



**Quantity Limit Program Summary**

**Quantity Limits**

To help with safe and effective drug use, some drugs have limits on how much of a particular drug you can get for a specific time period.

If there is medical reason why you need an amount that is greater than what is allowed, your physician can fill out a Quantity Limit prior authorization form for you and send it to Prime Therapeutics. This form can be found on the MyPrime.com website.

Note: Quantity limits apply to all available MultiSource Code (MSC) products

*Your health benefit plan may not cover certain prescription drug products or drug categories included in this document. Please consult your benefit plan materials for details about your particular benefit.*

*This document may include drugs that are not included on your plan's formulary. For drug coverage status, please consult your plan's formulary.*

QL PROG NAME	Target	GPI Name	Quantity Limit
Acute Migraine Agents	ELYXYB	CELECOXIB ORAL SOLN 120 MG/4.8ML (25 MG/ML)	6 Bottles Per 30 Days
Acute Migraine Agents	MIGRANAL	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML	8 mLs Per 28 Days
Acute Migraine Agents	REYVOW	LASMIDITAN SUCCINATE TAB 100 MG	8 Tablets Per 30 Days
Acute Migraine Agents	REYVOW	LASMIDITAN SUCCINATE TAB 50 MG	8 Tablets Per 30 Days
Acute Migraine Agents	TRUDHESA	DIHYDROERGOTAMINE MESYLATE HFA NASAL AEROSOL 0.725 MG/ACT	12 mLs Per 28 Days
Acute Migraine Agents	dihydroergotamine mesylate	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML	8 mLs Per 28 Days
ADHD Agents	ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	60 Tablets Per 30 Days
ADHD Agents	ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	60 Tablets Per 30 Days
ADHD Agents	ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	60 Tablets Per 30 Days
ADHD Agents	ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	90 Tablets Per 30 Days
ADHD Agents	ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	60 Tablets Per 30 Days
ADHD Agents	ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	60 Tablets Per 30 Days
ADHD Agents	ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	60 Tablets Per 30 Days
ADHD Agents	ADDERALL XR	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	30 Capsules Per 30 Days
ADHD Agents	ADDERALL XR	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	30 Capsules Per 30 Days
ADHD Agents	ADDERALL XR	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	30 Capsules Per 30 Days
ADHD Agents	ADDERALL XR	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	ADDERALL XR	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	30 Capsules Per 30 Days
ADHD Agents	ADDERALL XR	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	30 Capsules Per 30 Days
ADHD Agents	ADHANSIA XR	METHYLPHENIDATE HCL CAP ER 24HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	ADHANSIA XR	METHYLPHENIDATE HCL CAP ER 24HR 35 MG	30 Capsules Per 30 Days
ADHD Agents	ADHANSIA XR	METHYLPHENIDATE HCL CAP ER 24HR 45 MG	30 Capsules Per 30 Days
ADHD Agents	ADHANSIA XR	METHYLPHENIDATE HCL CAP ER 24HR 55 MG	30 Capsules Per 30 Days
ADHD Agents	ADHANSIA XR	METHYLPHENIDATE HCL CAP ER 24HR 70 MG	30 Capsules Per 30 Days
ADHD Agents	ADHANSIA XR	METHYLPHENIDATE HCL CAP ER 24HR 85 MG	30 Capsules Per 30 Days
ADHD Agents	ADZENYS XR-ODT	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 12.5 MG	30 Tablets Per 30 Days
ADHD Agents	ADZENYS XR-ODT	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 15.7 MG	30 Tablets Per 30 Days
ADHD Agents	ADZENYS XR-ODT	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 18.8 MG	30 Tablets Per 30 Days
ADHD Agents	ADZENYS XR-ODT	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 3.1 MG	60 Tablets Per 30 Days
ADHD Agents	ADZENYS XR-ODT	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 6.3 MG	60 Tablets Per 30 Days
ADHD Agents	ADZENYS XR-ODT	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 9.4 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
ADHD Agents	APTENSIO XR	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	APTENSIO XR	METHYLPHENIDATE HCL CAP ER 24HR 15 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	APTENSIO XR	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	APTENSIO XR	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	APTENSIO XR	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	APTENSIO XR	METHYLPHENIDATE HCL CAP ER 24HR 50 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	APTENSIO XR	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	AZSTARYS	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 26.1-5.2 MG	30 Capsules Per 30 Days
ADHD Agents	AZSTARYS	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 39.2-7.8 MG	30 Capsules Per 30 Days
ADHD Agents	AZSTARYS	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 52.3-10.4 MG	30 Capsules Per 30 Days
ADHD Agents	CONCERTA	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	30 Tablets Per 30 Days
ADHD Agents	CONCERTA	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	30 Tablets Per 30 Days
ADHD Agents	CONCERTA	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	60 Tablets Per 30 Days
ADHD Agents	CONCERTA	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	30 Tablets Per 30 Days
ADHD Agents	COTEMPLA XR-ODT	METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 17.3 MG	60 Tablets Per 30 Days
ADHD Agents	COTEMPLA XR-ODT	METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 25.9 MG	60 Tablets Per 30 Days
ADHD Agents	COTEMPLA XR-ODT	METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 8.6 MG	30 Tablets Per 30 Days
ADHD Agents	DAYTRANA	METHYLPHENIDATE TD PATCH 10 MG/9HR	30 Patches Per 30 Days
ADHD Agents	DAYTRANA	METHYLPHENIDATE TD PATCH 15 MG/9HR	30 Patches Per 30 Days
ADHD Agents	DAYTRANA	METHYLPHENIDATE TD PATCH 20 MG/9HR	30 Patches Per 30 Days
ADHD Agents	DAYTRANA	METHYLPHENIDATE TD PATCH 30 MG/9HR	30 Patches Per 30 Days
ADHD Agents	DESOXYN	METHAMPHETAMINE HCL TAB 5 MG	150 Tablets Per 30 Days
ADHD Agents	DEXEDRINE	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	120 Capsules Per 30 Days
ADHD Agents	DEXEDRINE	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	120 Capsules Per 30 Days
ADHD Agents	DEXEDRINE	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG	90 Capsules Per 30 Days
ADHD Agents	DYANAVAL XR	AMPHETAMINE CHEW TAB EXTENDED RELEASE 10 MG	30 Tablets Per 30 Days
ADHD Agents	DYANAVAL XR	AMPHETAMINE CHEW TAB EXTENDED RELEASE 15 MG	30 Tablets Per 30 Days
ADHD Agents	DYANAVAL XR	AMPHETAMINE CHEW TAB EXTENDED RELEASE 20 MG	30 Tablets Per 30 Days
ADHD Agents	DYANAVAL XR	AMPHETAMINE CHEW TAB EXTENDED RELEASE 5 MG	30 Tablets Per 30 Days
ADHD Agents	DYANAVAL XR	AMPHETAMINE EXTENDED RELEASE SUSP 2.5 MG/ML	240 mLs Per 30 Days
ADHD Agents	EVEKEO	AMPHETAMINE SULFATE TAB 10 MG	180 Tablets Per 30 Days
ADHD Agents	EVEKEO	AMPHETAMINE SULFATE TAB 5 MG	90 Tablets Per 30 Days
ADHD Agents	EVEKEO ODT	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 10 MG	60 Tablets Per 30 Days
ADHD Agents	EVEKEO ODT	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 15 MG	60 Tablets Per 30 Days
ADHD Agents	EVEKEO ODT	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 20 MG	60 Tablets Per 30 Days
ADHD Agents	EVEKEO ODT	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 5 MG	60 Tablets Per 30 Days
ADHD Agents	FOCALIN	DEXMETHYLPHENIDATE HCL TAB 10 MG	60 Tablets Per 30 Days
ADHD Agents	FOCALIN	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	60 Tablets Per 30 Days
ADHD Agents	FOCALIN	DEXMETHYLPHENIDATE HCL TAB 5 MG	60 Tablets Per 30 Days
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	30 Capsules Per 30 Days
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	30 Capsules Per 30 Days
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	30 Capsules Per 30 Days
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	30 Capsules Per 30 Days
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	30 Capsules Per 30 Days
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	30 Capsules Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
ADHD Agents	FOCALIN XR	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	30 Capsules Per 30 Days
ADHD Agents	INTUNIV	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	INTUNIV	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	INTUNIV	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	INTUNIV	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	JORNAY PM	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM)	30 Capsules Per 30 Days
ADHD Agents	JORNAY PM	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM)	30 Capsules Per 30 Days
ADHD Agents	JORNAY PM	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM)	30 Capsules Per 30 Days
ADHD Agents	JORNAY PM	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM)	30 Capsules Per 30 Days
ADHD Agents	JORNAY PM	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM)	30 Capsules Per 30 Days
ADHD Agents	KAPVAY	CLONIDINE HCL TAB ER 12HR 0.1 MG	120 Tablets Per 30 Days
ADHD Agents	METHYLIN	METHYLPHENIDATE HCL SOLN 10 MG/5ML	900 mLs Per 30 Days
ADHD Agents	METHYLIN	METHYLPHENIDATE HCL SOLN 5 MG/5ML	450 mLs Per 30 Days
ADHD Agents	METHYLPHENIDATE HYDROCHLORIDE ER	METHYLPHENIDATE HCL TAB ER 24HR 18 MG	30 Tablets Per 30 Days
ADHD Agents	METHYLPHENIDATE HYDROCHLORIDE ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 45 MG	30 Tablets Per 30 Days
ADHD Agents	METHYLPHENIDATE HYDROCHLORIDE ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 63 MG	30 Tablets Per 30 Days
ADHD Agents	METHYLPHENIDATE HYDROCHLORIDE ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG	30 Tablets Per 30 Days
ADHD Agents	MYDAYIS	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG	30 Capsules Per 30 Days
ADHD Agents	MYDAYIS	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	MYDAYIS	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	30 Capsules Per 30 Days
ADHD Agents	MYDAYIS	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	30 Capsules Per 30 Days
ADHD Agents	QELBREE	VILOXAZINE HCL CAP ER 24HR 100 MG	30 Capsules Per 30 Days
ADHD Agents	QELBREE	VILOXAZINE HCL CAP ER 24HR 150 MG	60 Capsules Per 30 Days
ADHD Agents	QELBREE	VILOXAZINE HCL CAP ER 24HR 200 MG	90 Capsules Per 30 Days
ADHD Agents	QUILLICHEW ER	METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 20 MG	30 Tablets Per 30 Days
ADHD Agents	QUILLICHEW ER	METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 30 MG	60 Tablets Per 30 Days
ADHD Agents	QUILLICHEW ER	METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 40 MG	30 Tablets Per 30 Days
ADHD Agents	QUILLIVANT XR	METHYLPHENIDATE HCL FOR ER SUSP 25 MG/5ML (5 MG/ML)	360 mLs Per 30 Days
ADHD Agents	RELEXXII	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	30 Tablets Per 30 Days
ADHD Agents	RELEXXII	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	30 Tablets Per 30 Days
ADHD Agents	RELEXXII	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	60 Tablets Per 30 Days
ADHD Agents	RELEXXII	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 45 MG	30 Tablets Per 30 Days
ADHD Agents	RELEXXII	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	30 Tablets Per 30 Days
ADHD Agents	RELEXXII	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 63 MG	30 Tablets Per 30 Days
ADHD Agents	RELEXXII	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG	30 Tablets Per 30 Days
ADHD Agents	RITALIN	METHYLPHENIDATE HCL TAB 10 MG	90 Tablets Per 30 Days
ADHD Agents	RITALIN	METHYLPHENIDATE HCL TAB 20 MG	90 Tablets Per 30 Days
ADHD Agents	RITALIN	METHYLPHENIDATE HCL TAB 5 MG	90 Tablets Per 30 Days
ADHD Agents	RITALIN LA	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	RITALIN LA	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	RITALIN LA	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	RITALIN LA	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	STRATTERA	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	STRATTERA	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	STRATTERA	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	STRATTERA	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	60 Capsules Per 30 Days

QL PROG NAME	Target	GPI Name	Quantity Limit
ADHD Agents	STRATTERA	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	STRATTERA	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	STRATTERA	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	30 Capsules Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	30 Tablets Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	30 Tablets Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	30 Tablets Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	30 Tablets Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	30 Tablets Per 30 Days
ADHD Agents	VYVANSE	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	30 Tablets Per 30 Days
ADHD Agents	XELSTRYM	DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR	30 Patches Per 30 Days
ADHD Agents	XELSTRYM	DEXTROAMPHETAMINE TD PATCH 18 MG/9HR	30 Patches Per 30 Days
ADHD Agents	XELSTRYM	DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR	30 Patches Per 30 Days
ADHD Agents	XELSTRYM	DEXTROAMPHETAMINE TD PATCH 9 MG/9HR	30 Patches Per 30 Days
ADHD Agents	amphetamine sulfate	AMPHETAMINE SULFATE TAB 10 MG	180 Tablets Per 30 Days
ADHD Agents	amphetamine sulfate	AMPHETAMINE SULFATE TAB 5 MG	90 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	60 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	60 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	60 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	90 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	60 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	60 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	60 Tablets Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine er	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine er	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine er	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine er	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine er	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine er	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	30 Capsules Per 30 Days
ADHD Agents	amphetamine/dextroamphetamine er	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	30 Capsules Per 30 Days
ADHD Agents	atomoxetine	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	atomoxetine	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	atomoxetine	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	atomoxetine	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	60 Capsules Per 30 Days



