Drug/Class Name	Specialist and Effective Date of PA Bypass Rules	Applicable Taxonomy Codes for Specialist https://nppes.cms.hhs.gov/#/	Description of PA Bypass Rules	Reference DoD P&T Committee Meeting Minutes Minutes https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Pharmacy-Operations/DOD-PT-Committee/Meeting-Minutes
Humira Brand Only (No Biosimilars)	Rheumatologist (5/14/2024) Dermatologist and Gastroenterologist (11/26/2024)	207RR0500X and 2080P0216X On 11/26/2024, the following codes were added: 207N00000X, 207ND0101X, 207ND0900X, 207NP0225X, 207NS0135X, 207RG0100X and 2080P0206X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization unless there is a paid claim for the drug within the previous 720 days.	May 2024 and August 2024 P&T
Bruton Tyrosine Kinase Inhibitors (BTKI): Calquence Brukinsa	Hematologist and Oncologist (1/8/2025)	2086X0206X, 207RH0000X, 207RH0003X, 207RX0202X, 2085R0001X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization unless there is a paid claim for the drug within the previous 720 days.	August 2024 P&T
Hepatitis C Virus (HCV) Drugs: Epclusa Harvoni Zepatier Vosevi Sovaldi (Excludes authorized generics for Harvoini and Epclusa)	Gastroenterologist, Hepatologist and Infectious Diseases Physician (1/8/2025)	207RG0100X, 207RI0008X, 207RI0200X, 207RT0003X, 2080P0206X, 2080P0208X 2080T0004X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	August 2024 P&T
Zytiga (and generic ABIRATERONE ACETATE)	Hematologist, Oncologist and Urologist (1/8/2025)	207RH0000X, 207RH0003X, 207RX0202X, 2080P0207X 208800000X, 2088P0231X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization unless there is a paid claim for the drug within the previous 720 days.	August 2024 P&T
Repatha	Cardiologist, Endocrinologist and Cardiac Transplant Physician (1/29/2025) Internal Medicine – Cardiovascular Disease (3/25/2025)	207RI0011X 207UN0901X 2080P0202X 207RA0001X 2080P0205X 207RE0101X ADDED 3/25/2025 07RC0000X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization unless there is a paid claim for the Repatha, atorvastatin (any strength), rosuvastatin (any strength), ezetimibe or ezetimibe/simvastatin within the previous 180 days.	November 2024 P&T
Taltz	Dermatologist (4/30/2025)	207N00000X, 207ND0101X, 207ND0900X, 207NP0225X, and 207NS0135X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization unless there is a paid claim for the drug within the previous 720 days.	November 2024 P&T
Ilumya	Dermatologist (5/28/2025)	207N00000X, 207ND0101X, 207ND0900X, 207NP0225X, and 207NS0135X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization unless there is a paid claim for the drug within the previous 720 days.	November 2024 P&T
Blujepa	Urologist, Urogynecologist or Infectious Disease (3/11/2026)	208800000X, 2088P0231X, 207RI0200X, 2080P0208X, 207VF0040X, and 2088F0040X	When the patient is 12 years of age and older AND PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	November 2025 P&T

Otulfi Brand	Dermatologist and Gastroenterologist (5/20/2026)	207N00000X, 207ND0101X, 207ND0900X, 207NP0225X, 207NS0135X, 207RG0100X and 2080P0206X.	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	November 2025 P&T
Myrbetriq	Urologists, Urogynecologists, and Geriatricians (7/1/2026)	207VF0040X, 208800000X, 2088P0231X, 2088F0040X, 207RG0300X, 207QG0300X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	Aug 2025 P&T
cyclosporine 0.05% ophthalmic emulsion unit dose (Restasis, generic unit dose)	Ophthalmologist or Optometrist (7/1/2026)	207W00000X, 207WX0009X, 207WX0107X, 207WX0108X, 207WX0109X, 207WX0110X, 207WX0120X, 207WX0200X, 152W00000X, 152WC0802X, 152WL0500X, 152WX0102X, 152WP0200X, 152WS0006X, 152WV0400X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	February 2025 P&T
Entyvio	Gastroenterologists (7/1/2026)	207RG0100X, 2080P0206X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	February 2025 P&T
Zymfentra	Gastroenterologists (7/1/2026)	207RG0100X, 2080P0206X	A PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	February 2025 P&T
Ebglyss	Dermatologist, Allergist or Immunologist (8/26/2026)	207N00000X, 207NP0225X, 207K00000X, 207KA0200X, 207RA0201X, 2080P0201X	Automated PA criteria: When the patient is 12 years of age and older AND when prescribed by a dermatologist, allergist or immunologist, prior authorization is not required. Once therapy is initiation by a dermatologist, allergist or immunologist, an automated drug lookback will apply, allowing continuation of coverage by any other prescriber if the patient has received the requested medication in the past 720 days	Aug 2025 P&T
Pivya	Urologist, Urogynecologist or Infectious Disease (3/11/2026)	208800000X, 2088P0231X, 207RI0200X, 2080P0208X, 207VF0040X, and 2088F0040X	When the patient is 18 years of age and older AND PA is not required if the drug is prescribed by specialists indicated. All other prescribers have to obtain prior authorization.	May 2026 P&T