Standard Non-Specialty Prior Authorization List

October 2014

Therapeutic Category	Drug Name	Quantity Limit
Anti-infectives		
Antibiotics	KETEK (telithromycin)	None
	XIFAXAN (rifaximin)	None
Antifungals	JUBLIA (efinaconazole)	None
	KERYDIN (tavaborole)	None
	ONMEL (itraconazole)	None
	SPORANOX (itraconazole)	None
Antimalarial	QUALAQUIN (quinine)	QL varies*
Cardiology		
Antiangina	RANEXA (ranolazine)	None
Antilipemic	VYTORIN 10-80 MG (simvastatin/ezetimibe)	None
	ZOCOR 80 mg (simvastatin)	None
Central Nervous System		
Analgesics (non-opioid)	CELEBREX (celecoxib)	2 caps/day
	FLECTOR (diclofenac epolamine)	2 patches/day up to 15 days
	PENNSAID (diclofenac) 1.5%	2 bottles/month
	PENNSAID (diclofenac) 2%	2 bottles/month
	QUTENZA (capsaicin)	4 patches/3 months
Analgesics (opioid)	ABSTRAL (fentanyl citrate)	4 tabs/day
	ACTIQ (fentanyl citrate)	4 lozenges/day
	BUNAVAIL (buprenorphrine/naloxone) 2.1-0.3 mg	6 films/day
	BUNAVAIL (buprenorphrine/naloxone) 4.2-0.7 mg	3 films/day
	BUNAVAIL (buprenorphrine/naloxone) 6.3-1 mg	2 films/day
	BUTRANS (buprenorphine)	4 patches/28 days
	FENTORA (fentanyl citrate)	4 tabs/day
	LAZANDA (fentanyl citrate)	1 bottle/day
	ONSOLIS (fentanyl citrate)	4 films/day
	SUBOXONE (buprenorphrine/naloxone) 2-0.5 mg	12 tabs or films/day
	SUBOXONE (buprenorphrine/naloxone) 4-1 mg	6 films/day
	SUBOXONE (buprenorphrine/naloxone) 8-2 mg	3 tabs or films/day
	SUBOXONE (buprenorphrine/naloxone) 12-3 mg	2 films/day
	SUBSYS (fentanyl)	4 sprays/day
	SUBUTEX (buprenorphrine) 2 mg	12 tabs/day
	SUBUTEX (buprenorphrine) 8 mg	3 tabs/day
	ZOHYDRO ER (hydrocodone bitartrate) 50 mg	4 caps/day
	ZOHYDRO ER (hydrocodone bitartrate)	2 caps/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 1.4-0.36 MG	12 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 5.7-1.4 MG	3 tabs/day
Anticonvulsants	GRALISE (gabapentin) 300 mg	6 tabs/day
	GRALISE (gabapentin) 600 mg	3 tabs/day
	GRALISE (gabapentin) Pack	1 kit per year (78 tabs per year)
	HORIZANT (gabapentin enacarbil)	2 tabs/day
Antidepressants	EMSAM (selegiline)	1 patch/day
	OLEPTRO (trazodone)	1 tab/day
Miscellaneous	RILUTEK (riluzole)	2 tabs/day
Stimulants	NUVIGIL (armodafinil)	1 tab/day
	NUVIGIL (armodafinil) 50 mg	2 tabs/day
	PROVIGIL (modafinil)	1 tab/day
Weight Loss	ADIPEX-P (phentermine)	None
	BELVIQ (lorcaserin)	None
	BONTRIL (phendimetrazine)	None

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Central Nervous System		
Weight Loss	DIDREX (benzphetamine)	None
	QSYMIA (phentermine/topiramate)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
	XENICAL (orlistat)	None
Dermatology		
Acne (PA age >25 only)	ATRALIN (tretinoin)	None
	AVITA (tretinoin)	None
	DIFFERIN (adapalene)	None
	EPIDUO (adapalene/benzoyl peroxide)	None
	RETIN-A (tretinoin)	None
	RETIN-A MICRO (tretinoin)	None
	TRETIN-X (tretinoin)	None
	VELTIN (clindamycin/tretinoin)	None
	ZIANA (clindamycin/tretinoin)	None
Miscellaneous	FABIOR (tazarotene)	100 g/30 days
	TACLONEX (calcipotriene/betamethasone)	400 g/30 days
	TACLONEX SCALP (calcipotriene/betamethasone)	120 g/30 days
	TAZORAC (tazarotene)	100 g/30 days
Endocrinology & Metabolism		
Androgens, Anabolic Steroids	ANADROL-50 (oxymetholone)	None
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
Androgens, Testosterone	AVEED (testosterone undecanoate)	None
	DELATESTRYL (testosterone enanthate)	None
	DEPO-TESTOSTERONE (testosterone cypionate)	None
	TESTOPEL (testosterone pellet)	None
Antidiabetic Agents	FARXIGA (dapagliflozin propanediol)	None
	INVOKAMET (canagliflozin-metformin)	None
	INVOKANA (canagliflozin)	None
	JARDIANCE (empagliflozin)	None
	SYMLIN (pramlintide)	None
Miscellaneous	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	BONIVA IV (ibandronate)	1 syringe/90 days
Gastroenterology		
Antiemetics	CESAMET (nabilone)	60 caps/30 days
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	60 caps/30 days
Diarrhea	FULYZAQ (crofelemer)	2 tabs/day
Opioid-induced Constipation	RELISTOR (methylnaltrexone)	None
Miscellaneous		
Calcium Modifier	SENSIPAR (cinacalcet)	None
Wound Care	REGRANEX (becaplermin)	None
Oncology		
Miscellaneous	PROVENGE (sipuleucel-T)	None
Ophthalmology		
Miscellaneous	RESTASIS (cyclosporine)	2 vials/day

Therapeutic Category	Drug Name	Quantity Limit
Respiratory		
Leukotriene modifier	ACCOLATE (zafirlukast)	None
	ZYFLO (zileuton)	None
	ZYFLO CR (zileuton)	None

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

*QL is built into the PA criteria approval and varies based on indication and/or other clinical factors.