QL PROG NAME	Target	GPI Name	Quantity Limit
ADHD Agents	atomoxetine	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	atomoxetine	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	atomoxetine	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	atomoxetine hydrochloride	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	atomoxetine hydrochloride	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	atomoxetine hydrochloride	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	atomoxetine hydrochloride	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	atomoxetine hydrochloride	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	60 Capsules Per 30 Days
ADHD Agents	atomoxetine hydrochloride	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	atomoxetine hydrochloride	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	30 Capsules Per 30 Days
ADHD Agents	clonidine hcl er	CLONIDINE HCL TAB ER 12HR 0.1 MG	120 Tablets Per 30 Days
ADHD Agents	clonidine hydrochloride	CLONIDINE HCL TAB ER 12HR 0.1 MG	120 Tablets Per 30 Days
ADHD Agents	clonidine hydrochloride er	CLONIDINE HCL TAB ER 12HR 0.1 MG	120 Tablets Per 30 Days
ADHD Agents	dexmethylphenidate hcl	DEXMETHYLPHENIDATE HCL TAB 10 MG	60 Tablets Per 30 Days
ADHD Agents	dexmethylphenidate hcl	DEXMETHYLPHENIDATE HCL TAB 5 MG	60 Tablets Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hcl er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride	DEXMETHYLPHENIDATE HCL TAB 10 MG	60 Tablets Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	60 Tablets Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride	DEXMETHYLPHENIDATE HCL TAB 5 MG	60 Tablets Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	30 Capsules Per 30 Days
ADHD Agents	dexmethylphenidate hydrochloride er	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	30 Capsules Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	1800 mLs Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE TAB 10 MG	180 Tablets Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE TAB 15 MG	90 Tablets Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE TAB 2.5 MG	90 Tablets Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE TAB 20 MG	90 Tablets Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE TAB 30 MG	60 Tablets Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE TAB 5 MG	90 Tablets Per 30 Days
ADHD Agents	dextroamphetamine sulfate	DEXTROAMPHETAMINE SULFATE TAB 7.5 MG	90 Tablets Per 30 Days
ADHD Agents	dextroamphetamine sulfate er	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	120 Capsules Per 30 Days
ADHD Agents	dextroamphetamine sulfate er	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	120 Capsules Per 30 Days
ADHD Agents	dextroamphetamine sulfate er	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG	90 Capsules Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
ADHD Agents	guanfacine er	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine er	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine er	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine er	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride er	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride er	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride er	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	guanfacine hydrochloride er	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	30 Tablets Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	30 Capsules Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	30 Capsules Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	30 Capsules Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	30 Capsules Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	30 Capsules Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	30 Capsules Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	30 Capsules Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	30 Tablets Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	30 Tablets Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	30 Tablets Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	30 Tablets Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	30 Tablets Per 30 Days
ADHD Agents	lisdexamfetamine dimesylate	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	30 Tablets Per 30 Days
ADHD Agents	methamphetamine hcl	METHAMPHETAMINE HCL TAB 5 MG	150 Tablets Per 30 Days
ADHD Agents	methylphenidate	METHYLPHENIDATE TD PATCH 10 MG/9HR	30 Patches Per 30 Days
ADHD Agents	methylphenidate	METHYLPHENIDATE TD PATCH 15 MG/9HR	30 Patches Per 30 Days
ADHD Agents	methylphenidate	METHYLPHENIDATE TD PATCH 20 MG/9HR	30 Patches Per 30 Days
ADHD Agents	methylphenidate	METHYLPHENIDATE TD PATCH 30 MG/9HR	30 Patches Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL CHEW TAB 10 MG	180 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL CHEW TAB 2.5 MG	90 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL CHEW TAB 5 MG	90 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL SOLN 10 MG/5ML	900 mLs Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL SOLN 5 MG/5ML	450 mLs Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL TAB 10 MG	90 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL TAB 20 MG	90 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride	METHYLPHENIDATE HCL TAB 5 MG	90 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride cd	METHYLPHENIDATE HCL CAP ER 10 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride cd	METHYLPHENIDATE HCL CAP ER 20 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride cd	METHYLPHENIDATE HCL CAP ER 30 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride cd	METHYLPHENIDATE HCL CAP ER 50 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride cd	METHYLPHENIDATE HCL CAP ER 60 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 10 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 20 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	30 Capsules Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 15 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 50 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 30 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 40 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 50 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL CAP ER 60 MG (CD)	30 Capsules Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER 10 MG	90 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER 20 MG	90 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER 24HR 27 MG	30 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER 24HR 36 MG	60 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER 24HR 54 MG	30 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	30 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	30 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	60 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	30 Tablets Per 30 Days
ADHD Agents	methylphenidate hydrochloride er (la)	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA)	30 Capsules Per 30 Days
ADHD Agents	procentra	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	1800 mLs Per 30 Days
ADHD Agents	zenzedi	DEXTROAMPHETAMINE SULFATE TAB 10 MG	180 Tablets Per 30 Days
ADHD Agents	zenzedi	DEXTROAMPHETAMINE SULFATE TAB 15 MG	90 Tablets Per 30 Days
ADHD Agents	zenzedi	DEXTROAMPHETAMINE SULFATE TAB 2.5 MG	90 Tablets Per 30 Days
ADHD Agents	zenzedi	DEXTROAMPHETAMINE SULFATE TAB 20 MG	90 Tablets Per 30 Days
ADHD Agents	zenzedi	DEXTROAMPHETAMINE SULFATE TAB 30 MG	60 Tablets Per 30 Days
ADHD Agents	zenzedi	DEXTROAMPHETAMINE SULFATE TAB 5 MG	90 Tablets Per 30 Days
ADHD Agents	zenzedi	DEXTROAMPHETAMINE SULFATE TAB 7.5 MG	90 Tablets Per 30 Days
Afrezza	AFREZZA	INSULIN REGULAR (HUMAN) INH POWD 60X4 & 60X8 & 60X12 UT/CART	1260 CARTS Per 30 Days
Afrezza	AFREZZA	INSULIN REGULAR (HUMAN) INH POWD 90 X 8 UNIT & 90 X 12 UNIT	1080 CARTS Per 30 Days
Afrezza	AFREZZA	INSULIN REGULAR (HUMAN) INHAL POWD 90 X 4 UNIT & 90 X 8 UNIT	1800 CARTS Per 30 Days
Afrezza	AFREZZA	INSULIN REGULAR (HUMAN) INHALATION POWDER 12 UNIT/CARTRIDGE	900 CARTS Per 30 Days
Afrezza	AFREZZA	INSULIN REGULAR (HUMAN) INHALATION POWDER 4 UNIT/CARTRIDGE	2520 CARTS Per 30 Days
Afrezza	AFREZZA	INSULIN REGULAR (HUMAN) INHALATION POWDER 8 UNIT/CARTRIDGE	1260 CARTS Per 30 Days
Amifampridine	FIRDAPSE	AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	240 Tablets Per 30 Days
Ampyra	AMPYRA	DALFAMPRIDINE TAB ER 12HR 10 MG	60 Tablets Per 30 Days
Ampyra	dalfampridine er	DALFAMPRIDINE TAB ER 12HR 10 MG	60 Tablets Per 30 Days
Androgen/Anabolic Steroids	ANDRODERM	TESTOSTERONE TD PATCH 24HR 2 MG/24HR	30 Patches Per 30 Days
Androgen/Anabolic Steroids	ANDRODERM	TESTOSTERONE TD PATCH 24HR 4 MG/24HR	30 Patches Per 30 Days
Androgen/Anabolic Steroids	ANDROGEL	TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)	30 Packets Per 30 Days
Androgen/Anabolic Steroids	ANDROGEL	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	ANDROGEL	TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)	60 Packets Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Androgen/Anabolic Steroids	ANDROGEL	TESTOSTERONE TD GEL 50 MG/5GM (1%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	ANDROGEL PUMP	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	2 Pumps Per 30 Days
Androgen/Anabolic Steroids	AVEED	TESTOSTERONE UNDECANOATE IM INJ IN OIL 750 MG/3ML (250MG/ML)	1 Vial Per 28 Days
Androgen/Anabolic Steroids	FORTESTA	TESTOSTERONE TD GEL 10MG/ACT (2%)	2 Pumps Per 30 Days
Androgen/Anabolic Steroids	JATENZO	TESTOSTERONE UNDECANOATE CAP 158 MG	90 Capsules Per 30 Days
Androgen/Anabolic Steroids	JATENZO	TESTOSTERONE UNDECANOATE CAP 198 MG	120 Capsules Per 30 Days
Androgen/Anabolic Steroids	JATENZO	TESTOSTERONE UNDECANOATE CAP 237 MG	60 Capsules Per 30 Days
Androgen/Anabolic Steroids	KYZATREX	TESTOSTERONE UNDECANOATE CAP 100 MG	60 Capsules Per 30 Days
Androgen/Anabolic Steroids	KYZATREX	TESTOSTERONE UNDECANOATE CAP 150 MG	120 Capsules Per 30 Days
Androgen/Anabolic Steroids	KYZATREX	TESTOSTERONE UNDECANOATE CAP 200 MG	120 Capsules Per 30 Days
Androgen/Anabolic Steroids	METHITEST	METHYLTESTOSTERONE ORAL TAB 10 MG	600 Tablets Per 30 Days
Androgen/Anabolic Steroids	NATESTO	TESTOSTERONE NASAL GEL 5.5 MG/ACT	3 Pumps Per 30 Days
Androgen/Anabolic Steroids	STRIANT	TESTOSTERONE BUCCAL MUCOADHESIVE SYSTEM 30 MG	60 Systems Per 30 Days
Androgen/Anabolic Steroids	TESTIM	TESTOSTERONE TD GEL 50 MG/5GM (1%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	TESTONE CIK	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML KIT	4 Kits Per 28 Days
Androgen/Anabolic Steroids	TESTOPEL	TESTOSTERONE IMPLANT PELLETS 75 MG	6 Pellets Per 90 Days
Androgen/Anabolic Steroids	TESTOSTERONE	TESTOSTERONE TD GEL 50 MG/5GM (1%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	TESTOSTERONE CYPIONATE	TESTOSTERONE CYP IM OR SUBCUTANEOUS INJ IN OIL 200 MG/ML	1 Vial Per 84 Days
Androgen/Anabolic Steroids	TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML	1 Vial Per 28 Days
Androgen/Anabolic Steroids	TESTOSTERONE PUMP	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)	4 Pumps Per 30 Days
Androgen/Anabolic Steroids	TLANDO	TESTOSTERONE UNDECANOATE CAP 112.5 MG	120 Capsules Per 30 Days
Androgen/Anabolic Steroids	VOGELXO	TESTOSTERONE TD GEL 50 MG/5GM (1%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	VOGELXO PUMP	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)	4 Pumps Per 30 Days
Androgen/Anabolic Steroids	XYOSTED	TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 100 MG/0.5ML	4 Pens Per 28 Days
Androgen/Anabolic Steroids	XYOSTED	TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 50 MG/0.5ML	4 Pens Per 28 Days
Androgen/Anabolic Steroids	XYOSTED	TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 75 MG/0.5ML	4 Pens Per 28 Days
Androgen/Anabolic Steroids	depo-testosterone	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	1 Vial Per 28 Days
Androgen/Anabolic Steroids	depo-testosterone	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	10 Vials Per 28 Days
Androgen/Anabolic Steroids	methyltestosterone	METHYLTESTOSTERONE CAP 10 MG	600 Capsules Per 30 Days
Androgen/Anabolic Steroids	testosterone	TESTOSTERONE TD GEL 10MG/ACT (2%)	2 Pumps Per 30 Days
Androgen/Anabolic Steroids	testosterone	TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)	30 Packets Per 30 Days
Androgen/Anabolic Steroids	testosterone	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	2 Pumps Per 30 Days
Androgen/Anabolic Steroids	testosterone	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	testosterone	TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	testosterone	TESTOSTERONE TD GEL 50 MG/5GM (1%)	60 Packets Per 30 Days
Androgen/Anabolic Steroids	testosterone	TESTOSTERONE TD SOLN 30 MG/ACT	2 Pumps Per 30 Days
Androgen/Anabolic Steroids	testosterone cypionate	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	1 Vial Per 28 Days
Androgen/Anabolic Steroids	testosterone cypionate	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	10 Vials Per 28 Days
Androgen/Anabolic Steroids	testosterone pump	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)	4 Pumps Per 30 Days
Androgen/Anabolic Steroids	testosterone pump	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	2 Pumps Per 30 Days
Androgen/Anabolic Steroids	testosterone topical solution	TESTOSTERONE TD SOLN 30 MG/ACT	2 Pumps Per 30 Days
Anti-COVID 19 Agents	LAGEVRIO	MOLNUPIRAVIR CAP 200 MG	40 Capsules Per 30 Days
Anti-COVID 19 Agents	PAXLOVID	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	20 Tablets Per 30 Days
Anti-COVID 19 Agents	PAXLOVID	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	30 Tablets Per 30 Days
Antidepressants	APLENZIN	BUPROPION HBR TAB ER 24HR 174 MG	30 Tablets Per 30 Days
Antidepressants	APLENZIN	BUPROPION HBR TAB ER 24HR 348 MG	30 Tablets Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Antidepressants	APLENZIN	BUPROPION HBR TAB ER 24HR 522 MG	30 Tablets Per 30 Days
Antidepressants	AUVELITY	DEXTROMETHORPHAN HBR-BUPROPION HCL TAB ER 45-105 MG	60 Tablets Per 30 Days
Antidepressants	BUPROPION HYDROCHLORIDE ER (XL)	BUPROPION HCL TAB ER 24HR 450 MG	30 Tablets Per 30 Days
Antidepressants	CELEXA	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	CELEXA	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	CELEXA	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	CITALOPRAM HYDROBROMIDE	CITALOPRAM HYDROBROMIDE CAP 30 MG	30 Capsules Per 30 Days
Antidepressants	CYMBALTA	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	60 Capsules Per 30 Days
Antidepressants	CYMBALTA	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	60 Capsules Per 30 Days
Antidepressants	CYMBALTA	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	60 Capsules Per 30 Days
Antidepressants	DESVENLAFAXINE ER	DESVENLAFAXINE TAB ER 24HR 100 MG	30 Tablets Per 30 Days
Antidepressants	DESVENLAFAXINE ER	DESVENLAFAXINE TAB ER 24HR 50 MG	30 Tablets Per 30 Days
Antidepressants	EFFEXOR XR	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	EFFEXOR XR	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	EFFEXOR XR	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	90 Capsules Per 30 Days
Antidepressants	FETZIMA	LEVOMILNACIPRAN HCL CAP ER 24HR 120 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	FETZIMA	LEVOMILNACIPRAN HCL CAP ER 24HR 20 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	FETZIMA	LEVOMILNACIPRAN HCL CAP ER 24HR 40 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	FETZIMA	LEVOMILNACIPRAN HCL CAP ER 24HR 80 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	FETZIMA TITRATION PACK	LEVOMILNACIPRAN HCL CAP ER 24HR 20 & 40 MG THERAPY PACK	1 Kit Per 180 Days
Antidepressants	FLUOXETINE DR	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	4 Capsules Per 28 Days
Antidepressants	FLUOXETINE HYDROCHLORIDE	FLUOXETINE HCL TAB 60 MG	30 Tablets Per 30 Days
Antidepressants	FORFIVO XL	BUPROPION HCL TAB ER 24HR 450 MG	30 Tablets Per 30 Days
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	PAXIL	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	900 mLs Per 30 Days
Antidepressants	PAXIL	PAROXETINE HCL TAB 10 MG	30 Tablets Per 30 Days
Antidepressants	PAXIL	PAROXETINE HCL TAB 20 MG	30 Tablets Per 30 Days
Antidepressants	PAXIL	PAROXETINE HCL TAB 30 MG	60 Tablets Per 30 Days
Antidepressants	PAXIL	PAROXETINE HCL TAB 40 MG	30 Tablets Per 30 Days
Antidepressants	PAXIL CR	PAROXETINE HCL TAB ER 24HR 12.5 MG	30 Tablets Per 30 Days
Antidepressants	PAXIL CR	PAROXETINE HCL TAB ER 24HR 25 MG	60 Tablets Per 30 Days
Antidepressants	PAXIL CR	PAROXETINE HCL TAB ER 24HR 37.5 MG	60 Tablets Per 30 Days
Antidepressants	PEXEVA	PAROXETINE MESYLATE TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	PEXEVA	PAROXETINE MESYLATE TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	PEXEVA	PAROXETINE MESYLATE TAB 30 MG (BASE EQUIV)	60 Tablets Per 30 Days
Antidepressants	PEXEVA	PAROXETINE MESYLATE TAB 40 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	PRISTIQ	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	PRISTIQ	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	PRISTIQ	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	PROZAC	FLUOXETINE HCL CAP 10 MG	30 Capsules Per 30 Days
Antidepressants	PROZAC	FLUOXETINE HCL CAP 20 MG	120 Capsules Per 30 Days
Antidepressants	PROZAC	FLUOXETINE HCL CAP 40 MG	60 Capsules Per 30 Days
Antidepressants	REMERON	MIRTAZAPINE TAB 15 MG	30 Tablets Per 30 Days
Antidepressants	REMERON	MIRTAZAPINE TAB 30 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Antidepressants	REMERON SOLTAB	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	30 Tablets Per 30 Days
Antidepressants	REMERON SOLTAB	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	30 Tablets Per 30 Days
Antidepressants	REMERON SOLTAB	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	30 Tablets Per 30 Days
Antidepressants	SERTRALINE HYDROCHLORIDE	SERTRALINE HCL CAP 150 MG	30 Capsules Per 30 Days
Antidepressants	SERTRALINE HYDROCHLORIDE	SERTRALINE HCL CAP 200 MG	30 Capsules Per 30 Days
Antidepressants	TRINTELLIX	VORTIOXETINE HBR TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	TRINTELLIX	VORTIOXETINE HBR TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	TRINTELLIX	VORTIOXETINE HBR TAB 5 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	VENLAFAXINE BESYLATE ER	VENLAFAXINE BESYLATE TAB ER 24HR 112.5 MG	30 Tablets Per 30 Days
Antidepressants	VIIBRYD	VILAZODONE HCL TAB 10 MG	30 Tablets Per 30 Days
Antidepressants	VIIBRYD	VILAZODONE HCL TAB 20 MG	30 Tablets Per 30 Days
Antidepressants	VIIBRYD	VILAZODONE HCL TAB 40 MG	30 Tablets Per 30 Days
Antidepressants	VIIBRYD STARTER PACK	VILAZODONE HCL TAB STARTER KIT 10 (7) & 20 (23) MG	1 Kit Per 180 Days
Antidepressants	WELLBUTRIN SR	BUPROPION HCL TAB ER 12HR 100 MG	60 Tablets Per 30 Days
Antidepressants	WELLBUTRIN SR	BUPROPION HCL TAB ER 12HR 150 MG	60 Tablets Per 30 Days
Antidepressants	WELLBUTRIN SR	BUPROPION HCL TAB ER 12HR 200 MG	60 Tablets Per 30 Days
Antidepressants	WELLBUTRIN XL	BUPROPION HCL TAB ER 24HR 150 MG	30 Tablets Per 30 Days
Antidepressants	WELLBUTRIN XL	BUPROPION HCL TAB ER 24HR 300 MG	30 Tablets Per 30 Days
Antidepressants	ZOLOFT	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	300 mLs Per 30 Days
Antidepressants	ZOLOFT	SERTRALINE HCL TAB 100 MG	60 Tablets Per 30 Days
Antidepressants	ZOLOFT	SERTRALINE HCL TAB 25 MG	30 Tablets Per 30 Days
Antidepressants	ZOLOFT	SERTRALINE HCL TAB 50 MG	30 Tablets Per 30 Days
Antidepressants	ZURZUVAE	ZURANOLONE CAP 20 MG	28 Capsules Per 365 Days
Antidepressants	ZURZUVAE	ZURANOLONE CAP 25 MG	28 Capsules Per 365 Days
Antidepressants	ZURZUVAE	ZURANOLONE CAP 30 MG	14 Capsules Per 365 Days
Antidepressants	bupropion hcl	BUPROPION HCL TAB 100 MG	120 Tablets Per 30 Days
Antidepressants	bupropion hcl	BUPROPION HCL TAB 75 MG	60 Tablets Per 30 Days
Antidepressants	bupropion hydrochloride	BUPROPION HCL TAB 100 MG	120 Tablets Per 30 Days
Antidepressants	bupropion hydrochloride	BUPROPION HCL TAB 75 MG	60 Tablets Per 30 Days
Antidepressants	bupropion hydrochloride er (sr)	BUPROPION HCL TAB ER 12HR 100 MG	60 Tablets Per 30 Days
Antidepressants	bupropion hydrochloride er (sr)	BUPROPION HCL TAB ER 12HR 150 MG	60 Tablets Per 30 Days
Antidepressants	bupropion hydrochloride er (sr)	BUPROPION HCL TAB ER 12HR 200 MG	60 Tablets Per 30 Days
Antidepressants	bupropion hydrochloride er (xl)	BUPROPION HCL TAB ER 24HR 150 MG	30 Tablets Per 30 Days
Antidepressants	bupropion hydrochloride er (xl)	BUPROPION HCL TAB ER 24HR 300 MG	30 Tablets Per 30 Days
Antidepressants	citalopram	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	citalopram	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML	600 mLs Per 30 Days
Antidepressants	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	desvenlafaxine er	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	desvenlafaxine er	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	desvenlafaxine er	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	duloxetine hcl	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	60 Capsules Per 30 Days
Antidepressants	duloxetine hcl	DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	90 Capsules Per 30 Days
Antidepressants	duloxetine hydrochloride	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	60 Capsules Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Antidepressants	duloxetine hydrochloride	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	60 Capsules Per 30 Days
Antidepressants	duloxetine hydrochloride	DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	90 Capsules Per 30 Days
Antidepressants	duloxetine hydrochloride	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	60 Capsules Per 30 Days
Antidepressants	escitalopram oxalate	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)	600 mLs Per 30 Days
Antidepressants	escitalopram oxalate	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	escitalopram oxalate	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	escitalopram oxalate	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	30 Tablets Per 30 Days
Antidepressants	fluoxetine hydrochloride	FLUOXETINE HCL CAP 10 MG	30 Capsules Per 30 Days
Antidepressants	fluoxetine hydrochloride	FLUOXETINE HCL CAP 20 MG	120 Capsules Per 30 Days
Antidepressants	fluoxetine hydrochloride	FLUOXETINE HCL CAP 40 MG	60 Capsules Per 30 Days
Antidepressants	fluoxetine hydrochloride	FLUOXETINE HCL SOLUTION 20 MG/5ML	600 mLs Per 30 Days
Antidepressants	fluoxetine hydrochloride	FLUOXETINE HCL TAB 10 MG	30 Tablets Per 30 Days
Antidepressants	fluoxetine hydrochloride	FLUOXETINE HCL TAB 20 MG	120 Tablets Per 30 Days
Antidepressants	fluoxetine hydrochloride	FLUOXETINE HCL TAB 60 MG	30 Tablets Per 30 Days
Antidepressants	fluvoxamine maleate	FLUVOXAMINE MALEATE TAB 100 MG	90 Tablets Per 30 Days
Antidepressants	fluvoxamine maleate	FLUVOXAMINE MALEATE TAB 25 MG	30 Tablets Per 30 Days
Antidepressants	fluvoxamine maleate	FLUVOXAMINE MALEATE TAB 50 MG	30 Tablets Per 30 Days
Antidepressants	fluvoxamine maleate er	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	60 Capsules Per 30 Days
Antidepressants	fluvoxamine maleate er	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	60 Capsules Per 30 Days
Antidepressants	mirtazapine	MIRTAZAPINE TAB 15 MG	30 Tablets Per 30 Days
Antidepressants	mirtazapine	MIRTAZAPINE TAB 30 MG	30 Tablets Per 30 Days
Antidepressants	mirtazapine	MIRTAZAPINE TAB 45 MG	30 Tablets Per 30 Days
Antidepressants	mirtazapine	MIRTAZAPINE TAB 7.5 MG	30 Tablets Per 30 Days
Antidepressants	mirtazapine odt	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	30 Tablets Per 30 Days
Antidepressants	mirtazapine odt	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	30 Tablets Per 30 Days
Antidepressants	mirtazapine odt	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	30 Tablets Per 30 Days
Antidepressants	paroxetine hcl	PAROXETINE HCL TAB 30 MG	60 Tablets Per 30 Days
Antidepressants	paroxetine hcl	PAROXETINE HCL TAB 40 MG	30 Tablets Per 30 Days
Antidepressants	paroxetine hcl er	PAROXETINE HCL TAB ER 24HR 12.5 MG	30 Tablets Per 30 Days
Antidepressants	paroxetine hcl er	PAROXETINE HCL TAB ER 24HR 25 MG	60 Tablets Per 30 Days
Antidepressants	paroxetine hcl er	PAROXETINE HCL TAB ER 24HR 37.5 MG	60 Tablets Per 30 Days
Antidepressants	paroxetine hydrochloride	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	900 mLs Per 30 Days
Antidepressants	paroxetine hydrochloride	PAROXETINE HCL TAB 10 MG	30 Tablets Per 30 Days
Antidepressants	paroxetine hydrochloride	PAROXETINE HCL TAB 20 MG	30 Tablets Per 30 Days
Antidepressants	paroxetine hydrochloride	PAROXETINE HCL TAB 30 MG	60 Tablets Per 30 Days
Antidepressants	paroxetine hydrochloride	PAROXETINE HCL TAB 40 MG	30 Tablets Per 30 Days
Antidepressants	paroxetine hydrochloride er	PAROXETINE HCL TAB ER 24HR 12.5 MG	30 Tablets Per 30 Days
Antidepressants	paroxetine hydrochloride er	PAROXETINE HCL TAB ER 24HR 25 MG	60 Tablets Per 30 Days
Antidepressants	paroxetine hydrochloride er	PAROXETINE HCL TAB ER 24HR 37.5 MG	60 Tablets Per 30 Days
Antidepressants	sertraline hcl	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	300 mLs Per 30 Days
Antidepressants	sertraline hcl	SERTRALINE HCL TAB 50 MG	30 Tablets Per 30 Days
Antidepressants	sertraline hydrochloride	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	300 mLs Per 30 Days
Antidepressants	sertraline hydrochloride	SERTRALINE HCL TAB 100 MG	60 Tablets Per 30 Days
Antidepressants	sertraline hydrochloride	SERTRALINE HCL TAB 25 MG	30 Tablets Per 30 Days
Antidepressants	sertraline hydrochloride	SERTRALINE HCL TAB 50 MG	30 Tablets Per 30 Days
Antidepressants	venlafaxine hcl	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Antidepressants	venlafaxine hcl	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hcl	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hcl	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hcl	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hcl er	VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride er	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	venlafaxine hydrochloride er	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Antidepressants	venlafaxine hydrochloride er	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	90 Capsules Per 30 Days
Antidepressants	venlafaxine hydrochloride er	VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride er	VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride er	VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Antidepressants	venlafaxine hydrochloride er	VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
Antidepressants	vilazodone hydrochloride	VILAZODONE HCL TAB 10 MG	30 Tablets Per 30 Days
Antidepressants	vilazodone hydrochloride	VILAZODONE HCL TAB 20 MG	30 Tablets Per 30 Days
Antidepressants	vilazodone hydrochloride	VILAZODONE HCL TAB 40 MG	30 Tablets Per 30 Days
Antiemetic	AKYNZEO	NETUPITANT-PALONOSETRON CAP 300-0.5 MG	2 Capsules Per 30 Days
Antiemetic	ANZEMET	DOLASETRON MESYLATE TAB 50 MG	7 Tablets Per 30 Days
Antiemetic	EMEND	APREPITANT CAPSULE 80 MG	4 Capsules Per 30 Days
Antiemetic	EMEND	APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)	6 Kits Per 30 Days
Antiemetic	EMEND TRIPACK	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	2 Packs Per 30 Days
Antiemetic	ONDANSETRON HCL	ONDANSETRON HCL TAB 24 MG	1 Tablet Per 30 Days
Antiemetic	SANCUSO	GRANISETRON TD PATCH 3.1 MG/24HR (CONTAINS 34.3 MG)	2 Patches Per 30 Days
Antiemetic	VARUBI	ROLAPITANT HCL TAB THERAPY PACK 2 X 90 MG (BASE EQUIV)	4 Tablets Per 30 Days
Antiemetic	ZUPLENZ	ONDANSETRON ORAL SOLUBLE FILM 4 MG	20 Films Per 30 Days
Antiemetic	aprepitant	APREPITANT CAPSULE 125 MG	2 Capsules Per 30 Days
Antiemetic	aprepitant	APREPITANT CAPSULE 80 MG	4 Capsules Per 30 Days
Antiemetic	aprepitant	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	2 Packs Per 30 Days
Antiemetic	granisetron hydrochloride	GRANISETRON HCL TAB 1 MG	14 Tablets Per 30 Days
Antiemetic	ondansetron hcl	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	2 Bottles Per 30 Days
Antiemetic	ondansetron hydrochloride	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	2 Bottles Per 30 Days
Antiemetic	ondansetron hydrochloride	ONDANSETRON HCL TAB 4 MG	21 Tablets Per 30 Days
Antiemetic	ondansetron hydrochloride	ONDANSETRON HCL TAB 8 MG	21 Tablets Per 30 Days
Antiemetic	ondansetron odt	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	21 Tablets Per 30 Days
Antiemetic	ondansetron odt	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	21 Tablets Per 30 Days
Antifungals	BREXAFEMME	IBREXAFUNGERP CITRATE TAB 150 MG	4 Tablets Per 90 Days
Antifungals	VIVJOA	OTESECONAZOLE CAP THERAPY PACK 150 MG (12 WEEKS)	18 Capsules Per 180 Days
ARB/Renin Inhibitors	ATACAND	CANDESARTAN CILEXETIL TAB 16 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	ATACAND	CANDESARTAN CILEXETIL TAB 32 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	ATACAND	CANDESARTAN CILEXETIL TAB 4 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	ATACAND	CANDESARTAN CILEXETIL TAB 8 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	ATACAND HCT	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
ARB/Renin Inhibitors	ATACAND HCT	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	ATACAND HCT	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AVALIDE	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AVALIDE	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AVAPRO	IRBESARTAN TAB 150 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AVAPRO	IRBESARTAN TAB 300 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AVAPRO	IRBESARTAN TAB 75 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AZOR	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AZOR	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AZOR	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	AZOR	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	BENICAR	OLMESARTAN MEDOXOMIL TAB 20 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	BENICAR	OLMESARTAN MEDOXOMIL TAB 40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	BENICAR	OLMESARTAN MEDOXOMIL TAB 5 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	BENICAR HCT	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	BENICAR HCT	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	BENICAR HCT	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	COZAAR	LOSARTAN POTASSIUM TAB 100 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	COZAAR	LOSARTAN POTASSIUM TAB 25 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	COZAAR	LOSARTAN POTASSIUM TAB 50 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN	VALSARTAN TAB 160 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN	VALSARTAN TAB 320 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN	VALSARTAN TAB 40 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN	VALSARTAN TAB 80 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN HCT	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN HCT	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN HCT	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN HCT	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	DIOVAN HCT	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EDARBI	AZILSARTAN MEDOXOMIL TAB 40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EDARBI	AZILSARTAN MEDOXOMIL TAB 80 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EDARBYCLOR	AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EDARBYCLOR	AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE HCT	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE HCT	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE HCT	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-320-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE HCT	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	EXFORGE HCT	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	HYZAAR	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	HYZAAR	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	HYZAAR	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	MICARDIS	TELMISARTAN TAB 20 MG	30 Tablets Per 30 Days

