKENA (hydroxyprogesterone caproate) | None |
| Oncology (Injectable) | | |
| Antimicrotubular | HALAVEN (eribulin) | None |
| | JEVTANA (cabazitaxel) | None |
| Interferons | INTRON A (interferon alfa-2b) | None |
| | SYLATRON (peginterferon alfa-2b) | None |
| Kinase and Molecular Target Inhibitors | KYPROLIS (carfilzomib) | None |
| | PORTRAZZA (necitumumab) Soln | 2 vials/21 days |
| | VELCADE (bortezomib) | None |
| | ZALTRAP (ziv-aflibercept) | None |
| Miscellaneous | DACOGEN (decitabine) | None |
| | ISTODAX (romidepsin) | None |
| | SYNRIBO (omacetaxine) | None |
| Monoclonal Antibody | ADCETRIS (brentuximab) | None |
| | ARZERRA (ofatumumab) | None |
| | BLINCYTO (blinatumomab) | None |
| | DARZALEX (daratumumab) Soln | None |
| | EMPLICITI (elotuzumab) Solr | None |
| | GAZYVA (obinutuzumab) | None |
| | HERCEPTIN (trastuzumab) | None |
| | KADCYLA (ado-trastuzumab emtansine) | None |
| | OPDIVO (nivolumab) | None |



Essential Health Benefits Standard Specialty PA and QL List

July 2016

| 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 |
| Oncology (Injectable) | | |
| | PERJETA (pertuzumab) | None |
| | RITUXAN (rituximab) | None |
| | XGEVA (denosumab) | None |
| | YERVOY (ipilimumab) | None |
| Oncology (Oral) | | |
| Alkylating Agents | TEMODAR (temozolomide) | None |
| Antiandrogen | XTANDI (enzalutamide) | None |
| | ZYTIGA (abiraterone) | 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 | None |
| | COMETRIQ (carbozantinib) | None |
| | COTELLIC (cobimetinib) | 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 | None |
| | IMBRUVICA (ibrutinib) | None |
| | INLYTA (axitinib) | 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 | LONSURF (trifluridine-tipiracil) 15-6.14 MG | 100 tabs/28 days |

| 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 |
| Oncology (Oral) | | |
| Thalidomide-related Agents | LONSURF (trifluridine-tipiracil) 20-8.19 MG | 80 tabs/28 days |
| | TARGRETIN (bexarotene) caps | None |
| | TARGRETIN (bexarotene) Gel | None |
| | XELODA (capecitabine) | None |
| | ZOLINZA (vorinostat) | None |
| | POMALYST (pomalidomide) | None |
| | REVLIMID (lenalidomide) | None |
| | THALOMID (thalidomide) | None |
| Respiratory | | |
| Asthma/COPD | NUCALA (mepolizumab) | 1 vial/28 days |
| Cystic fibrosis | XOLAIR (omalizumab) | None |
| | CAYSTON (aztreonam) | None |
| | KALYDECO (ivacaftor) | None |
| | KALYDECO (ivacaftor) Packs | None |
| | PULMOZYME (dornase alfa) | None |
| Pulmonary Fibrosis | ESBRIET (pirfenidone) | None |
| | OFEV (nintedanib) | None |
| Respiratory Syncytial Virus Agents | SYNAGIS (palivizumab) | None |

| Quantity Limit Programs | | |
|---------------------------------------|-----------------------------|------------------------------|
| Therapeutic Category | Drug Name | Dispensing Limit |
| Anti-infectives | | |
| Antiretrovirals, Hepatitis B | BARACLUDE (entecavir) | 1 tab/day |
| | BARACLUDE (entecavir) Soln | 630 mL/30days |
| Antiretrovirals, HIV | FUZEON (enfuvirtide) | 60 vials or 1 kit/30 days |
| Cardiology | | |
| Anticoagulants, LMWH | ARIXTRA (fondaparinux) | 35 days supply/180 days |
| | FRAGMIN (dalteparin) | 35 days supply/180 days |
| | LOVENOX (enoxaparin) | 35 days supply/180 days |
| Endocrinology & Metabolism | | |
| Gonadotropins | ZOLADEX (goserelin) 10.8 mg | 1 injection/84 days |
| | ZOLADEX (goserelin) 3.6 mg | 1 injection/28 days |
| Vasopressin Antagonist | SAMSCA (tolvaptan) | 30 days supply/60 days |
| Obstetrics & Gynecology | | |
| Hormone Replacement | CRINONE (progesterone) 8% | 60 applicators/30 days |
| Respiratory | | |
| Cystic fibrosis | TOBI PODHALER (tobramycin) | 1 package (224 tabs)/56 days |

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.



