

Premium Prior Authorization

Some medications must be authorized for coverage because they're only approved or effective in treating specific illnesses, they cost more or they may be prescribed for conditions for which safety and effectiveness have not been well-established.

Reviewing Medications

Our review committee of independent doctors and pharmacists meets regularly to review medications and consider how they should be covered by pharmacy benefit plans. They also recommend prior authorization guidelines.

Safe and Effective

When making recommendations, the review committee focuses on proven medication safety, effectiveness and cost. The committee considers:

- U.S. Food and Drug Administration (FDA) approved indications
- Manufacturer's package labeling instructions
- Well-accepted and/or published clinical recommendations

Getting a Short-Term Supply

If you must start taking a medication that requires prior authorization right away, two options may be available to you. First, ask your doctor if a sample is available. If not, check with your pharmacy to request a short-term supply of five 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 dispense the rest of your prescription.

Requesting a Prior Authorization

You, your pharmacist or your doctor can start the prior authorization review process by contacting our prior authorization department. A pharmacy technician then works with your doctor to get the information needed for the review. Once we receive a completed prior authorization form from your doctor, we conduct a clinical review within two business days. We then send you and your doctor a letter regarding the prior authorization decision.

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.

Premium Specialty Prior Authorization List

Products on these pages may require prior authorization as determined by your specific benefit plan design. For more information, contact customer service at the number on the back of your benefit plan ID card.

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Anti-infectives		
Antiretrovirals, HIV	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
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	90 tabs/30 days
	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) Susp	2 bottles/30 days
	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
	VELETRI (epoprostenol)	None
	VENTAVIS (iloprost)	9 ampules/day
Vasopressors	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
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
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/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) (histrelin acetate)	None SUPPRELIN LA 1 kit/365 days
	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
	SAIZEN (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	H.P. ACTHAR (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	FORTEO (teriparatide)	None
	PROLIA (denosumab)	2 syringes/year
Somatostatins	SANDOSTATIN (octreotide)	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR (pasireotide)	2 ampules/day
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	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
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	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

	ZAVESCA (miglustat)	None
Enzyme, Gout	KRYSTEXXA (pegloticase)	None
Phenylketonuria Treatment Agents	KUVAN (sapropterin)	None
Gastroenterology		
Bile Acid Agents	CHOLBAM (cholic acid)	None
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
Short Bowel Syndrome	GATIEX (teduglutide)	None
Immunology		
Hematopoietic Agents	GRANIX (tbo-filgrastim)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy polyethylene glyco1-epoetin)	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
	SOLIRIS (eculizumab)	None
	ZARXIO (filgrastim)	None
Hemostatic Agent	BERINERT (c1 esterase)	None
	CINRYZE (c1 esterase)	None
	FIRAZYR (icatibant) Soln	None
	RUCONEST (c1 esterase) Solr	None
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day
	EPC LUSA (sofosbuvir-velpatasvir)	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 PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day

	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)	3 tabs/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
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PRIVIGEN (immune globulin)	None
Immunomodulators	ACTEMRA (tocilizumab) Sosy	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
	REMICADE (infliximab)	None
	SIMPONI (golimumab)	None
	SIMPONI ARIA (golimumab)	None
	STELARA (ustekinumab)	None
	TALTZ (ixekizumab)	None
	XELJANZ (tofacitinib)	None
	XELJANZ XR (tofacitinib)	None
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/4 weeks
Miscellaneous	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-1 b)	1 package/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
	LEMTRADA (alemtuzumab)	None
	NOVANTRONE (mitoxantrone)	None
	TECFIDERA (dimethyl fumarate)	2 caps/day
	TECFIDERA (dimethyl fumarate) Starter Pack	1 starter pack/year
	TYSABRI (natalizumab)	1 injection /28 days
	ZINBRYTA (daclizumab)	None
Transplant	NULOJIX (belatacept)	None
	ZORTRESS (everolimus)	None
Miscellaneous		
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Diagnostic	THYROGEN (thyrotropin alfa)	None
Movement Disorder Agents	XENAZINE (tetrabenazine)	None
Toxicology	CUPRIMINE (penicillamine)	None
	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone) Tabs	None
	JADENU (deferasirox)	None
	SYPRINE (trientine)	None
Viscosupplements	EUFLEXXA (sodium hyaluronate)	None
	GEL-ONE (sodium hyaluronate)	None
	HYALGAN (sodium hyaluronate)	None
	MONOVISC (hyaluronan)	None
	ORTHOVISC (sodium hyaluronate)	None
	SUPARTZ (sodium hyaluronate)	None
	SYNVISC (sodium hyaluronate)	None
	SYNVISC-ONE (sodium hyaluronate)	None
Obstetrics & Gynecology		
Fertility Agents	CETROTIDE (cetorelix)	None
	Chorionic gonadotropin (chorionic gonadotropin)	None
	Ganirelix acetate (ganirelix)	None

	GONAL-F (follitropin alfa) 450 IU	None
	GONAL-F RFF (follitropin alfa) Pens 300 IU	None
	GONAL-F RFF REDIINJECT (follitropin alfa) Soln 900 IU	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
Hormone Replacement	MAKENA (hydroxyprogesterone caproate)	None
Oncology (Injectable)		
Antifolate	FOLOTYN (pralatrexate) Soln	None
	TECENTRIQ (atezolizumab) Soln	None
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	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	SYNRIBO (omacetaxine)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DARZALEX (daratumumab) Soln	None
	EMPLICITI (elotuzumab) Solr	None
	ERBITUX (cetuximab) Soln	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KEYTRUDA (pembrolizumab) Soln	None
	KEYTRUDA (pembrolizumab) Solr	None
	OPDIVO (nivolumab)	None
	PERJETA (pertuzumab)	None
	RITUXAN (rituximab)	None

	SYLVANT (siltuximab)	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 (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	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
	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) 100 mg, 150 mg	1 tab/day

	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	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
	LONSURF (trifluridine-tipiracil) 20-8.19 mg	80 tabs/28 days
	TARGRETIN (bexarotene) caps	None
	XELODA (capecitabine)	None
	ZOLINZA (vorinostat)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Respiratory		
Asthma/COPD	CINQAIR (reslizumab) Soln	None
	NUCALA (mepolizumab)	1 vial/28 days
	XOLAIR (omalizumab)	None
Cystic fibrosis	CAYSTON (aztreonam)	None
	KALYDECO (ivacaftor)	None
	KALYDECO (ivacaftor) Packs	None
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	PULMOZYME (dornase alfa)	None
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	None

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