QL PROG NAME	Target	GPI Name	Quantity Limit
ARB/Renin Inhibitors	MICARDIS	TELMISARTAN TAB 40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	MICARDIS	TELMISARTAN TAB 80 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	MICARDIS HCT	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	MICARDIS HCT	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	MICARDIS HCT	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TEKTURNA	ALISKIREN FUMARATE TAB 150 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TEKTURNA	ALISKIREN FUMARATE TAB 300 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TEKTURNA HCT	ALISKIREN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TEKTURNA HCT	ALISKIREN-HYDROCHLOROTHIAZIDE TAB 150-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TEKTURNA HCT	ALISKIREN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TEKTURNA HCT	ALISKIREN-HYDROCHLOROTHIAZIDE TAB 300-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TELMISARTAN/AMLODIPINE	TELMISARTAN-AMLODIPINE TAB 40-10 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TELMISARTAN/AMLODIPINE	TELMISARTAN-AMLODIPINE TAB 40-5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TELMISARTAN/AMLODIPINE	TELMISARTAN-AMLODIPINE TAB 80-10 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TELMISARTAN/AMLODIPINE	TELMISARTAN-AMLODIPINE TAB 80-5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TRIBENZOR	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 20-5-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TRIBENZOR	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TRIBENZOR	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TRIBENZOR	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	TRIBENZOR	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	VALSARTAN	VALSARTAN ORAL SOLN 4 MG/ML	2400 mLs Per 30 Days
ARB/Renin Inhibitors	aliskiren	ALISKIREN FUMARATE TAB 150 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
ARB/Renin Inhibitors	aliskiren	ALISKIREN FUMARATE TAB 300 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine besylate/valsartan	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine besylate/valsartan	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine besylate/valsartan	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine besylate/valsartan	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/olmesartan medoxomil	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/olmesartan medoxomil	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/olmesartan medoxomil	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/olmesartan medoxomil	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/valsartan/hydrochlorothiazide	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/valsartan/hydrochlorothiazide	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/valsartan/hydrochlorothiazide	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-320-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/valsartan/hydrochlorothiazide	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	amlodipine/valsartan/hydrochlorothiazide	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	candesartan cilexetil	CANDESARTAN CILEXETIL TAB 16 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	candesartan cilexetil	CANDESARTAN CILEXETIL TAB 32 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	candesartan cilexetil	CANDESARTAN CILEXETIL TAB 4 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	candesartan cilexetil	CANDESARTAN CILEXETIL TAB 8 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	candesartan cilexetil/hydrochlorothiazide	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	candesartan cilexetil/hydrochlorothiazide	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	candesartan cilexetil/hydrochlorothiazide	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	irbesartan	IRBESARTAN TAB 150 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	irbesartan	IRBESARTAN TAB 300 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	irbesartan	IRBESARTAN TAB 75 MG	30 Tablets Per 30 Days



QL PROG NAME	Target	GPI Name	Quantity Limit
ARB/Renin Inhibitors	irbesartan/hydrochlorothiazide	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	irbesartan/hydrochlorothiazide	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	losartan potassium	LOSARTAN POTASSIUM TAB 100 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	losartan potassium	LOSARTAN POTASSIUM TAB 25 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	losartan potassium	LOSARTAN POTASSIUM TAB 50 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	losartan potassium/hydrochlorothiazide	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	losartan potassium/hydrochlorothiazide	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	losartan potassium/hydrochlorothiazide	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil	OLMESARTAN MEDOXOMIL TAB 20 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil	OLMESARTAN MEDOXOMIL TAB 40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil	OLMESARTAN MEDOXOMIL TAB 5 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/amlodipine/hydrochlorothiazide	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 20-5-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/amlodipine/hydrochlorothiazide	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/amlodipine/hydrochlorothiazide	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/amlodipine/hydrochlorothiazide	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/amlodipine/hydrochlorothiazide	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/hydrochlorothiazide	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/hydrochlorothiazide	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	olmesartan medoxomil/hydrochlorothiazide	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan	TELMISARTAN TAB 20 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan	TELMISARTAN TAB 40 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan	TELMISARTAN TAB 80 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan/amlodipine	TELMISARTAN-AMLODIPINE TAB 40-10 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan/amlodipine	TELMISARTAN-AMLODIPINE TAB 40-5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan/amlodipine	TELMISARTAN-AMLODIPINE TAB 80-10 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan/amlodipine	TELMISARTAN-AMLODIPINE TAB 80-5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan/hydrochlorothiazide	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan/hydrochlorothiazide	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	telmisartan/hydrochlorothiazide	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan	VALSARTAN TAB 160 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan	VALSARTAN TAB 320 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan	VALSARTAN TAB 40 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan	VALSARTAN TAB 80 MG	60 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan/hydrochlorothiazide	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan/hydrochlorothiazide	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan/hydrochlorothiazide	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan/hydrochlorothiazide	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	30 Tablets Per 30 Days
ARB/Renin Inhibitors	valsartan/hydrochlorothiazide	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	30 Tablets Per 30 Days
ATTR Amyloidosis	ONPATTRO	PATISIRAN SODIUM IV SOLN 10 MG/5ML (2 MG/ML) (BASE EQUIV)	3 Vials Per 21 Days
ATTR Amyloidosis	TEGSEDI	INOTERSEN SOD SUBCUTANEOUS PREF SYR 284 MG/1.5ML (BASE EQ)	4 Syringes Per 28 Days
ATTR Amyloidosis	VYNDAMAX	TAFAMIDIS CAP 61 MG	30 Capsules Per 30 Days
ATTR Amyloidosis	VYNDAQEL	TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG	120 Capsules Per 30 Days
ATTR Amyloidosis	WAINUA	EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 45 MG/0.8ML	1 Pen Per 30 Days
Atypical Antipsychotics	ABILIFY	ARIPIRAZOLE TAB 10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY	ARIPIRAZOLE TAB 15 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY	ARIPIRAZOLE TAB 2 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Atypical Antipsychotics	ABILIFY	ARIPIRAZOLE TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY	ARIPIRAZOLE TAB 30 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY	ARIPIRAZOLE TAB 5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE	ARIPIRAZOLE TAB 10 MG WITH SENSOR	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE	ARIPIRAZOLE TAB 15 MG WITH SENSOR	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE	ARIPIRAZOLE TAB 2 MG WITH SENSOR	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE	ARIPIRAZOLE TAB 20 MG WITH SENSOR	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE	ARIPIRAZOLE TAB 30 MG WITH SENSOR	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE	ARIPIRAZOLE TAB 5 MG WITH SENSOR	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	ARIPIRAZOLE TAB 10 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	ARIPIRAZOLE TAB 15 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	ARIPIRAZOLE TAB 2 MG WITH SENSOR&STRIPS (FOR POD) MAINT PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	ARIPIRAZOLE TAB 20 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	ARIPIRAZOLE TAB 30 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	ARIPIRAZOLE TAB 5 MG WITH SENSOR&STRIPS (FOR POD) MAINT PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE STARTER KIT	ARIPIRAZOLE TAB 10 MG WITH SENSOR, STRIPS & POD STARTER PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE STARTER KIT	ARIPIRAZOLE TAB 15 MG WITH SENSOR, STRIPS & POD STARTER PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE STARTER KIT	ARIPIRAZOLE TAB 2 MG WITH SENSOR, STRIPS & POD STARTER PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE STARTER KIT	ARIPIRAZOLE TAB 20 MG WITH SENSOR, STRIPS & POD STARTER PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE STARTER KIT	ARIPIRAZOLE TAB 30 MG WITH SENSOR, STRIPS & POD STARTER PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	ABILIFY MYCITE STARTER KIT	ARIPIRAZOLE TAB 5 MG WITH SENSOR, STRIPS & POD STARTER PAK	30 Tablets Per 30 Days
Atypical Antipsychotics	CAPLYTA	LUMATEPERONE TOSYLATE CAP 10.5 MG	30 Capsules Per 30 Days
Atypical Antipsychotics	CAPLYTA	LUMATEPERONE TOSYLATE CAP 21 MG	30 Capsules Per 30 Days
Atypical Antipsychotics	CAPLYTA	LUMATEPERONE TOSYLATE CAP 42 MG	30 Capsules Per 30 Days
Atypical Antipsychotics	CLOZAPINE ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	CLOZARIL	CLOZAPINE TAB 100 MG	270 Tablets Per 30 Days
Atypical Antipsychotics	CLOZARIL	CLOZAPINE TAB 200 MG	120 Tablets Per 30 Days
Atypical Antipsychotics	CLOZARIL	CLOZAPINE TAB 25 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	CLOZARIL	CLOZAPINE TAB 50 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT	ILOPERIDONE TAB 1 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT	ILOPERIDONE TAB 10 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT	ILOPERIDONE TAB 12 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT	ILOPERIDONE TAB 2 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT	ILOPERIDONE TAB 4 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT	ILOPERIDONE TAB 6 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT	ILOPERIDONE TAB 8 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	FANAPT TITRATION PACK	ILOPERIDONE TAB 1 MG & 2 MG & 4 MG & 6 MG TITRATION PAK	1 Pack Per 180 Days
Atypical Antipsychotics	GEODON	ZIPRASIDONE HCL CAP 20 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	GEODON	ZIPRASIDONE HCL CAP 40 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	GEODON	ZIPRASIDONE HCL CAP 60 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	GEODON	ZIPRASIDONE HCL CAP 80 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	INVEGA	PALIPERIDONE TAB ER 24HR 1.5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	INVEGA	PALIPERIDONE TAB ER 24HR 3 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	INVEGA	PALIPERIDONE TAB ER 24HR 6 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	INVEGA	PALIPERIDONE TAB ER 24HR 9 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	LATUDA	LURASIDONE HCL TAB 120 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Atypical Antipsychotics	LATUDA	LURASIDONE HCL TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	LATUDA	LURASIDONE HCL TAB 40 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	LATUDA	LURASIDONE HCL TAB 60 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	LATUDA	LURASIDONE HCL TAB 80 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	LYBALVI	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 10-10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	LYBALVI	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 15-10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	LYBALVI	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 20-10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	LYBALVI	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 5-10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE TAB 150 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	REXULTI	BREXPIPRAZOLE TAB 0.25 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	REXULTI	BREXPIPRAZOLE TAB 0.5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	REXULTI	BREXPIPRAZOLE TAB 1 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	REXULTI	BREXPIPRAZOLE TAB 2 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	REXULTI	BREXPIPRAZOLE TAB 3 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	REXULTI	BREXPIPRAZOLE TAB 4 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	RISPERDAL	RISPERIDONE SOLN 1 MG/ML	480 mLs Per 30 Days
Atypical Antipsychotics	RISPERDAL	RISPERIDONE TAB 0.5 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	RISPERDAL	RISPERIDONE TAB 1 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	RISPERDAL	RISPERIDONE TAB 2 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	RISPERDAL	RISPERIDONE TAB 3 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	RISPERDAL	RISPERIDONE TAB 4 MG	120 Tablets Per 30 Days
Atypical Antipsychotics	RISPERIDONE ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	SAPHRIS	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	60 Tablets Per 30 Days
Atypical Antipsychotics	SAPHRIS	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	60 Tablets Per 30 Days
Atypical Antipsychotics	SAPHRIS	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	60 Tablets Per 30 Days
Atypical Antipsychotics	SECUADO	ASENAPINE TD PATCH 24 HR 3.8 MG/24HR	30 Patches Per 30 Days
Atypical Antipsychotics	SECUADO	ASENAPINE TD PATCH 24 HR 5.7 MG/24HR	30 Patches Per 30 Days
Atypical Antipsychotics	SECUADO	ASENAPINE TD PATCH 24 HR 7.6 MG/24HR	30 Patches Per 30 Days
Atypical Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE TAB 100 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE TAB 200 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE TAB 25 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE TAB 300 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE TAB 400 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE TAB 50 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL XR	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL XR	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL XR	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL XR	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	SEROQUEL XR	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	VERSACLOZ	CLOZAPINE SUSP 50 MG/ML	540 mLs Per 30 Days
Atypical Antipsychotics	VRAYLAR	CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Atypical Antipsychotics	VRAYLAR	CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Atypical Antipsychotics	VRAYLAR	CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Atypical Antipsychotics	VRAYLAR	CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Atypical Antipsychotics	VRAYLAR	CARIPRAZINE HCL CAP THERAPY PACK 1.5 MG (1) & 3 MG (6)	1 Pack Per 180 Days
Atypical Antipsychotics	ZYPREXA	OLANZAPINE TAB 10 MG	30 Tablets Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Atypical Antipsychotics	ZYPREXA	OLANZAPINE TAB 15 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA	OLANZAPINE TAB 2.5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA	OLANZAPINE TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA	OLANZAPINE TAB 5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA	OLANZAPINE TAB 7.5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA ZYDIS	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA ZYDIS	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA ZYDIS	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	ZYPREXA ZYDIS	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole	ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML	900 mLs Per 30 Days
Atypical Antipsychotics	aripiprazole	ARIPIPRAZOLE TAB 10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole	ARIPIPRAZOLE TAB 15 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole	ARIPIPRAZOLE TAB 2 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole	ARIPIPRAZOLE TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole	ARIPIPRAZOLE TAB 30 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole	ARIPIPRAZOLE TAB 5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole odt	ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 10 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	aripiprazole odt	ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 15 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	asenapine maleate sl	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	60 Tablets Per 30 Days
Atypical Antipsychotics	asenapine maleate sl	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	60 Tablets Per 30 Days
Atypical Antipsychotics	asenapine maleate sl	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	60 Tablets Per 30 Days
Atypical Antipsychotics	clozapine	CLOZAPINE TAB 100 MG	270 Tablets Per 30 Days
Atypical Antipsychotics	clozapine	CLOZAPINE TAB 200 MG	120 Tablets Per 30 Days
Atypical Antipsychotics	clozapine	CLOZAPINE TAB 25 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	clozapine	CLOZAPINE TAB 50 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	clozapine odt	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	clozapine odt	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	180 Tablets Per 30 Days
Atypical Antipsychotics	clozapine odt	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	120 Tablets Per 30 Days
Atypical Antipsychotics	clozapine odt	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	270 Tablets Per 30 Days
Atypical Antipsychotics	lurasidone hydrochloride	LURASIDONE HCL TAB 120 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	lurasidone hydrochloride	LURASIDONE HCL TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	lurasidone hydrochloride	LURASIDONE HCL TAB 40 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	lurasidone hydrochloride	LURASIDONE HCL TAB 60 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	lurasidone hydrochloride	LURASIDONE HCL TAB 80 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine	OLANZAPINE TAB 10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine	OLANZAPINE TAB 15 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine	OLANZAPINE TAB 2.5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine	OLANZAPINE TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine	OLANZAPINE TAB 5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine	OLANZAPINE TAB 7.5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine odt	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine odt	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine odt	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	olanzapine odt	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	paliperidone er	PALIPERIDONE TAB ER 24HR 1.5 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	paliperidone er	PALIPERIDONE TAB ER 24HR 3 MG	30 Tablets Per 30 Days