Specialty Pharmacy Drug List - Medical

| Code | Drug Name | Generic Name | Benefit |
|-------|-----------------------|----------------------------|---------|
| J9264 | Abraxane | paclitaxel | Medical |
| J3262 | Actemra/tocilizumab | Anti-inflammatory | Medical |
| C9287 | Adcetris | brentuximab vedotin | Medical |
| J1931 | ALDURAZYME/laronidase | Enzymes | Medical |
| J9305 | Alimta | pemetrexed | Medical |
| J2469 | Aloxi | palonosetron | Medical |
| J0256 | Aralast* | Alpha-1 | Medical |
| J9035 | Avastin | bevacizumab | Medical |
| J1556 | BIVIGAM | IVIG/immunizing | Medical |
| J0585 | Botox A | onabotulinum toxin toxin A | Medical |
| J0586 | Botox A (Dysport) | abobotulinum toxin A | Medical |
| J0588 | Botox A (Xeomin) | incobotulinum toxin A | Medical |
| J0587 | Botox B (Myobloc) | rimabotulinum toxin B | Medical |
| J1566 | CARIMUNE | IVIG/immunizing | Medical |
| J0205 | CEREDASE/αglucerase | Enzymes | Medical |
| J1786 | CEREZYME/imiglucerase | Enzymes | Medical |
| J1743 | ELAPRASE/idursulfase | Enzymes | Medical |
| J9055 | Erbix | cetuximab | Medical |
| J7323 | Euflexxa | | Medical |
| J0180 | FABRAZYME/agalsidase | Enzymes | Medical |

| | | | |
|-------|-----------------------|--------------------------|---------|
| J1572 | FLEBOGAMMA | IVIG/immunizing | Medical |
| J0641 | Fusilev | levoleucovorin | Medical |
| J1460 | GAMASTAN S/D | IVIG/immunizing | Medical |
| J1569 | GAMMAGARD LIQUID | IVIG/immunizing | Medical |
| J1566 | GAMMAGARD S/D | IVIG/immunizing | Medical |
| J1561 | GAMMAKED | IVIG/immunizing | Medical |
| J1557 | GAMMAPLEX | IVIG/immunizing | Medical |
| J1561 | GAMUNEX | IVIG/immunizing | Medical |
| J1561 | GAMUNEX C | IVIG/immunizing | Medical |
| J7326 | Gel One | | Medical |
| J0256 | Glassia* | Alpha-1 | Medical |
| J9179 | Halaven | eribulin mesylate | Medical |
| J9355 | Herceptin | trastuzumab | Medical |
| J1559 | HIZENTRA | IVIG/immunizing | Medical |
| J0800 | HP Acthar | repository corticotropin | Medical |
| J7321 | Hyalgan | | Medical |
| J9043 | Jevtana | cabazitaxel | Medical |
| J9354 | Kadcyla | adotrastuzumab | Medical |
| J0221 | LUMIZYME/αglucosidase | Enzymes | Medical |
| J0220 | MYOZYME//αglucosidase | Enzymes | Medical |
| J1458 | NAGLAZYME/galsulfase | Enzymes | Medical |
| J1568 | OCTAGAM | IVIG/immunizing | Medical |
| J0129 | Orencia/abatacept | Anti-inflammatory | Medical |
| J7324 | Orthovisc | | Medical |
| C9292 | Perjeta | pertuzumab | Medical |
| J1459 | PRIVIGEN | IVIG/immunizing | Medical |
| Q2043 | Provence | sipuleucel-T | Medical |
| J1745 | Remicade/infliximab | Anti-inflammatory | Medical |
| J9310 | Rituxan | rituximab | Medical |
| J1602 | Simponi/golimumab | Anti-inflammatory | Medical |
| J3357 | Stelara/ustekinumab | Anti-inflammatory | Medical |

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|-------|-----------------------------|-------------------|---------|
| J7321 | Supartz | | Medical |
| J7325 | Synvisc One | | Medical |
| J7325 | Synvisc/Hylan | | Medical |
| J2323 | Tysabri | Anti-inflammatory | Medical |
| J9303 | Vectibix | Panitumumab | Medical |
| J1562 | Vivaglobin | | Medical |
| J3385 | VPRIV/Velaglucerase Alfa | Enzymes | Medical |
| J2357 | Xolair | omalizumab | Medical |
| J9228 | Yervoy | ipilimumab | Medical |
| J0256 | Zemaira*/alpha 1 proteinase | Alpha-1 | Medical |