QL PROG NAME	Target	GPI Name	Quantity Limit
Atypical Antipsychotics	paliperidone er	PALIPERIDONE TAB ER 24HR 6 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	paliperidone er	PALIPERIDONE TAB ER 24HR 9 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate	QUETIAPINE FUMARATE TAB 100 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate	QUETIAPINE FUMARATE TAB 200 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate	QUETIAPINE FUMARATE TAB 25 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate	QUETIAPINE FUMARATE TAB 300 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate	QUETIAPINE FUMARATE TAB 400 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate	QUETIAPINE FUMARATE TAB 50 MG	90 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate er	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate er	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	30 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate er	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate er	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	quetiapine fumarate er	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone	RISPERIDONE SOLN 1 MG/ML	480 mLs Per 30 Days
Atypical Antipsychotics	risperidone	RISPERIDONE TAB 0.25 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone	RISPERIDONE TAB 0.5 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone	RISPERIDONE TAB 1 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone	RISPERIDONE TAB 2 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone	RISPERIDONE TAB 3 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone	RISPERIDONE TAB 4 MG	120 Tablets Per 30 Days
Atypical Antipsychotics	risperidone odt	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone odt	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone odt	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone odt	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	60 Tablets Per 30 Days
Atypical Antipsychotics	risperidone odt	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	120 Tablets Per 30 Days
Atypical Antipsychotics	ziprasidone hcl	ZIPRASIDONE HCL CAP 20 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	ziprasidone hcl	ZIPRASIDONE HCL CAP 40 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	ziprasidone hcl	ZIPRASIDONE HCL CAP 60 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	ziprasidone hcl	ZIPRASIDONE HCL CAP 80 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	ziprasidone hydrochloride	ZIPRASIDONE HCL CAP 20 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	ziprasidone hydrochloride	ZIPRASIDONE HCL CAP 40 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	ziprasidone hydrochloride	ZIPRASIDONE HCL CAP 60 MG	60 Capsules Per 30 Days
Atypical Antipsychotics	ziprasidone hydrochloride	ZIPRASIDONE HCL CAP 80 MG	60 Capsules Per 30 Days
Atypical Antipsychotics Extended Maintenance	ABILIFY ASIMTUFII	ARIPIRAZOLE IM ER SUSP PREFILLED SYRINGE 720 MG/2.4ML	1 Syringe Per 56 Days
Atypical Antipsychotics Extended Maintenance	ABILIFY ASIMTUFII	ARIPIRAZOLE IM ER SUSP PREFILLED SYRINGE 960 MG/3.2ML	1 Syringe Per 56 Days
Atypical Antipsychotics Extended Maintenance	ABILIFY MAINTENA	ARIPIRAZOLE IM FOR ER SUSP PREFILLED SYRINGE 300 MG	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	ABILIFY MAINTENA	ARIPIRAZOLE IM FOR ER SUSP PREFILLED SYRINGE 400 MG	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	ABILIFY MAINTENA	ARIPIRAZOLE IM FOR EXTENDED RELEASE SUSP 300 MG	1 Vial Per 28 Days
Atypical Antipsychotics Extended Maintenance	ABILIFY MAINTENA	ARIPIRAZOLE IM FOR EXTENDED RELEASE SUSP 400 MG	1 Vial Per 28 Days
Atypical Antipsychotics Extended Maintenance	ARISTADA	ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 1064 MG/3.9ML	1 Syringe Per 56 Days
Atypical Antipsychotics Extended Maintenance	ARISTADA	ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 441 MG/1.6ML	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	ARISTADA	ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 662 MG/2.4ML	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	ARISTADA	ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 882 MG/3.2ML	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	ARISTADA INITIO	ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 675 MG/2.4ML	1 Kit Per 180 Days
Atypical Antipsychotics Extended Maintenance	INVEGA HAFYERA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 1,092 MG/3.5ML	1 Syringe Per 180 Days
Atypical Antipsychotics Extended Maintenance	INVEGA HAFYERA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 1,560 MG/5ML	1 Syringe Per 180 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Atypical Antipsychotics Extended Maintenance	INVEGA SUSTENNA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 117 MG/0.75ML	1 Kit Per 28 Days
Atypical Antipsychotics Extended Maintenance	INVEGA SUSTENNA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 156 MG/ML	1 Kit Per 28 Days
Atypical Antipsychotics Extended Maintenance	INVEGA SUSTENNA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 234 MG/1.5ML	1 Kit Per 28 Days
Atypical Antipsychotics Extended Maintenance	INVEGA SUSTENNA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 39 MG/0.25ML	1 Kit Per 28 Days
Atypical Antipsychotics Extended Maintenance	INVEGA SUSTENNA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 78 MG/0.5ML	1 Kit Per 28 Days
Atypical Antipsychotics Extended Maintenance	INVEGA TRINZA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 273 MG/0.88ML	1 Syringe Per 90 Days
Atypical Antipsychotics Extended Maintenance	INVEGA TRINZA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 410 MG/1.32ML	1 Syringe Per 90 Days
Atypical Antipsychotics Extended Maintenance	INVEGA TRINZA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 546 MG/1.75ML	1 Syringe Per 90 Days
Atypical Antipsychotics Extended Maintenance	INVEGA TRINZA	PALIPERIDONE PALMITATE ER SUSP PREF SYR 819 MG/2.63ML	1 Syringe Per 90 Days
Atypical Antipsychotics Extended Maintenance	PERSERIS	RISPERIDONE SUBCUTANEOUS FOR ER SUSP PREFILLED SYR 120 MG	1 Syringe Per 30 Days
Atypical Antipsychotics Extended Maintenance	PERSERIS	RISPERIDONE SUBCUTANEOUS FOR ER SUSP PREFILLED SYR 90 MG	1 Syringe Per 30 Days
Atypical Antipsychotics Extended Maintenance	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 12.5 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 25 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 37.5 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 50 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	RYKINDO	RISPERIDONE FOR IM EXTENDED RELEASE SUSPENSION 25 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	RYKINDO	RISPERIDONE FOR IM EXTENDED RELEASE SUSPENSION 37.5 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	RYKINDO	RISPERIDONE FOR IM EXTENDED RELEASE SUSPENSION 50 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	UZEDY	RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 100 MG/0.28ML	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	UZEDY	RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 125 MG/0.35ML	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	UZEDY	RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 150 MG/0.42ML	1 Syringe Per 56 Days
Atypical Antipsychotics Extended Maintenance	UZEDY	RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 200 MG/0.56ML	1 Syringe Per 56 Days
Atypical Antipsychotics Extended Maintenance	UZEDY	RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 250 MG/0.7ML	1 Syringe Per 56 Days
Atypical Antipsychotics Extended Maintenance	UZEDY	RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 50 MG/0.14ML	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	UZEDY	RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 75 MG/0.21ML	1 Syringe Per 28 Days
Atypical Antipsychotics Extended Maintenance	ZYPREXA RELPREVV	OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 210 MG (BASE EQ)	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	ZYPREXA RELPREVV	OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 300 MG (BASE EQ)	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	ZYPREXA RELPREVV	OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 405 MG (BASE EQ)	1 Vial Per 28 Days
Atypical Antipsychotics Extended Maintenance	risperidone er	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 12.5 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	risperidone er	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 25 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	risperidone er	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 37.5 MG	2 Vials Per 28 Days
Atypical Antipsychotics Extended Maintenance	risperidone er	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 50 MG	2 Vials Per 28 Days
Baclofen	BACLOFEN	BACLOFEN ORAL SOLN 10 MG/5ML	1200 mLs Per 30 Days
Baclofen	BACLOFEN	BACLOFEN ORAL SOLN 5 MG/5ML	2400 mLs Per 30 Days
Baclofen	FLEQSUVY	BACLOFEN SUSP 25 MG/5ML	480 mLs Per 30 Days
Baclofen	LYVISPAH	BACLOFEN GRANULES PACKET 10 MG	120 Packets Per 30 Days
Baclofen	LYVISPAH	BACLOFEN GRANULES PACKET 20 MG	120 Packets Per 30 Days
Baclofen	LYVISPAH	BACLOFEN GRANULES PACKET 5 MG	120 Packets Per 30 Days
Baclofen	OZOBAX	BACLOFEN ORAL SOLN 5 MG/5ML	2400 mLs Per 30 Days
Baclofen	OZOBAX DS	BACLOFEN ORAL SOLN 10 MG/5ML	1200 mLs Per 30 Days
Baclofen	baclofen	BACLOFEN SUSP 25 MG/5ML	480 mLs Per 30 Days
Bempedoic Acid	NEXLETOL	BEMPEDOIC ACID TAB 180 MG	30 Tablets Per 30 Days
Bempedoic Acid	NEXLIZET	BEMPEDOIC ACID-EZETIMIBE TAB 180-10 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	ABRILADA	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 20 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	ABRILADA	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	ABRILADA 1-PEN KIT	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Biologic Immunomodulators	ABRILADA 2-PEN KIT	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	ACTEMRA	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML	4 Injections Per 28 Days
Biologic Immunomodulators	ACTEMRA ACTPEN	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML	4 Injections Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-AACF (2 PEN)	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-ADAZ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	2 Pens Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-ADAZ	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-ADBM	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-ADBM	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML	2 Syringes Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-ADBM	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-ADBM	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	6 Pens Per 180 Days
Biologic Immunomodulators	ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	4 Pens Per 180 Days
Biologic Immunomodulators	ADALIMUMAB-FKJP	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-FKJP	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	ADALIMUMAB-FKJP	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	2 Pens Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 10 MG/0.2ML	2 Syringes Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	2 Syringes Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	AMJEVITA	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	BIMZELX	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML	2 Pens Per 56 Days
Biologic Immunomodulators	BIMZELX	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML	2 Syringes Per 56 Days
Biologic Immunomodulators	CIMZIA	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG	4 Vials Per 28 Days
Biologic Immunomodulators	CIMZIA	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 2 X 200 MG/ML	2 Kits Per 28 Days
Biologic Immunomodulators	CIMZIA STARTER KIT	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 6 X 200 MG/ML	1 Kit Per 180 Days
Biologic Immunomodulators	COSENTYX	SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)	2 Syringes Per 28 Days
Biologic Immunomodulators	COSENTYX	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	1 Syringe Per 28 Days
Biologic Immunomodulators	COSENTYX	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	1 Syringe Per 28 Days
Biologic Immunomodulators	COSENTYX SENSOREADY PEN	SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)	2 Pens Per 28 Days
Biologic Immunomodulators	COSENTYX SENSOREADY PEN	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	1 Pen Per 28 Days
Biologic Immunomodulators	COSENTYX UNOREADY	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	1 Pen Per 28 Days
Biologic Immunomodulators	CYLTEZO	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	CYLTEZO	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML	2 Syringes Per 28 Days
Biologic Immunomodulators	CYLTEZO	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	CYLTEZO	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	6 Pens Per 180 Days
Biologic Immunomodulators	CYLTEZO STARTER PACKAGE FOR PSORIASIS	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	4 Pens Per 180 Days
Biologic Immunomodulators	ENBREL	ETANERCEPT FOR SUBCUTANEOUS INJ 25 MG	8 Vials Per 28 Days
Biologic Immunomodulators	ENBREL	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML	8 Vials Per 28 Days
Biologic Immunomodulators	ENBREL	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	4 Syringes Per 28 Days
Biologic Immunomodulators	ENBREL	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	4 Syringes Per 28 Days
Biologic Immunomodulators	ENBREL MINI	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	4 CARTS Per 28 Days
Biologic Immunomodulators	ENBREL SURECLICK	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	4 Injections Per 28 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Biologic Immunomodulators	ENTYVIO	VEDOLIZUMAB FOR IV SOLUTION 300 MG	1 Vial Per 56 Days
Biologic Immunomodulators	ENTYVIO	VEDOLIZUMAB SOLN PEN-INJECTOR 108 MG/0.68ML	2 Pens Per 28 Days
Biologic Immunomodulators	HADLIMA	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HADLIMA	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HADLIMA PUSHTOUCH	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.4ML	2 Pens Per 28 Days
Biologic Immunomodulators	HADLIMA PUSHTOUCH	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	HULIO	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	HULIO	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HULIO	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HUMIRA	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HUMIRA	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HUMIRA	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HUMIRA	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML	3 Syringes Per 180 Days
Biologic Immunomodulators	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML & 40 MG/0.4ML	2 Syringes Per 180 Days
Biologic Immunomodulators	HUMIRA PEN	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.4ML	2 Pens Per 28 Days
Biologic Immunomodulators	HUMIRA PEN	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	HUMIRA PEN	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	HUMIRA PEN-CD/UC/HS STARTER	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	6 Pens Per 180 Days
Biologic Immunomodulators	HUMIRA PEN-CD/UC/HS STARTER	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML	1 Kit Per 180 Days
Biologic Immunomodulators	HUMIRA PEN-PEDIATRIC UC STARTER PACK	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML	1 Kit Per 28 Days
Biologic Immunomodulators	HUMIRA PEN-PS/UV STARTER	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	4 Pens Per 180 Days
Biologic Immunomodulators	HUMIRA PEN-PS/UV STARTER	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML	3 Pens Per 180 Days
Biologic Immunomodulators	HYRIMOZ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	2 Pens Per 28 Days
Biologic Immunomodulators	HYRIMOZ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	HYRIMOZ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	HYRIMOZ	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HYRIMOZ	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HYRIMOZ	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HYRIMOZ	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	3 Pens Per 180 Days
Biologic Immunomodulators	HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK	ADALIMUMAB-ADAZ SOLN PREFILLED SYR 80 MG/0.8ML & 40 MG/0.4ML	2 Syringes Per 180 Days
Biologic Immunomodulators	HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 80 MG/0.8ML	3 Syringes Per 180 Days
Biologic Immunomodulators	HYRIMOZ PLAQUE PSORIASIS STARTER PACK	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML & 40 MG/0.4ML	3 Pens Per 180 Days
Biologic Immunomodulators	HYRIMOZ SENSOREADY PENS	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	1 Kit Per 180 Days
Biologic Immunomodulators	HYRIMOZ SENSOREADY PENS	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	IDACIO (2 PEN)	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	IDACIO (2 SYRINGE)	ADALIMUMAB-AACF PREFILLED SYRINGE KIT 40 MG/0.8ML	2 Syringes Per 28 Days
Biologic Immunomodulators	IDACIO STARTER PACKAGE FOR CROHNS DISEASE	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	6 Pens Per 180 Days
Biologic Immunomodulators	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	4 Pens Per 180 Days
Biologic Immunomodulators	KEVZARA	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/1.14ML	2 Syringes Per 28 Days
Biologic Immunomodulators	KEVZARA	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	2 Syringes Per 28 Days
Biologic Immunomodulators	KEVZARA	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML	2 Pens Per 28 Days
Biologic Immunomodulators	KEVZARA	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	2 Pens Per 28 Days
Biologic Immunomodulators	KINERET	ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML	28 Syringes Per 28 Days
Biologic Immunomodulators	LITFULO	RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)	28 Capsules Per 28 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Biologic Immunomodulators	OLUMIANT	BARICITINIB TAB 1 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	OLUMIANT	BARICITINIB TAB 2 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	OLUMIANT	BARICITINIB TAB 4 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	OMVOH	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	2 Pens Per 28 Days
Biologic Immunomodulators	ORENCIA	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML	4 Syringes Per 28 Days
Biologic Immunomodulators	ORENCIA	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML	4 Syringes Per 28 Days
Biologic Immunomodulators	ORENCIA	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML	4 Syringes Per 28 Days
Biologic Immunomodulators	ORENCIA CLICKJECT	ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML	4 Injections Per 28 Days
Biologic Immunomodulators	RINVOQ	UPADACITINIB TAB ER 24HR 15 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	RINVOQ	UPADACITINIB TAB ER 24HR 30 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	RINVOQ	UPADACITINIB TAB ER 24HR 45 MG	84 Tablets Per 365 Days
Biologic Immunomodulators	SILIQ	BRODALUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 210 MG/1.5ML	2 Syringes Per 28 Days
Biologic Immunomodulators	SIMPONI	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	1 Injection Per 28 Days
Biologic Immunomodulators	SIMPONI	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML	1 Injection Per 28 Days
Biologic Immunomodulators	SIMPONI	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML	1 Syringe Per 28 Days
Biologic Immunomodulators	SIMPONI	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML	1 Syringe Per 28 Days
Biologic Immunomodulators	SKYRIZI	RISANKIZUMAB-RZAA SOL PREFILLED SYRINGE 2 X 75 MG/0.83ML KIT	1 Kit Per 84 Days
Biologic Immunomodulators	SKYRIZI	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML	1 Syringe Per 84 Days
Biologic Immunomodulators	SKYRIZI	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML	1 CART Per 56 Days
Biologic Immunomodulators	SKYRIZI	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	1 CART Per 56 Days
Biologic Immunomodulators	SKYRIZI PEN	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML	1 Pen Per 84 Days
Biologic Immunomodulators	SOTYKTU	DEUCRAVACITINIB TAB 6 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	STELARA	USTEKINUMAB INJ 45 MG/0.5ML	1 Vial Per 84 Days
Biologic Immunomodulators	STELARA	USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INFUSION)	4 Vials Per 180 Days
Biologic Immunomodulators	STELARA	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML	1 Syringe Per 84 Days
Biologic Immunomodulators	STELARA	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML	1 Syringe Per 56 Days
Biologic Immunomodulators	TALTZ	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG/ML	1 Syringe Per 28 Days
Biologic Immunomodulators	TALTZ	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG/ML	1 Syringe Per 28 Days
Biologic Immunomodulators	TREMFYA	GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML	1 Pen Per 56 Days
Biologic Immunomodulators	TREMFYA	GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML	1 Syringe Per 56 Days
Biologic Immunomodulators	VELSIPITY	ETRASIMOD ARGININE TAB 2 MG	30 Tablets Per 30 Days
Biologic Immunomodulators	XELJANZ	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	240 mLs Per 30 Days
Biologic Immunomodulators	XELJANZ	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	240 Tablets Per 365 Days
Biologic Immunomodulators	XELJANZ	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
Biologic Immunomodulators	XELJANZ XR	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Biologic Immunomodulators	XELJANZ XR	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	120 Tablets Per 365 Days
Biologic Immunomodulators	YUFLYMA	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	2 Pens Per 28 Days
Biologic Immunomodulators	YUFLYMA 1-PEN KIT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	2 Pens Per 28 Days
Biologic Immunomodulators	YUFLYMA 2-PEN KIT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	2 Pens Per 28 Days
Biologic Immunomodulators	YUFLYMA 2-SYRINGE KIT	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML	2 Syringes Per 28 Days
Biologic Immunomodulators	YUFLYMA CD/UC/HS STARTER	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	1 Kit Per 180 Days
Biologic Immunomodulators	YUSIMRY	ADALIMUMAB-AQVH SOLN PEN-INJECTOR 40 MG/0.8ML	2 Pens Per 28 Days
Buprenorphine Opioid Dependence	SUBOXONE	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	60 Films Per 30 Days
Buprenorphine Opioid Dependence	SUBOXONE	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	120 Films Per 30 Days
Buprenorphine Opioid Dependence	SUBOXONE	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	60 Films Per 30 Days
Buprenorphine Opioid Dependence	SUBOXONE	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	60 Films Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Buprenorphine Opioid Dependence	ZUBSOLV	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)	30 Tablets Per 30 Days
Buprenorphine Opioid Dependence	ZUBSOLV	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)	90 Tablets Per 30 Days
Buprenorphine Opioid Dependence	ZUBSOLV	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)	60 Tablets Per 30 Days
Buprenorphine Opioid Dependence	ZUBSOLV	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)	30 Tablets Per 30 Days
Buprenorphine Opioid Dependence	ZUBSOLV	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)	30 Tablets Per 30 Days
Buprenorphine Opioid Dependence	ZUBSOLV	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)	60 Tablets Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hcl	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	6 Tablets Per 90 Days
Buprenorphine Opioid Dependence	buprenorphine hcl	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	6 Tablets Per 90 Days
Buprenorphine Opioid Dependence	buprenorphine hcl/naloxone hcl	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	120 Tablets Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hcl/naloxone hcl	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	90 Tablets Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	6 Tablets Per 90 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	6 Tablets Per 90 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride/naloxone hydrochloride	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	60 Films Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride/naloxone hydrochloride	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	120 Films Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride/naloxone hydrochloride	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	60 Films Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride/naloxone hydrochloride	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	60 Films Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride/naloxone hydrochloride	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	120 Tablets Per 30 Days
Buprenorphine Opioid Dependence	buprenorphine hydrochloride/naloxone hydrochloride	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	90 Tablets Per 30 Days
Cablivi	CABLIVI	CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG	58 Vials Per 365 Days
Camzyos	CAMZYOS	MAVACAMTEN CAP 10 MG	30 Capsules Per 30 Days
Camzyos	CAMZYOS	MAVACAMTEN CAP 15 MG	30 Capsules Per 30 Days
Camzyos	CAMZYOS	MAVACAMTEN CAP 2.5 MG	30 Capsules Per 30 Days
Camzyos	CAMZYOS	MAVACAMTEN CAP 5 MG	30 Capsules Per 30 Days
CFTR	KALYDECO	IVACAFTOR PACKET 13.4 MG	60 Packets Per 30 Days
CFTR	KALYDECO	IVACAFTOR PACKET 25 MG	60 Packets Per 30 Days
CFTR	KALYDECO	IVACAFTOR PACKET 5.8 MG	60 Packets Per 30 Days
CFTR	KALYDECO	IVACAFTOR PACKET 50 MG	60 Packets Per 30 Days
CFTR	KALYDECO	IVACAFTOR PACKET 75 MG	60 Packets Per 30 Days
CFTR	KALYDECO	IVACAFTOR TAB 150 MG	60 Tablets Per 30 Days
CFTR	ORKAMBI	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	60 Packets Per 30 Days
CFTR	ORKAMBI	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	60 Packets Per 30 Days
CFTR	ORKAMBI	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	60 Packets Per 30 Days
CFTR	ORKAMBI	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	120 Tablets Per 30 Days
CFTR	ORKAMBI	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	120 Tablets Per 30 Days
CFTR	SYMDEKO	TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK	56 Tablets Per 28 Days
CFTR	SYMDEKO	TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK	56 Tablets Per 28 Days
CFTR	TRIKAFTA	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAFTOR 150 MG TBPK	90 Tablets Per 30 Days
CFTR	TRIKAFTA	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN	56 Packets Per 28 Days
CFTR	TRIKAFTA	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK	90 Tablets Per 30 Days
CFTR	TRIKAFTA	ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN	56 Packets Per 28 Days
CGM	DEXCOM G6 RECEIVER	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***	1 RECEIV Per 365 Days
CGM	DEXCOM G6 SENSOR	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***	3 SENSRS Per 30 Days
CGM	DEXCOM G6 TRANSMITTER	*CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER***	1 TRAN Per 84 Days
CGM	DEXCOM G7 RECEIVER	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***	1 RECEIV Per 365 Days
CGM	DEXCOM G7 SENSOR	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***	3 SENSRS Per 30 Days
CGM	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***	1 READER Per 365 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
CGM	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***	2 SENSRS Per 28 Days
CGM	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***	1 READER Per 365 Days
CGM	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***	2 SENSRS Per 28 Days
CGM	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***	1 READER Per 365 Days
CGM	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***	2 SENSRS Per 28 Days
CGM	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***	1 READER Per 365 Days
CGRP	AIMOVIG	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	1 Injection Per 28 Days
CGRP	AIMOVIG	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML	1 Injection Per 28 Days
CGRP	AJOVY	FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN AUTO-INJ 225 MG/1.5ML	3 Injections Per 84 Days
CGRP	AJOVY	FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN PREF SYR 225 MG/1.5ML	3 Syringes Per 84 Days
CGRP	EMGALITY	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ML	1 Injection Per 28 Days
CGRP	EMGALITY	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ML	9 Syringes Per 180 Days
CGRP	EMGALITY	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ML	1 Syringe Per 28 Days
CGRP	NURTEC	RIMEGEPANT SULFATE TAB DISINT 75 MG	16 Tablets Per 30 Days
CGRP	QULIPTA	ATOGEANT TAB 10 MG	30 Tablets Per 30 Days
CGRP	QULIPTA	ATOGEANT TAB 30 MG	30 Tablets Per 30 Days
CGRP	QULIPTA	ATOGEANT TAB 60 MG	30 Tablets Per 30 Days
CGRP	UBRELVY	UBROGEPANT TAB 100 MG	16 Tablets Per 30 Days
CGRP	UBRELVY	UBROGEPANT TAB 50 MG	16 Tablets Per 30 Days
CGRP	ZAVZPRET	ZAVEGEPANT HCL NASAL SPRAY 10 MG/ACT	8 Units Per 30 Days
Cibinqo	CIBINQO	ABROCITINIB TAB 100 MG	30 Tablets Per 30 Days
Cibinqo	CIBINQO	ABROCITINIB TAB 200 MG	30 Tablets Per 30 Days
Cibinqo	CIBINQO	ABROCITINIB TAB 50 MG	30 Tablets Per 30 Days
Elagolix/Relugolix	MYFEMBREE	RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5 MG	30 Tablets Per 30 Days
Elagolix/Relugolix	ORIAHNN	ELAGOLIX-ESTRAD-NORETH 300-1-0.5MG & ELAGOLIX 300MG CAP PACK	56 Capsules Per 28 Days
Elagolix/Relugolix	ORILISSA	ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)	30 Tablets Per 30 Days
Elagolix/Relugolix	ORILISSA	ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)	60 Tablets Per 30 Days
Emflaza	EMFLAZA	DEFLAZACORT TAB 18 MG	30 Tablets Per 30 Days
Emflaza	EMFLAZA	DEFLAZACORT TAB 6 MG	60 Tablets Per 30 Days
Emflaza	deflazacort	DEFLAZACORT TAB 18 MG	30 Tablets Per 30 Days
Emflaza	deflazacort	DEFLAZACORT TAB 6 MG	60 Tablets Per 30 Days
Empaveli	EMPAVELI	PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML)	8 Vials Per 28 Days
Enspryng	ENSPRYNG	SATRALIZUMAB-MWGE SUBCUTANEOUS SOLN PREF SYRINGE 120 MG/ML	1 Syringe Per 28 Days
Esketamine	SPRAVATO 56MG DOSE	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE PACK)	16 Packs Per 28 Days
Esketamine	SPRAVATO 84MG DOSE	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE PACK)	24 Packs Per 28 Days
Filspari	FILSPARI	SPARSENTAN TAB 200 MG	30 Tablets Per 30 Days
Filspari	FILSPARI	SPARSENTAN TAB 400 MG	30 Tablets Per 30 Days
Furoscix	FUROSCIX	FUROSEMIDE SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	8 Kits Per 180 Days
Galafold	GALAFOLD	MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT)	14 Capsules Per 28 Days
GLP-1	ADLYXIN	LIXISENATIDE SOLN PEN-INJECTOR 20 MCG/0.2ML (100 MCG/ML)	2 Pens Per 28 Days
GLP-1	ADLYXIN STARTER PACK	LIXISENATIDE PEN-INJ STARTER KIT 10 MCG/0.2ML & 20 MCG/0.2ML	2 Pens Per 180 Days
GLP-1	BYDUREON BCISE	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML	4 Injections Per 28 Days
GLP-1	BYETTA	EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML	1 Pen Per 30 Days
GLP-1	BYETTA	EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML	1 Pen Per 30 Days
GLP-1	MOUNJARO	TIRZEPATIDE SOLN PEN-INJECTOR 10 MG/0.5ML	4 Pens Per 28 Days
GLP-1	MOUNJARO	TIRZEPATIDE SOLN PEN-INJECTOR 12.5 MG/0.5ML	4 Pens Per 28 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
GLP-1	MOUNJARO	TIRZEPATIDE SOLN PEN-INJECTOR 15 MG/0.5ML	4 Pens Per 28 Days
GLP-1	MOUNJARO	TIRZEPATIDE SOLN PEN-INJECTOR 2.5 MG/0.5ML	4 Pens Per 28 Days
GLP-1	MOUNJARO	TIRZEPATIDE SOLN PEN-INJECTOR 5 MG/0.5ML	4 Pens Per 28 Days
GLP-1	MOUNJARO	TIRZEPATIDE SOLN PEN-INJECTOR 7.5 MG/0.5ML	4 Pens Per 28 Days
GLP-1	OZEMPIC	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/1.5ML)	1 Pen Per 28 Days
GLP-1	OZEMPIC	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML)	1 Pen Per 28 Days
GLP-1	OZEMPIC	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)	1 Pen Per 28 Days
GLP-1	OZEMPIC	SEMAGLUTIDE SOLN PEN-INJ 2 MG/DOSE (8 MG/3ML)	1 Pen Per 28 Days
GLP-1	RYBELSUS	SEMAGLUTIDE TAB 14 MG	30 Tablets Per 30 Days
GLP-1	RYBELSUS	SEMAGLUTIDE TAB 3 MG	30 Tablets Per 30 Days
GLP-1	RYBELSUS	SEMAGLUTIDE TAB 7 MG	30 Tablets Per 30 Days
GLP-1	TRULICITY	DULAGLUTIDE SOLN PEN-INJECTOR 0.75 MG/0.5ML	4 Pens Per 28 Days
GLP-1	TRULICITY	DULAGLUTIDE SOLN PEN-INJECTOR 1.5 MG/0.5ML	4 Pens Per 28 Days
GLP-1	TRULICITY	DULAGLUTIDE SOLN PEN-INJECTOR 3 MG/0.5ML	4 Pens Per 28 Days
GLP-1	TRULICITY	DULAGLUTIDE SOLN PEN-INJECTOR 4.5 MG/0.5ML	4 Pens Per 28 Days
GLP-1	VICTOZA	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	3 Pens Per 30 Days
Glucose Test Strips	Glucose Test Strips and Disks	*BLOOD GLUCOSE METER DISPOSABLE DEVICE WITH TEST STRIPS***	4 Systems Per 30 Days
Glucose Test Strips	Glucose Test Strips and Disks	GLUCOSE BLOOD TEST STRIP	204 Strips Per 30 Days
HCN Channel Blocker	CORLANOR	IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV)	600 mLs Per 30 Days
HCN Channel Blocker	CORLANOR	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	60 Tablets Per 30 Days
HCN Channel Blocker	CORLANOR	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	60 Tablets Per 30 Days
Hemlibra	HEMLIBRA	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML)	8 Vials Per 28 Days
Hemlibra	HEMLIBRA	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML	8 Vials Per 28 Days
Hemlibra	HEMLIBRA	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML	4 Vials Per 28 Days
Hemlibra	HEMLIBRA	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML)	4 Vials Per 28 Days
Hemlibra	HEMLIBRA	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)	12 Vials Per 28 Days
Hepatitis C Direct Acting Antivirals	EPCLUSA	SOFOSBUVIR-VELPATASVIR PELLETT PACK 150-37.5 MG	28 Packets Per 28 Days
Hepatitis C Direct Acting Antivirals	EPCLUSA	SOFOSBUVIR-VELPATASVIR PELLETT PACK 200-50 MG	28 Packets Per 28 Days
Hepatitis C Direct Acting Antivirals	EPCLUSA	SOFOSBUVIR-VELPATASVIR TAB 200-50 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	EPCLUSA	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	HARVONI	LEDIPASVIR-SOFOSBUVIR PELLETT PACK 33.75-150 MG	28 Packets Per 28 Days
Hepatitis C Direct Acting Antivirals	HARVONI	LEDIPASVIR-SOFOSBUVIR PELLETT PACK 45-200 MG	28 Packets Per 28 Days
Hepatitis C Direct Acting Antivirals	HARVONI	LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	HARVONI	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	LEDIPASVIR/SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	MAVYRET	GLECAPREVIR-PIBRENTASVIR PELLETT PACK 50-20 MG	140 Packets Per 28 Days
Hepatitis C Direct Acting Antivirals	MAVYRET	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	84 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	SOFOSBUVIR/VELPATASVIR	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	SOVALDI	SOFOSBUVIR PELLETT PACK 150 MG	28 Packets Per 28 Days
Hepatitis C Direct Acting Antivirals	SOVALDI	SOFOSBUVIR PELLETT PACK 200 MG	28 Packets Per 28 Days
Hepatitis C Direct Acting Antivirals	SOVALDI	SOFOSBUVIR TAB 200 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	SOVALDI	SOFOSBUVIR TAB 400 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	VIEKIRA PAK	OMBITAS-PARITAPRE-RITON & DASAB TAB PAK 12.5-75-50 & 250 MG	112 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG	28 Tablets Per 28 Days
Hepatitis C Direct Acting Antivirals	ZEPATIER	ELBASVIR-GRAZOPREVIR TAB 50-100 MG	28 Tablets Per 28 Days
Hereditary Angioedema	CINRYZE	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ 500 UNIT	20 Vials Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Hereditary Angioedema	FIRAZYR	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	6 Syringes Per 30 Days
Hereditary Angioedema	HAEGARDA	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	24 Vials Per 30 Days
Hereditary Angioedema	HAEGARDA	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	16 Vials Per 30 Days
Hereditary Angioedema	KALBITOR	ECALLANTIDE INJ 10 MG/ML	4 Kits Per 30 Days
Hereditary Angioedema	ORLADEYO	BEROTRALSTAT HCL CAP 110 MG	30 Capsules Per 30 Days
Hereditary Angioedema	ORLADEYO	BEROTRALSTAT HCL CAP 150 MG	30 Capsules Per 30 Days
Hereditary Angioedema	RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ 2100 UNIT	8 Vials Per 30 Days
Hereditary Angioedema	TAKHZYRO	LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)	2 Vials Per 28 Days
Hereditary Angioedema	TAKHZYRO	LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML	2 Syringes Per 28 Days
Hereditary Angioedema	TAKHZYRO	LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML)	2 Syringes Per 28 Days
Hereditary Angioedema	icatibant acetate	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	6 Syringes Per 30 Days
Hereditary Angioedema	sajazir	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	6 Syringes Per 30 Days
Hetlioz	HETLIOZ	TASIMELTEON CAPSULE 20 MG	30 Capsules Per 30 Days
Hetlioz	HETLIOZ LQ	TASIMELTEON ORAL SUSP 4 MG/ML	158 mLs Per 30 Days
Hetlioz	tasimelteon	TASIMELTEON CAPSULE 20 MG	30 Capsules Per 30 Days
HoFH Agents	JUXTAPID	LOMITAPIDE MESYLATE CAP 10 MG (BASE EQUIV)	30 Capsules Per 30 Days
HoFH Agents	JUXTAPID	LOMITAPIDE MESYLATE CAP 20 MG (BASE EQUIV)	30 Capsules Per 30 Days
HoFH Agents	JUXTAPID	LOMITAPIDE MESYLATE CAP 30 MG (BASE EQUIV)	30 Capsules Per 30 Days
HoFH Agents	JUXTAPID	LOMITAPIDE MESYLATE CAP 5 MG (BASE EQUIV)	30 Capsules Per 30 Days
IL-1 Inhibitors	ARCALYST	RILONACEPT FOR INJ 220 MG	8 Vials Per 28 Days
IL-4 Inhibitors	DUPIXENT	DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 200 MG/1.14ML	2 Pens Per 28 Days
IL-4 Inhibitors	DUPIXENT	DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 300 MG/2ML	4 Pens Per 28 Days
IL-4 Inhibitors	DUPIXENT	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML	2 Syringes Per 28 Days
IL-4 Inhibitors	DUPIXENT	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	2 Syringes Per 28 Days
IL-4 Inhibitors	DUPIXENT	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	4 Syringes Per 28 Days
IL-5 Inhibitors	FASENRA PEN	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	1 Pen Per 56 Days
IL-5 Inhibitors	NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3 Syringes Per 28 Days
IL-5 Inhibitors	NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	3 Syringes Per 28 Days
IL-5 Inhibitors	NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	1 Syringe Per 28 Days
Imcivree	IMCIVREE	SETMELANOTIDE ACETATE SUBCUTANEOUS SOLN 10 MG/ML	10 Vials Per 30 Days
Insomnia	AMBIEN	ZOLPIDEM TARTRATE TAB 10 MG	30 Tablets Per 30 Days
Insomnia	AMBIEN	ZOLPIDEM TARTRATE TAB 5 MG	30 Tablets Per 30 Days
Insomnia	AMBIEN CR	ZOLPIDEM TARTRATE TAB ER 12.5 MG	30 Tablets Per 30 Days
Insomnia	AMBIEN CR	ZOLPIDEM TARTRATE TAB ER 6.25 MG	30 Tablets Per 30 Days
Insomnia	BELSOMRA	SUVOREXANT TAB 10 MG	30 Tablets Per 30 Days
Insomnia	BELSOMRA	SUVOREXANT TAB 15 MG	30 Tablets Per 30 Days
Insomnia	BELSOMRA	SUVOREXANT TAB 20 MG	30 Tablets Per 30 Days
Insomnia	BELSOMRA	SUVOREXANT TAB 5 MG	30 Tablets Per 30 Days
Insomnia	DAYVIGO	LEMBorexant TAB 10 MG	30 Tablets Per 30 Days
Insomnia	DAYVIGO	LEMBorexant TAB 5 MG	30 Tablets Per 30 Days
Insomnia	EDLUAR	ZOLPIDEM TARTRATE SL TAB 10 MG	30 Tablets Per 30 Days
Insomnia	EDLUAR	ZOLPIDEM TARTRATE SL TAB 5 MG	30 Tablets Per 30 Days
Insomnia	LUNESTA	ESZOPICLONE TAB 1 MG	30 Tablets Per 30 Days
Insomnia	LUNESTA	ESZOPICLONE TAB 2 MG	30 Tablets Per 30 Days
Insomnia	LUNESTA	ESZOPICLONE TAB 3 MG	30 Tablets Per 30 Days
Insomnia	QUVIVIQ	DARIDOREXANT HCL TAB 25 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Insomnia	QUVIVIQ	DARIDOREXANT HCL TAB 50 MG	30 Tablets Per 30 Days
Insomnia	ROZEREM	RAMELTEON TAB 8 MG	30 Tablets Per 30 Days
Insomnia	SILENOR	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)	30 Tablets Per 30 Days
Insomnia	SILENOR	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)	30 Tablets Per 30 Days
Insomnia	ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE CAP 7.5 MG	30 Capsules Per 30 Days
Insomnia	ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE SL TAB 1.75 MG	30 Tablets Per 30 Days
Insomnia	ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE SL TAB 3.5 MG	30 Tablets Per 30 Days
Insomnia	ZOLPIMIST	ZOLPIDEM TARTRATE ORAL SPRAY 5 MG/ACT	1 Bottle Per 30 Days
Insomnia	doxepin hydrochloride	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)	30 Tablets Per 30 Days
Insomnia	doxepin hydrochloride	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)	30 Tablets Per 30 Days
Insomnia	eszopiclone	ESZOPICLONE TAB 1 MG	30 Tablets Per 30 Days
Insomnia	eszopiclone	ESZOPICLONE TAB 2 MG	30 Tablets Per 30 Days
Insomnia	eszopiclone	ESZOPICLONE TAB 3 MG	30 Tablets Per 30 Days
Insomnia	ramelteon	RAMELTEON TAB 8 MG	30 Tablets Per 30 Days
Insomnia	zaleplon	ZALEPLON CAP 10 MG	30 Capsules Per 30 Days
Insomnia	zaleplon	ZALEPLON CAP 5 MG	30 Capsules Per 30 Days
Insomnia	zolpidem tartrate	ZOLPIDEM TARTRATE TAB 10 MG	30 Tablets Per 30 Days
Insomnia	zolpidem tartrate	ZOLPIDEM TARTRATE TAB 5 MG	30 Tablets Per 30 Days
Insomnia	zolpidem tartrate er	ZOLPIDEM TARTRATE TAB ER 12.5 MG	30 Tablets Per 30 Days
Insomnia	zolpidem tartrate er	ZOLPIDEM TARTRATE TAB ER 6.25 MG	30 Tablets Per 30 Days
Insulin Combination	SOLIQUA 100/33	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML	6 Pens Per 30 Days
Insulin Combination	XULTOPHY 100/3.6	INSULIN DEGLUDEC-LIRAGLUTIDE SOL PEN-INJ 100-3.6 UNIT-MG/ML	5 Pens Per 30 Days
Interleukin-13 (IL-13) Antagonist	ADBRY	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML	4 Syringes Per 28 Days
Interstitial Lung Disease	ESBRIET	PIRFENIDONE CAP 267 MG	180 Capsules Per 30 Days
Interstitial Lung Disease	ESBRIET	PIRFENIDONE TAB 267 MG	180 Tablets Per 30 Days
Interstitial Lung Disease	ESBRIET	PIRFENIDONE TAB 801 MG	90 Tablets Per 30 Days
Interstitial Lung Disease	OFEV	NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)	60 Capsules Per 30 Days
Interstitial Lung Disease	OFEV	NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)	60 Capsules Per 30 Days
Interstitial Lung Disease	PIRFENIDONE	PIRFENIDONE TAB 534 MG	21 Tablets Per 180 Days
Interstitial Lung Disease	pirfenidone	PIRFENIDONE CAP 267 MG	180 Capsules Per 30 Days
Interstitial Lung Disease	pirfenidone	PIRFENIDONE TAB 267 MG	180 Tablets Per 30 Days
Interstitial Lung Disease	pirfenidone	PIRFENIDONE TAB 801 MG	90 Tablets Per 30 Days
Isturisa	ISTURISA	OSILODROSTAT PHOSPHATE TAB 1 MG	240 Tablets Per 30 Days
Isturisa	ISTURISA	OSILODROSTAT PHOSPHATE TAB 10 MG	180 Tablets Per 30 Days
Isturisa	ISTURISA	OSILODROSTAT PHOSPHATE TAB 5 MG	360 Tablets Per 30 Days
Jynarque	JYNARQUE	TOLVAPTAN TAB 15 MG	60 Tablets Per 30 Days
Jynarque	JYNARQUE	TOLVAPTAN TAB 30 MG	30 Tablets Per 30 Days
Jynarque	JYNARQUE	TOLVAPTAN TAB THERAPY PACK 15 MG	56 Tablets Per 28 Days
Jynarque	JYNARQUE	TOLVAPTAN TAB THERAPY PACK 30 & 15 MG	56 Tablets Per 28 Days
Jynarque	JYNARQUE	TOLVAPTAN TAB THERAPY PACK 45 & 15 MG	4 Blisters Per 28 Days
Jynarque	JYNARQUE	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG	4 Blisters Per 28 Days
Jynarque	JYNARQUE	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG	4 Blisters Per 28 Days
Ketorolac	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY	5 Bottles Per 30 Days
Ketorolac	SPRIX	KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY	5 Bottles Per 30 Days
Ketorolac	ketorolac tromethamine	KETOROLAC TROMETHAMINE TAB 10 MG	20 Tablets Per 5 Days
Korlym	KORLYM	MIFEPRISTONE TAB 300 MG	120 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Korlym	mifepristone	MIFEPRISTONE TAB 300 MG	120 Tablets Per 30 Days
LMWH Arixtra	ARIXTRA	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML	30 Syringes Per 90 Days
LMWH Arixtra	ARIXTRA	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML	30 Syringes Per 90 Days
LMWH Arixtra	ARIXTRA	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML	30 Syringes Per 90 Days
LMWH Arixtra	ARIXTRA	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SOLN PREFILLED SYR 10000 UNIT/ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SOLN PREFILLED SYR 12500 UNIT/0.5ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SOLN PREFILLED SYR 15000 UNIT/0.6ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SOLN PREFILLED SYR 18000 UNIT/0.72ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SOLN PREFILLED SYR 2500 UNIT/0.2ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SOLN PREFILLED SYR 5000 UNIT/0.2ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SOLN PREFILLED SYR 7500 UNIT/0.3ML	30 Syringes Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SUBCUTANEOUS SOLN 10000 UNIT/4ML	30 Vials Per 90 Days
LMWH Arixtra	FRAGMIN	DALTEPARIN SODIUM SUBCUTANEOUS SOLN 95000 UNIT/3.8ML	10 Vials Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ 300 MG/3ML	10 Vials Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	30 Syringes Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	30 Syringes Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	30 Syringes Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	30 Syringes Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	30 Syringes Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	30 Syringes Per 90 Days
LMWH Arixtra	LOVENOX	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	30 Syringes Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ 300 MG/3ML	10 Vials Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	30 Syringes Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	30 Syringes Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	30 Syringes Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	30 Syringes Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	30 Syringes Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	30 Syringes Per 90 Days
LMWH Arixtra	enoxaparin sodium	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	30 Syringes Per 90 Days
LMWH Arixtra	fondaparinux sodium	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML	30 Syringes Per 90 Days
LMWH Arixtra	fondaparinux sodium	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML	30 Syringes Per 90 Days
LMWH Arixtra	fondaparinux sodium	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML	30 Syringes Per 90 Days
LMWH Arixtra	fondaparinux sodium	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML	30 Syringes Per 90 Days
Lupus	BENLYSTA	BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	4 Injections Per 28 Days
Lupus	BENLYSTA	BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	4 Syringes Per 28 Days
Lupus	LUPKYNIS	VOCLOSPORIN CAP 7.9 MG	180 Capsules Per 30 Days
Mifeprex	MIFEPREX	MIFEPRISTONE TAB 200 MG	1 Tablet Per 30 Days
Mifeprex	mifepristone	MIFEPRISTONE TAB 200 MG	1 Tablet Per 30 Days
Multiple Sclerosis	AUBAGIO	TERIFLUNOMIDE TAB 14 MG	30 Tablets Per 30 Days
Multiple Sclerosis	AUBAGIO	TERIFLUNOMIDE TAB 7 MG	30 Tablets Per 30 Days
Multiple Sclerosis	AVONEX	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	1 Kit Per 28 Days
Multiple Sclerosis	AVONEX PEN	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML	1 Kit Per 28 Days
Multiple Sclerosis	BAFIERTAM	MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG	120 Capsules Per 30 Days
Multiple Sclerosis	BETASERON	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	14 Vials Per 28 Days
Multiple Sclerosis	COPAXONE	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	30 Syringes Per 30 Days



QL PROG NAME	Target	GPI Name	Quantity Limit
Multiple Sclerosis	COPAXONE	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	12 Syringes Per 28 Days
Multiple Sclerosis	EXTAVIA	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	15 Vials Per 30 Days
Multiple Sclerosis	GILENYA	FINGOLIMOD HCL CAP 0.25 MG (BASE EQUIV)	30 Capsules Per 30 Days
Multiple Sclerosis	GILENYA	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	30 Capsules Per 30 Days
Multiple Sclerosis	KESIMPTA	OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML	1 Syringe Per 28 Days
Multiple Sclerosis	MAVENCLAD	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	20 Tablets Per 301 Days
Multiple Sclerosis	MAVENCLAD	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	8 Tablets Per 301 Days
Multiple Sclerosis	MAVENCLAD	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	10 Tablets Per 301 Days
Multiple Sclerosis	MAVENCLAD	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	12 Tablets Per 301 Days
Multiple Sclerosis	MAVENCLAD	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	14 Tablets Per 301 Days
Multiple Sclerosis	MAVENCLAD	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	8 Tablets Per 301 Days
Multiple Sclerosis	MAVENCLAD	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	9 Tablets Per 301 Days
Multiple Sclerosis	MAYZENT	SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)	120 Tablets Per 30 Days
Multiple Sclerosis	MAYZENT	SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV)	30 Tablets Per 30 Days
Multiple Sclerosis	MAYZENT	SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)	30 Tablets Per 30 Days
Multiple Sclerosis	MAYZENT STARTER PACK	SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK	1 Pack Per 180 Days
Multiple Sclerosis	MAYZENT STARTER PACK	SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK	7 Tablets Per 180 Days
Multiple Sclerosis	PLEGRIDY	PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML	2 Syringes Per 28 Days
Multiple Sclerosis	PLEGRIDY	PEGINTERFERON BETA-1A SOLN PEN-INJECTOR 125 MCG/0.5ML	2 Pens Per 28 Days
Multiple Sclerosis	PLEGRIDY	PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML	2 Syringes Per 28 Days
Multiple Sclerosis	PLEGRIDY STARTER PACK	PEGINTERFERON BETA-1A SOLN PEN-INJ 63 & 94 MCG/0.5ML PACK	1 Kit Per 180 Days
Multiple Sclerosis	PLEGRIDY STARTER PACK	PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK	1 Kit Per 180 Days
Multiple Sclerosis	PONVORY	PONESIMOD TAB 20 MG	30 Tablets Per 30 Days
Multiple Sclerosis	PONVORY 14-DAY STARTER PACK	PONESIMOD TAB STARTER PACK 2,3,4,5,6,7,8,9 &10 MG	1 Pack Per 180 Days
Multiple Sclerosis	REBIF	INTERFERON BETA-1A SOLN PREF SYR 22 MCG/0.5ML	12 Syringes Per 28 Days
Multiple Sclerosis	REBIF	INTERFERON BETA-1A SOLN PREF SYR 44 MCG/0.5ML	12 Syringes Per 28 Days
Multiple Sclerosis	REBIF REBIDOSE	INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG/0.5ML	12 Syringes Per 28 Days
Multiple Sclerosis	REBIF REBIDOSE	INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG/0.5ML	12 Syringes Per 28 Days
Multiple Sclerosis	REBIF REBIDOSE TITRATION PACK	INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	1 Kit Per 180 Days
Multiple Sclerosis	REBIF TITRATION PACK	INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	1 Kit Per 180 Days
Multiple Sclerosis	TASCENSO ODT	FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING 0.25 MG	30 Tablets Per 30 Days
Multiple Sclerosis	TASCENSO ODT	FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING 0.5 MG	30 Tablets Per 30 Days
Multiple Sclerosis	TECFIDERA	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	56 Capsules Per 180 Days
Multiple Sclerosis	TECFIDERA	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	60 Capsules Per 30 Days
Multiple Sclerosis	TECFIDERA STARTER PACK	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	1 Kit Per 180 Days
Multiple Sclerosis	VUMERITY	DIROXIMEL FUMARATE CAPSULE DELAYED RELEASE 231 MG	120 Capsules Per 30 Days
Multiple Sclerosis	dimethyl fumarate	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	56 Capsules Per 180 Days
Multiple Sclerosis	dimethyl fumarate	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	60 Capsules Per 30 Days
Multiple Sclerosis	dimethyl fumarate starterpack	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	60 Capsules Per 180 Days
Multiple Sclerosis	fingolimod	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	30 Capsules Per 30 Days
Multiple Sclerosis	glatiramer acetate	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	30 Syringes Per 30 Days
Multiple Sclerosis	glatiramer acetate	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	12 Syringes Per 28 Days
Multiple Sclerosis	glatopa	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	30 Syringes Per 30 Days
Multiple Sclerosis	glatopa	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	12 Syringes Per 28 Days
Multiple Sclerosis	teriflunomide	TERIFLUNOMIDE TAB 14 MG	30 Tablets Per 30 Days
Multiple Sclerosis	teriflunomide	TERIFLUNOMIDE TAB 7 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Nasal Antiepileptics	NAYZILAM	MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML	10 Bottles Per 30 Days
Nasal Antiepileptics	VALTOCO 10 MG DOSE	DIAZEPAM NASAL SPRAY 10 MG/0.1 ML	10 Packs Per 30 Days
Nasal Antiepileptics	VALTOCO 15 MG DOSE	DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE)	10 Packs Per 30 Days
Nasal Antiepileptics	VALTOCO 20 MG DOSE	DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE)	10 Packs Per 30 Days
Nasal Antiepileptics	VALTOCO 5 MG DOSE	DIAZEPAM NASAL SPRAY 5 MG/0.1 ML	10 Packs Per 30 Days
Nasal Inhalers	BECONASE AQ	BECLOMETHASONE DIPROPIONATE MONOHYD NASAL SUSP 42 MCG/SPRAY	2 Bottles Per 30 Days
Nasal Inhalers	DYMISTA	AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT	1 Bottle Per 30 Days
Nasal Inhalers	OMNARIS	CICLESONIDE NASAL SUSP 50 MCG/ACT	1 Bottle Per 30 Days
Nasal Inhalers	PATANASE	OLOPATADINE HCL NASAL SOLN 0.6%	1 Bottle Per 30 Days
Nasal Inhalers	QNASL	BECLOMETHASONE DIPROPIONATE NASAL AEROSOL 80 MCG/ACT	1 Canister Per 30 Days
Nasal Inhalers	QNASL CHILDRENS	BECLOMETHASONE DIPROPIONATE NASAL AEROSOL 40 MCG/ACT	1 Canister Per 30 Days
Nasal Inhalers	RYALTRIS	OLOPATADINE HCL-MOMETASONE FUROATE NASAL SUSP 665-25 MCG/ACT	1 Bottle Per 30 Days
Nasal Inhalers	ZETONNA	CICLESONIDE NASAL AEROSOL SOLN 37 MCG/ACT (50 MCG/VALVE)	1 Canister Per 30 Days
Nasal Inhalers	azelastine hcl	AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)	2 Bottles Per 30 Days
Nasal Inhalers	azelastine hydrochloride	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)	2 Bottles Per 30 Days
Nasal Inhalers	azelastine hydrochloride	AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)	2 Bottles Per 30 Days
Nasal Inhalers	azelastine hydrochloride/fluticasone propionate	AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT	1 Bottle Per 30 Days
Nasal Inhalers	flunisolide	FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	3 Bottles Per 30 Days
Nasal Inhalers	fluticasone propionate	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	1 Bottle Per 30 Days
Nasal Inhalers	ipratropium bromide	IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)	2 Bottles Per 30 Days
Nasal Inhalers	ipratropium bromide	IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)	3 Bottles Per 30 Days
Nasal Inhalers	mometasone furoate	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	2 Bottles Per 30 Days
Nasal Inhalers	olopatadine hcl	OLOPATADINE HCL NASAL SOLN 0.6%	1 Bottle Per 30 Days
Nasal Inhalers	olopatadine hydrochloride	OLOPATADINE HCL NASAL SOLN 0.6%	1 Bottle Per 30 Days
Neurotrophic Keratitis	OXERVATE	CENERGERMIN-BKBJ OPHTH SOLN 0.002% (20 MCG/ML)	56 Vials Per 56 Days
Northera	NORTHERA	DROXIDOPA CAP 100 MG	450 Capsules Per 30 Days
Northera	NORTHERA	DROXIDOPA CAP 200 MG	180 Capsules Per 30 Days
Northera	NORTHERA	DROXIDOPA CAP 300 MG	180 Capsules Per 30 Days
Northera	droxidopa	DROXIDOPA CAP 100 MG	450 Capsules Per 30 Days
Northera	droxidopa	DROXIDOPA CAP 200 MG	180 Capsules Per 30 Days
Northera	droxidopa	DROXIDOPA CAP 300 MG	180 Capsules Per 30 Days
Ocaliva	OCALIVA	OBETICHOLIC ACID TAB 10 MG	30 Tablets Per 30 Days
Ocaliva	OCALIVA	OBETICHOLIC ACID TAB 5 MG	30 Tablets Per 30 Days
Ophthalmic Prostaglandins	IYUZEH	LATANOPROST (PF) OPHTH SOLN 0.005%	30 Containers Per 30 Days
Ophthalmic Prostaglandins	LATANOPROST	LATANOPROST OPHTH SOLN 0.005%	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	LUMIGAN	BIMATOPROST OPHTH SOLN 0.01%	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	TRAVATAN Z	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	VYZULTA	LATANOPROSTENE BUNOD OPHTH SOLN 0.024%	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	XALATAN	LATANOPROST OPHTH SOLN 0.005%	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	XELPROS	LATANOPROST OPHTH EMULSION 0.005%	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	ZIOPTAN	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	30 Containers Per 30 Days
Ophthalmic Prostaglandins	bimatoprost	BIMATOPROST OPHTH SOLN 0.03%	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	latanoprost	LATANOPROST OPHTH SOLN 0.005%	2.5 mLs Per 30 Days
Ophthalmic Prostaglandins	tafluprost	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	30 Containers Per 30 Days
Ophthalmic Prostaglandins	travoprost	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	2.5 mLs Per 30 Days
Opioids ER	BELBUCA	BUPRENORPHINE HCL BUCCAL FILM 150 MCG (BASE EQUIVALENT)	60 Films Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Opioids ER	BELBUCA	BUPRENORPHINE HCL BUCCAL FILM 300 MCG (BASE EQUIVALENT)	60 Films Per 30 Days
Opioids ER	BELBUCA	BUPRENORPHINE HCL BUCCAL FILM 450 MCG (BASE EQUIVALENT)	60 Films Per 30 Days
Opioids ER	BELBUCA	BUPRENORPHINE HCL BUCCAL FILM 600 MCG (BASE EQUIVALENT)	60 Films Per 30 Days
Opioids ER	BELBUCA	BUPRENORPHINE HCL BUCCAL FILM 75 MCG (BASE EQUIVALENT)	60 Films Per 30 Days
Opioids ER	BELBUCA	BUPRENORPHINE HCL BUCCAL FILM 750 MCG (BASE EQUIVALENT)	60 Films Per 30 Days
Opioids ER	BELBUCA	BUPRENORPHINE HCL BUCCAL FILM 900 MCG (BASE EQUIVALENT)	60 Films Per 30 Days
Opioids ER	BUTRANS	BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR	4 Systems Per 28 Days
Opioids ER	BUTRANS	BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR	4 Systems Per 28 Days
Opioids ER	BUTRANS	BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR	4 Systems Per 28 Days
Opioids ER	BUTRANS	BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR	4 Systems Per 28 Days
Opioids ER	BUTRANS	BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR	4 Systems Per 28 Days
Opioids ER	CONZIP	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG	30 Capsules Per 30 Days
Opioids ER	CONZIP	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 200 MG	30 Capsules Per 30 Days
Opioids ER	CONZIP	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 300 MG	30 Capsules Per 30 Days
Opioids ER	HYDROCODONE BITARTRATE ER	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	60 Capsules Per 30 Days
Opioids ER	HYDROCODONE BITARTRATE ER	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	60 Capsules Per 30 Days
Opioids ER	HYDROCODONE BITARTRATE ER	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	60 Capsules Per 30 Days
Opioids ER	HYDROCODONE BITARTRATE ER	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	60 Capsules Per 30 Days
Opioids ER	HYDROCODONE BITARTRATE ER	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	60 Capsules Per 30 Days
Opioids ER	HYDROCODONE BITARTRATE ER	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	60 Capsules Per 30 Days
Opioids ER	HYSINGLA ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	30 Tablets Per 30 Days
Opioids ER	HYSINGLA ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	30 Tablets Per 30 Days
Opioids ER	HYSINGLA ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG	30 Tablets Per 30 Days
Opioids ER	HYSINGLA ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG	30 Tablets Per 30 Days
Opioids ER	HYSINGLA ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG	30 Tablets Per 30 Days
Opioids ER	HYSINGLA ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG	30 Tablets Per 30 Days
Opioids ER	HYSINGLA ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG	30 Tablets Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE BEADS CAP ER 24HR 120 MG	30 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE BEADS CAP ER 24HR 30 MG	30 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE BEADS CAP ER 24HR 45 MG	30 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE BEADS CAP ER 24HR 60 MG	30 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE BEADS CAP ER 24HR 75 MG	30 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE BEADS CAP ER 24HR 90 MG	30 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE CAP ER 24HR 10 MG	60 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE CAP ER 24HR 100 MG	60 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE CAP ER 24HR 20 MG	60 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE CAP ER 24HR 30 MG	60 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE CAP ER 24HR 50 MG	60 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE CAP ER 24HR 60 MG	60 Capsules Per 30 Days
Opioids ER	MORPHINE SULFATE ER	MORPHINE SULFATE CAP ER 24HR 80 MG	60 Capsules Per 30 Days
Opioids ER	MS CONTIN	MORPHINE SULFATE TAB ER 100 MG	90 Tablets Per 30 Days
Opioids ER	MS CONTIN	MORPHINE SULFATE TAB ER 15 MG	90 Tablets Per 30 Days
Opioids ER	MS CONTIN	MORPHINE SULFATE TAB ER 200 MG	90 Tablets Per 30 Days
Opioids ER	MS CONTIN	MORPHINE SULFATE TAB ER 30 MG	90 Tablets Per 30 Days
Opioids ER	MS CONTIN	MORPHINE SULFATE TAB ER 60 MG	90 Tablets Per 30 Days
Opioids ER	NUCYNTA ER	TAPENTADOL HCL TAB ER 12HR 100 MG	60 Tablets Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Opioids ER	NUCYNTA ER	TAPENTADOL HCL TAB ER 12HR 150 MG	60 Tablets Per 30 Days
Opioids ER	NUCYNTA ER	TAPENTADOL HCL TAB ER 12HR 200 MG	60 Tablets Per 30 Days
Opioids ER	NUCYNTA ER	TAPENTADOL HCL TAB ER 12HR 250 MG	60 Tablets Per 30 Days
Opioids ER	NUCYNTA ER	TAPENTADOL HCL TAB ER 12HR 50 MG	60 Tablets Per 30 Days
Opioids ER	OXYCODONE HCL ER	OXYCODONE HCL TAB ER 12HR DETER 10 MG	60 Tablets Per 30 Days
Opioids ER	OXYCODONE HCL ER	OXYCODONE HCL TAB ER 12HR DETER 20 MG	60 Tablets Per 30 Days
Opioids ER	OXYCODONE HCL ER	OXYCODONE HCL TAB ER 12HR DETER 40 MG	60 Tablets Per 30 Days
Opioids ER	OXYCODONE HCL ER	OXYCODONE HCL TAB ER 12HR DETER 80 MG	120 Tablets Per 30 Days
Opioids ER	OXYCODONE HYDROCHLORIDE ER	OXYCODONE HCL TAB ER 12HR DETER 10 MG	60 Tablets Per 30 Days
Opioids ER	OXYCODONE HYDROCHLORIDE ER	OXYCODONE HCL TAB ER 12HR DETER 20 MG	60 Tablets Per 30 Days
Opioids ER	OXYCODONE HYDROCHLORIDE ER	OXYCODONE HCL TAB ER 12HR DETER 40 MG	60 Tablets Per 30 Days
Opioids ER	OXYCODONE HYDROCHLORIDE ER	OXYCODONE HCL TAB ER 12HR DETER 80 MG	120 Tablets Per 30 Days
Opioids ER	OXYCONTIN	OXYCODONE HCL TAB ER 12HR DETER 10 MG	60 Tablets Per 30 Days
Opioids ER	OXYCONTIN	OXYCODONE HCL TAB ER 12HR DETER 15 MG	60 Tablets Per 30 Days
Opioids ER	OXYCONTIN	OXYCODONE HCL TAB ER 12HR DETER 20 MG	60 Tablets Per 30 Days
Opioids ER	OXYCONTIN	OXYCODONE HCL TAB ER 12HR DETER 30 MG	60 Tablets Per 30 Days
Opioids ER	OXYCONTIN	OXYCODONE HCL TAB ER 12HR DETER 40 MG	60 Tablets Per 30 Days
Opioids ER	OXYCONTIN	OXYCODONE HCL TAB ER 12HR DETER 60 MG	120 Tablets Per 30 Days
Opioids ER	OXYCONTIN	OXYCODONE HCL TAB ER 12HR DETER 80 MG	120 Tablets Per 30 Days
Opioids ER	OXYMORPHONE HYDROCHLORIDE ER	OXYMORPHONE HCL TAB ER 12HR 10 MG	60 Tablets Per 30 Days
Opioids ER	OXYMORPHONE HYDROCHLORIDE ER	OXYMORPHONE HCL TAB ER 12HR 15 MG	60 Tablets Per 30 Days
Opioids ER	OXYMORPHONE HYDROCHLORIDE ER	OXYMORPHONE HCL TAB ER 12HR 20 MG	60 Tablets Per 30 Days
Opioids ER	OXYMORPHONE HYDROCHLORIDE ER	OXYMORPHONE HCL TAB ER 12HR 30 MG	60 Tablets Per 30 Days
Opioids ER	OXYMORPHONE HYDROCHLORIDE ER	OXYMORPHONE HCL TAB ER 12HR 5 MG	60 Tablets Per 30 Days
Opioids ER	OXYMORPHONE HYDROCHLORIDE ER	OXYMORPHONE HCL TAB ER 12HR 7.5 MG	60 Tablets Per 30 Days
Opioids ER	OXYMORPHONE HYDROCHLORIDEER	OXYMORPHONE HCL TAB ER 12HR 40 MG	60 Tablets Per 30 Days
Opioids ER	TRAMADOL HCL ER	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG	30 Capsules Per 30 Days
Opioids ER	TRAMADOL HCL ER	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 200 MG	30 Capsules Per 30 Days
Opioids ER	TRAMADOL HCL ER	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 300 MG	30 Capsules Per 30 Days
Opioids ER	TRAMADOL HCL ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	30 Tablets Per 30 Days
Opioids ER	TRAMADOL HCL ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	30 Tablets Per 30 Days
Opioids ER	TRAMADOL HCL ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	30 Tablets Per 30 Days
Opioids ER	XTAMPZA ER	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	60 Capsules Per 30 Days
Opioids ER	XTAMPZA ER	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	60 Capsules Per 30 Days
Opioids ER	XTAMPZA ER	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	60 Capsules Per 30 Days
Opioids ER	XTAMPZA ER	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	240 Capsules Per 30 Days
Opioids ER	XTAMPZA ER	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	60 Capsules Per 30 Days
Opioids ER	buprenorphine	BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR	4 Systems Per 28 Days
Opioids ER	buprenorphine	BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR	4 Systems Per 28 Days
Opioids ER	buprenorphine	BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR	4 Systems Per 28 Days
Opioids ER	buprenorphine	BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR	4 Systems Per 28 Days
Opioids ER	buprenorphine	BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR	4 Patches Per 28 Days
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 100 MCG/HR	15 Patches Per 30 Days
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 12 MCG/HR	15 Patches Per 30 Days
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 25 MCG/HR	15 Patches Per 30 Days
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 37.5 MCG/HR	15 Patches Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 50 MCG/HR	15 Patches Per 30 Days
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 62.5 MCG/HR	15 Patches Per 30 Days
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 75 MCG/HR	15 Patches Per 30 Days
Opioids ER	fentanyl	FENTANYL TD PATCH 72HR 87.5 MCG/HR	15 Patches Per 30 Days
Opioids ER	hydrocodone bitartrate er	HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	30 Tablets Per 30 Days
Opioids ER	hydrocodone bitartrate er	HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	30 Tablets Per 30 Days
Opioids ER	hydrocodone bitartrate er	HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG	30 Tablets Per 30 Days
Opioids ER	hydrocodone bitartrate er	HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG	30 Tablets Per 30 Days
Opioids ER	hydrocodone bitartrate er	HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG	30 Tablets Per 30 Days
Opioids ER	hydrocodone bitartrate er	HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG	30 Tablets Per 30 Days
Opioids ER	hydrocodone bitartrate er	HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG	30 Tablets Per 30 Days
Opioids ER	hydromorphone hcl er	HYDROMORPHONE HCL TAB ER 24HR 12 MG	30 Tablets Per 30 Days
Opioids ER	hydromorphone hcl er	HYDROMORPHONE HCL TAB ER 24HR 16 MG	30 Tablets Per 30 Days
Opioids ER	hydromorphone hcl er	HYDROMORPHONE HCL TAB ER 24HR 8 MG	30 Tablets Per 30 Days
Opioids ER	hydromorphone hydrochloride er	HYDROMORPHONE HCL TAB ER 24HR 12 MG	30 Tablets Per 30 Days
Opioids ER	hydromorphone hydrochloride er	HYDROMORPHONE HCL TAB ER 24HR 16 MG	30 Tablets Per 30 Days
Opioids ER	hydromorphone hydrochloride er	HYDROMORPHONE HCL TAB ER 24HR 32 MG	30 Tablets Per 30 Days
Opioids ER	hydromorphone hydrochloride er	HYDROMORPHONE HCL TAB ER 24HR 8 MG	30 Tablets Per 30 Days
Opioids ER	morphine sulfate er	MORPHINE SULFATE TAB ER 100 MG	90 Tablets Per 30 Days
Opioids ER	morphine sulfate er	MORPHINE SULFATE TAB ER 15 MG	90 Tablets Per 30 Days
Opioids ER	morphine sulfate er	MORPHINE SULFATE TAB ER 200 MG	90 Tablets Per 30 Days
Opioids ER	morphine sulfate er	MORPHINE SULFATE TAB ER 30 MG	90 Tablets Per 30 Days
Opioids ER	morphine sulfate er	MORPHINE SULFATE TAB ER 60 MG	90 Tablets Per 30 Days
Opioids ER	tramadol hcl er	TRAMADOL HCL TAB ER 24HR 100 MG	30 Tablets Per 30 Days
Opioids ER	tramadol hcl er	TRAMADOL HCL TAB ER 24HR 200 MG	30 Tablets Per 30 Days
Opioids ER	tramadol hcl er	TRAMADOL HCL TAB ER 24HR 300 MG	30 Tablets Per 30 Days
Opioids ER	tramadol hydrochloride er	TRAMADOL HCL TAB ER 24HR 100 MG	30 Tablets Per 30 Days
Opioids ER	tramadol hydrochloride er	TRAMADOL HCL TAB ER 24HR 200 MG	30 Tablets Per 30 Days
Opioids ER	tramadol hydrochloride er	TRAMADOL HCL TAB ER 24HR 300 MG	30 Tablets Per 30 Days
Opioids IR	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	300 Capsules Per 30 Days
Opioids IR	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB 325-30-16 MG	300 Tablets Per 30 Days
Opioids IR	ACETAMINOPHEN/CODEINE	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	2700 mLs Per 30 Days
Opioids IR	APADAZ	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 4.08-325 MG	360 Tablets Per 30 Days
Opioids IR	APADAZ	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 6.12-325 MG	360 Tablets Per 30 Days
Opioids IR	APADAZ	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 8.16-325 MG	360 Tablets Per 30 Days
Opioids IR	BENZHYDROCODONE/ACETAMINOPHEN	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 4.08-325 MG	360 Tablets Per 30 Days
Opioids IR	BENZHYDROCODONE/ACETAMINOPHEN	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 6.12-325 MG	360 Tablets Per 30 Days
Opioids IR	BENZHYDROCODONE/ACETAMINOPHEN	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 8.16-325 MG	360 Tablets Per 30 Days
Opioids IR	CODEINE SULFATE	CODEINE SULFATE TAB 15 MG	180 Tablets Per 30 Days
Opioids IR	CODEINE SULFATE	CODEINE SULFATE TAB 30 MG	180 Tablets Per 30 Days
Opioids IR	CODEINE SULFATE	CODEINE SULFATE TAB 60 MG	180 Tablets Per 30 Days
Opioids IR	DILAUDID	HYDROMORPHONE HCL LIQD 1 MG/ML	1440 mLs Per 30 Days
Opioids IR	DILAUDID	HYDROMORPHONE HCL TAB 2 MG	180 Tablets Per 30 Days
Opioids IR	DILAUDID	HYDROMORPHONE HCL TAB 4 MG	180 Tablets Per 30 Days
Opioids IR	DILAUDID	HYDROMORPHONE HCL TAB 8 MG	180 Tablets Per 30 Days
Opioids IR	FIORICET/CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	180 Capsules Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Opioids IR	HYDROCODONE/IBUPROFEN	HYDROCODONE-IBUPROFEN TAB 10-200 MG	150 Tablets Per 30 Days
Opioids IR	HYDROCODONE/IBUPROFEN	HYDROCODONE-IBUPROFEN TAB 5-200 MG	150 Tablets Per 30 Days
Opioids IR	LEVORPHANOL TARTRATE	LEVORPHANOL TARTRATE TAB 3 MG	120 Tablets Per 30 Days
Opioids IR	LORTAB	HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	2025 mLs Per 30 Days
Opioids IR	MEPERIDINE HCL	MEPERIDINE HCL ORAL SOLN 50 MG/5ML	1800 mLs Per 30 Days
Opioids IR	MEPERIDINE HCL	MEPERIDINE HCL TAB 50 MG	360 Tablets Per 30 Days
Opioids IR	METHADONE HCL	METHADONE HCL SOLN 10 MG/5ML	450 mLs Per 30 Days
Opioids IR	METHADONE HCL	METHADONE HCL SOLN 5 MG/5ML	900 mLs Per 30 Days
Opioids IR	METHADOSE	METHADONE HCL CONC 10 MG/ML	90 mLs Per 30 Days
Opioids IR	METHADOSE SUGAR-FREE	METHADONE HCL CONC 10 MG/ML	90 mLs Per 30 Days
Opioids IR	MORPHINE SULFATE	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	2700 mLs Per 30 Days
Opioids IR	MORPHINE SULFATE	MORPHINE SULFATE ORAL SOLN 20 MG/5ML	1350 mLs Per 30 Days
Opioids IR	MORPHINE SULFATE	MORPHINE SULFATE TAB 15 MG	360 Tablets Per 30 Days
Opioids IR	MORPHINE SULFATE	MORPHINE SULFATE TAB 30 MG	180 Tablets Per 30 Days
Opioids IR	NALOCET	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-300 MG	360 Tablets Per 30 Days
Opioids IR	NUCYNTA	TAPENTADOL HCL TAB 100 MG	180 Tablets Per 30 Days
Opioids IR	NUCYNTA	TAPENTADOL HCL TAB 50 MG	180 Tablets Per 30 Days
Opioids IR	NUCYNTA	TAPENTADOL HCL TAB 75 MG	180 Tablets Per 30 Days
Opioids IR	OXAYDO	OXYCODONE HCL TAB 5 MG	360 Tablets Per 30 Days
Opioids IR	OXAYDO	OXYCODONE HCL TAB 7.5 MG	180 Tablets Per 30 Days
Opioids IR	OXYCODONE AND ACETAMINOPHEN	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-300 MG	240 Tablets Per 30 Days
Opioids IR	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	OXYCODONE W/ ACETAMINOPHEN SOLN 10-300 MG/5ML	900 mLs Per 30 Days
Opioids IR	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML	1800 mLs Per 30 Days
Opioids IR	OXYCODONE/ACETAMINOPHEN	OXYCODONE W/ ACETAMINOPHEN TAB 10-300 MG	180 Tablets Per 30 Days
Opioids IR	OXYCODONE/ACETAMINOPHEN	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-300 MG	360 Tablets Per 30 Days
Opioids IR	OXYCODONE/ACETAMINOPHEN	OXYCODONE W/ ACETAMINOPHEN TAB 5-300 MG	360 Tablets Per 30 Days
Opioids IR	PERCOCET	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	180 Tablets Per 30 Days
Opioids IR	PERCOCET	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	360 Tablets Per 30 Days
Opioids IR	PERCOCET	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	360 Tablets Per 30 Days
Opioids IR	PERCOCET	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	240 Tablets Per 30 Days
Opioids IR	PROLATE	OXYCODONE W/ ACETAMINOPHEN SOLN 10-300 MG/5ML	900 mLs Per 30 Days
Opioids IR	PROLATE	OXYCODONE W/ ACETAMINOPHEN TAB 10-300 MG	180 Tablets Per 30 Days
Opioids IR	PROLATE	OXYCODONE W/ ACETAMINOPHEN TAB 5-300 MG	360 Tablets Per 30 Days
Opioids IR	PROLATE	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-300 MG	240 Tablets Per 30 Days
Opioids IR	QDOLO	TRAMADOL HCL ORAL SOLN 5 MG/ML	2400 mLs Per 30 Days
Opioids IR	ROXICODONE	OXYCODONE HCL TAB 15 MG	180 Tablets Per 30 Days
Opioids IR	ROXICODONE	OXYCODONE HCL TAB 30 MG	180 Tablets Per 30 Days
Opioids IR	ROXICODONE	OXYCODONE HCL TAB 5 MG	360 Tablets Per 30 Days
Opioids IR	ROXYBOND	OXYCODONE HCL TAB ABUSE DETER 15 MG	180 Tablets Per 30 Days
Opioids IR	ROXYBOND	OXYCODONE HCL TAB ABUSE DETER 30 MG	180 Tablets Per 30 Days
Opioids IR	ROXYBOND	OXYCODONE HCL TAB ABUSE DETER 5 MG	360 Tablets Per 30 Days
Opioids IR	SEGLENTIS	CELECOXIB-TRAMADOL HCL TAB 56-44 MG	120 Tablets Per 30 Days
Opioids IR	TRAMADOL HYDROCHLORIDE	TRAMADOL HCL ORAL SOLN 5 MG/ML	2400 mLs Per 30 Days
Opioids IR	TRAMADOL HYDROCHLORIDE	TRAMADOL HCL TAB 25 MG	240 Tablets Per 30 Days
Opioids IR	TREZIX	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	300 Capsules Per 30 Days
Opioids IR	TYLENOL/CODEINE #2	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	360 Tablets Per 30 Days



QL PROG NAME	Target	GPI Name	Quantity Limit
Opioids IR	ULTRACET	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	240 Tablets Per 30 Days
Opioids IR	ULTRAM	TRAMADOL HCL TAB 50 MG	240 Tablets Per 30 Days
Opioids IR	acetaminophen/codeine	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	2700 mLs Per 30 Days
Opioids IR	acetaminophen/codeine	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	360 Tablets Per 30 Days
Opioids IR	acetaminophen/codeine	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	360 Tablets Per 30 Days
Opioids IR	acetaminophen/codeine	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	180 Tablets Per 30 Days
Opioids IR	acetaminophen/codeine phosphate	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	360 Tablets Per 30 Days
Opioids IR	acetaminophen/codeine phosphate	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	360 Tablets Per 30 Days
Opioids IR	acetaminophen/codeine phosphate	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	180 Tablets Per 30 Days
Opioids IR	ascomp/codeine	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	180 Capsules Per 30 Days
Opioids IR	butalbital/acetaminophen/caffeine/codeine	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	180 Capsules Per 30 Days
Opioids IR	butalbital/acetaminophen/caffeine/codeine	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	180 Capsules Per 30 Days
Opioids IR	butalbital/aspirin/caffeine/codeine	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	180 Capsules Per 30 Days
Opioids IR	butorphanol tartrate	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	7.5 mLs Per 30 Days
Opioids IR	codeine sulfate	CODEINE SULFATE TAB 30 MG	180 Tablets Per 30 Days
Opioids IR	endocet	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	180 Tablets Per 30 Days
Opioids IR	endocet	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	360 Tablets Per 30 Days
Opioids IR	endocet	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	360 Tablets Per 30 Days
Opioids IR	endocet	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	240 Tablets Per 30 Days
Opioids IR	hydrocodone bitartrate/acetaminophen	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	2700 mLs Per 30 Days
Opioids IR	hydrocodone bitartrate/acetaminophen	HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG	180 Tablets Per 30 Days
Opioids IR	hydrocodone bitartrate/acetaminophen	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	180 Tablets Per 30 Days
Opioids IR	hydrocodone bitartrate/acetaminophen	HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG	240 Tablets Per 30 Days
Opioids IR	hydrocodone bitartrate/acetaminophen	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	240 Tablets Per 30 Days
Opioids IR	hydrocodone bitartrate/acetaminophen	HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG	180 Tablets Per 30 Days
Opioids IR	hydrocodone bitartrate/acetaminophen	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	180 Tablets Per 30 Days
Opioids IR	hydrocodone/acetaminophen	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	180 Tablets Per 30 Days
Opioids IR	hydrocodone/ibuprofen	HYDROCODONE-IBUPROFEN TAB 10-200 MG	150 Tablets Per 30 Days
Opioids IR	hydrocodone/ibuprofen	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	150 Tablets Per 30 Days
Opioids IR	hydromorphone hcl	HYDROMORPHONE HCL LIQD 1 MG/ML	1440 mLs Per 30 Days
Opioids IR	hydromorphone hcl	HYDROMORPHONE HCL TAB 2 MG	180 Tablets Per 30 Days
Opioids IR	hydromorphone hcl	HYDROMORPHONE HCL TAB 4 MG	180 Tablets Per 30 Days
Opioids IR	hydromorphone hcl	HYDROMORPHONE HCL TAB 8 MG	180 Tablets Per 30 Days
Opioids IR	levorphanol tartrate	LEVORPHANOL TARTRATE TAB 2 MG	120 Tablets Per 30 Days
Opioids IR	levorphanol tartrate	LEVORPHANOL TARTRATE TAB 3 MG	120 Tablets Per 30 Days
Opioids IR	methadone hcl	METHADONE HCL SOLN 10 MG/5ML	450 mLs Per 30 Days
Opioids IR	methadone hcl	METHADONE HCL SOLN 5 MG/5ML	900 mLs Per 30 Days
Opioids IR	methadone hcl	METHADONE HCL TAB 10 MG	90 Tablets Per 30 Days
Opioids IR	methadone hcl	METHADONE HCL TAB 5 MG	90 Tablets Per 30 Days
Opioids IR	methadone hcl	METHADONE HCL TAB FOR ORAL SUSP 40 MG	90 Tablets Per 30 Days
Opioids IR	methadone hydrochloride	METHADONE HCL CONC 10 MG/ML	90 mLs Per 30 Days
Opioids IR	methadone hydrochloride	METHADONE HCL SOLN 10 MG/5ML	450 mLs Per 30 Days
Opioids IR	methadone hydrochloride	METHADONE HCL SOLN 5 MG/5ML	900 mLs Per 30 Days
Opioids IR	methadone hydrochloride	METHADONE HCL TAB 10 MG	90 Tablets Per 30 Days
Opioids IR	methadone hydrochloride	METHADONE HCL TAB 5 MG	90 Tablets Per 30 Days
Opioids IR	methadone hydrochloride intensol	METHADONE HCL CONC 10 MG/ML	90 mLs Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Opioids IR	methadose	METHADONE HCL TAB FOR ORAL SUSP 40 MG	90 Tablets Per 30 Days
Opioids IR	morphine sulfate	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	2700 mLs Per 30 Days
Opioids IR	morphine sulfate	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	270 mLs Per 30 Days
Opioids IR	morphine sulfate	MORPHINE SULFATE TAB 15 MG	360 Tablets Per 30 Days
Opioids IR	morphine sulfate	MORPHINE SULFATE TAB 30 MG	180 Tablets Per 30 Days
Opioids IR	oxycodone hcl	OXYCODONE HCL CAP 5 MG	360 Capsules Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL CAP 5 MG	360 Capsules Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	270 mLs Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL SOLN 5 MG/5ML	5400 mLs Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL TAB 10 MG	180 Tablets Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL TAB 15 MG	180 Tablets Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL TAB 20 MG	180 Tablets Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL TAB 30 MG	180 Tablets Per 30 Days
Opioids IR	oxycodone hydrochloride	OXYCODONE HCL TAB 5 MG	360 Tablets Per 30 Days
Opioids IR	oxycodone/acetaminophen	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	180 Tablets Per 30 Days
Opioids IR	oxycodone/acetaminophen	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	360 Tablets Per 30 Days
Opioids IR	oxycodone/acetaminophen	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	360 Tablets Per 30 Days
Opioids IR	oxycodone/acetaminophen	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	240 Tablets Per 30 Days
Opioids IR	oxymorphone hydrochloride	OXYMORPHONE HCL TAB 10 MG	180 Tablets Per 30 Days
Opioids IR	oxymorphone hydrochloride	OXYMORPHONE HCL TAB 5 MG	180 Tablets Per 30 Days
Opioids IR	pentazocine/naloxone hcl	PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG	360 Tablets Per 30 Days
Opioids IR	tramadol hydrochloride	TRAMADOL HCL TAB 50 MG	240 Tablets Per 30 Days
Opioids IR	tramadol hydrochloride/acetaminophen	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	240 Tablets Per 30 Days
Oral Anticoagulants	ELIQUIS	APIXABAN TAB 2.5 MG	60 Tablets Per 30 Days
Oral Anticoagulants	ELIQUIS	APIXABAN TAB 5 MG	74 Tablets Per 30 Days
Oral Anticoagulants	ELIQUIS STARTER PACK	APIXABAN TAB STARTER PACK 5 MG	1 Pack Per 180 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	120 Capsules Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	60 Capsules Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	60 Capsules Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 110 MG	120 Packets Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 150 MG	60 Packets Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 20 MG	60 Packets Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 30 MG	120 Packets Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 40 MG	120 Packets Per 30 Days
Oral Anticoagulants	PRADAXA	DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 50 MG	120 Packets Per 30 Days
Oral Anticoagulants	SAVAYSA	EDOXABAN TOSYLATE TAB 15 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Oral Anticoagulants	SAVAYSA	EDOXABAN TOSYLATE TAB 30 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Oral Anticoagulants	SAVAYSA	EDOXABAN TOSYLATE TAB 60 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
Oral Anticoagulants	XARELTO	RIVAROXABAN FOR SUSP 1 MG/ML	620 mLs Per 30 Days
Oral Anticoagulants	XARELTO	RIVAROXABAN TAB 10 MG	30 Tablets Per 30 Days
Oral Anticoagulants	XARELTO	RIVAROXABAN TAB 15 MG	60 Tablets Per 30 Days
Oral Anticoagulants	XARELTO	RIVAROXABAN TAB 2.5 MG	60 Tablets Per 30 Days
Oral Anticoagulants	XARELTO	RIVAROXABAN TAB 20 MG	30 Tablets Per 30 Days
Oral Anticoagulants	XARELTO STARTER PACK	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	51 Tablets Per 30 Days
Oral Anticoagulants	dabigatran etexilate	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	120 Capsules Per 30 Days
Oral Anticoagulants	dabigatran etexilate	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	60 Capsules Per 30 Days

QL PROG NAME	Target	GPI Name	Quantity Limit
Oral Anticoagulants	dabigatran etexilate	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	60 Capsules Per 30 Days
Oral Immunotherapy	GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXT SL TAB 2800 BAU	30 Tablets Per 30 Days
Oral Immunotherapy	ODACTRA	*DUST MITE MIXED EXT SL TAB 12 SQ-HDM***	30 Tablets Per 30 Days
Oral Immunotherapy	ORALAIR	*GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)*	30 Tablets Per 30 Days
Oral Immunotherapy	ORALAIR ADULT STARTER PACK	*GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)*	30 Tablets Per 30 Days
Oral Immunotherapy	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK	*GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY)*	1 Pack Per 180 Days
Oral Immunotherapy	RAGWITEK	SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U	30 Tablets Per 30 Days
Oral Inhalers	ADVAIR DISKUS	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	ADVAIR DISKUS	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	ADVAIR DISKUS	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	ADVAIR HFA	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	ADVAIR HFA	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	ADVAIR HFA	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	AIRDUO DIGIHALER 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT W/SENSOR	1 Inhaler Per 30 Days
Oral Inhalers	AIRDUO DIGIHALER 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT W/SENSOR	1 Inhaler Per 30 Days
Oral Inhalers	AIRDUO DIGIHALER 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT W/ SENSOR	1 Inhaler Per 30 Days
Oral Inhalers	AIRDUO RESPICLICK 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	AIRDUO RESPICLICK 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	AIRDUO RESPICLICK 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	AIRSUPRA	ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT	3 Inhalers Per 30 Days
Oral Inhalers	ALBUTEROL SULFATE HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	2 Canisters Per 30 Days
Oral Inhalers	ALVESCO	CICLESONIDE INHAL AEROSOL 160 MCG/ACT	2 Canisters Per 30 Days
Oral Inhalers	ALVESCO	CICLESONIDE INHAL AEROSOL 80 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	ANORO ELLIPTA	UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	ARMONAIR DIGIHALER	FLUTICASONE PROPIONATE AER POW BA 113 MCG/ACT WITH SENSOR	1 Inhaler Per 30 Days
Oral Inhalers	ARMONAIR DIGIHALER	FLUTICASONE PROPIONATE AER POW BA 232 MCG/ACT WITH SENSOR	1 Inhaler Per 30 Days
Oral Inhalers	ARMONAIR DIGIHALER	FLUTICASONE PROPIONATE AER POW BA 55 MCG/ACT WITH SENSOR	1 Inhaler Per 30 Days
Oral Inhalers	ARNUITY ELLIPTA	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	30 Blisters Per 30 Days
Oral Inhalers	ARNUITY ELLIPTA	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	30 Blisters Per 30 Days
Oral Inhalers	ARNUITY ELLIPTA	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT	30 Blisters Per 30 Days
Oral Inhalers	ASMANEX HFA	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 100 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	ASMANEX HFA	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 200 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	ASMANEX HFA	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 50 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	ASMANEX TWISTHALER 120 METERED DOSES	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	1 Canister Per 30 Days
Oral Inhalers	ASMANEX TWISTHALER 14 METERED DOSES	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	1 Canister Per 30 Days
Oral Inhalers	ASMANEX TWISTHALER 30 METERED DOSES	MOMETASONE FUROATE INHAL POWD 110 MCG/ACT (BREATH ACTIVATED)	1 Canister Per 30 Days
Oral Inhalers	ASMANEX TWISTHALER 30 METERED DOSES	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	1 Canister Per 30 Days
Oral Inhalers	ASMANEX TWISTHALER 60 METERED DOSES	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	1 Canister Per 30 Days
Oral Inhalers	ATROVENT HFA	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	2 Canisters Per 30 Days
Oral Inhalers	BEVESPI AEROSPHERE	GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	BREO ELLIPTA	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	BREO ELLIPTA	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	BREO ELLIPTA	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	BREZTRI AEROSPHERE	BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	COMBIVENT RESPIMAT	IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT	2 Canisters Per 30 Days
Oral Inhalers	DUAKLIR PRESSAIR	ACLIDINIUM BR-FORMOTEROL FUM AERO POW BR ACT 400-12 MCG/ACT	1 Inhaler Per 30 Days



QL PROG NAME	Target	GPI Name	Quantity Limit
Oral Inhalers	DULERA	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 100-5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	DULERA	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 200-5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	DULERA	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 50-5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	FLOVENT DISKUS	FLUTICASONE PROPIONATE AER POW BA 100 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	FLOVENT DISKUS	FLUTICASONE PROPIONATE AER POW BA 250 MCG/ACT	240 Blisters Per 30 Days
Oral Inhalers	FLOVENT DISKUS	FLUTICASONE PROPIONATE AER POW BA 50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	FLOVENT HFA	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	1 Canister Per 30 Days
Oral Inhalers	FLOVENT HFA	FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE)	2 Canisters Per 30 Days
Oral Inhalers	FLOVENT HFA	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	1 Canister Per 30 Days
Oral Inhalers	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE DISKUS	FLUTICASONE PROPIONATE AER POW BA 100 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE DISKUS	FLUTICASONE PROPIONATE AER POW BA 250 MCG/ACT	240 Blisters Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE DISKUS	FLUTICASONE PROPIONATE AER POW BA 50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE HFA	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	1 Canister Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE HFA	FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE)	2 Canisters Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE HFA	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	1 Canister Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE/SALMETEROL	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE/SALMETEROL	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE/SALMETEROL	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE/SALMETEROL HFA	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE/SALMETEROL HFA	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	FLUTICASONE PROPIONATE/SALMETEROL HFA	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	INCRUSE ELLIPTA	UMECLIDINIUM BR AERO POWD BREATH ACT 62.5 MCG/ACT (BASE EQ)	30 Blisters Per 30 Days
Oral Inhalers	LEVALBUTEROL TARTRATE HFA	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	2 Canisters Per 30 Days
Oral Inhalers	PROAIR DIGIHALER	ALBUTEROL SULFATE AER POW BA 108 MCG/ACT WITH SENSOR	2 Inhalers Per 30 Days
Oral Inhalers	PROAIR HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	2 Canisters Per 30 Days
Oral Inhalers	PROAIR RESPICLICK	ALBUTEROL SULFATE AER POW BA 108 MCG/ACT (90 MCG BASE EQUIV)	2 Inhalers Per 30 Days
Oral Inhalers	PROVENTIL HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	2 Canisters Per 30 Days
Oral Inhalers	PULMICORT FLEXHALER	BUDESONIDE INHAL AERO POWD 180 MCG/ACT (BREATH ACTIVATED)	2 Canisters Per 30 Days
Oral Inhalers	PULMICORT FLEXHALER	BUDESONIDE INHAL AERO POWD 90 MCG/ACT (BREATH ACTIVATED)	1 Canister Per 30 Days
Oral Inhalers	QVAR REDIHALER	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	QVAR REDIHALER	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT	2 Canisters Per 30 Days
Oral Inhalers	SEREVENT DISKUS	SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV)	60 Blisters Per 30 Days
Oral Inhalers	SPIRIVA HANDIHALER	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	30 Capsules Per 30 Days
Oral Inhalers	SPIRIVA RESPIMAT	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 1.25 MCG/ACT	1 CART Per 30 Days
Oral Inhalers	SPIRIVA RESPIMAT	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 2.5 MCG/ACT	1 CART Per 30 Days
Oral Inhalers	STIOLTO RESPIMAT	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT	1 CART Per 30 Days
Oral Inhalers	STRIVERDI RESPIMAT	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)	1 CART Per 30 Days
Oral Inhalers	SYMBICORT	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	SYMBICORT	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	TRELEGY ELLIPTA	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	TRELEGY ELLIPTA	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT	1 Inhaler Per 30 Days
Oral Inhalers	TUDORZA PRESSAIR	ACLIDINIUM BROMIDE AEROSOL POWD BREATH ACTIVATED 400 MCG/ACT	1 Canister Per 30 Days
Oral Inhalers	VENTOLIN HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	2 Canisters Per 30 Days
Oral Inhalers	XOPENEX HFA	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	2 Canisters Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Oral Inhalers	albuterol sulfate hfa	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	2 Canisters Per 30 Days
Oral Inhalers	breyna	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	breyna	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	budesonide/formoterol fumarate dihydrate	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	budesonide/formoterol fumarate dihydrate	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	3 Canisters Per 30 Days
Oral Inhalers	fluticasone propionate/salmeterol	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	fluticasone propionate/salmeterol	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	fluticasone propionate/salmeterol	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	fluticasone propionate/salmeterol diskus	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	fluticasone propionate/salmeterol diskus	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	fluticasone propionate/salmeterol diskus	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	tiotropium bromide	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	30 Capsules Per 30 Days
Oral Inhalers	wixela inhub	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	wixela inhub	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	60 Blisters Per 30 Days
Oral Inhalers	wixela inhub	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	60 Blisters Per 30 Days
Otezla	OTEZLA	APREMILAST TAB 30 MG	60 Tablets Per 30 Days
Otezla	OTEZLA	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	1 Kit Per 180 Days
Oxbryta	OXBRYTA	VOXELOTOR TAB 300 MG	90 Tablets Per 30 Days
Oxbryta	OXBRYTA	VOXELOTOR TAB 500 MG	90 Tablets Per 30 Days
Oxbryta	OXBRYTA	VOXELOTOR TAB FOR ORAL SUSP 300 MG	90 Tablets Per 30 Days
Oxybate	LUMRYZ	SODIUM OXYBATE PACK FOR ORAL ER SUSP 4.5 GM	30 Packets Per 30 Days
Oxybate	LUMRYZ	SODIUM OXYBATE PACK FOR ORAL ER SUSP 6 GM	30 Packets Per 30 Days
Oxybate	LUMRYZ	SODIUM OXYBATE PACK FOR ORAL ER SUSP 7.5 GM	30 Packets Per 30 Days
Oxybate	LUMRYZ	SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM	30 Packets Per 30 Days
Oxybate	SODIUM OXYBATE	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	540 mLs Per 30 Days
Oxybate	XYREM	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	540 mLs Per 30 Days
Oxybate	XYWAV	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML	540 mLs Per 30 Days
PAH	ADCIRCA	TADALAFIL TAB 20 MG (PAH)	60 Tablets Per 30 Days
PAH	ADEMPAS	RIOCIGUAT TAB 0.5 MG	90 Tablets Per 30 Days
PAH	ADEMPAS	RIOCIGUAT TAB 1 MG	90 Tablets Per 30 Days
PAH	ADEMPAS	RIOCIGUAT TAB 1.5 MG	90 Tablets Per 30 Days
PAH	ADEMPAS	RIOCIGUAT TAB 2 MG	90 Tablets Per 30 Days
PAH	ADEMPAS	RIOCIGUAT TAB 2.5 MG	90 Tablets Per 30 Days
PAH	LETAIRIS	AMBRISANTAN TAB 10 MG	30 Tablets Per 30 Days
PAH	LETAIRIS	AMBRISANTAN TAB 5 MG	30 Tablets Per 30 Days
PAH	LIQREV	SILDENAFIL CITRATE ORAL SUSP 10 MG/ML	244 mLs Per 30 Days
PAH	OPSUMIT	MACITENTAN TAB 10 MG	30 Tablets Per 30 Days
PAH	ORENITRAM TITRATION KIT MONTH 1	TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG	168 Tablets Per 180 Days
PAH	ORENITRAM TITRATION KIT MONTH 2	TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG	336 Tablets Per 180 Days
PAH	ORENITRAM TITRATION KIT MONTH 3	TREPROSTINIL TAB ER TITR PK(MO3)126X0.125MG&42X0.25MG&84X1MG	252 Tablets Per 180 Days
PAH	REVATIO	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	2 Bottles Per 30 Days
PAH	REVATIO	SILDENAFIL CITRATE TAB 20 MG	90 Tablets Per 30 Days
PAH	TADLIQ	TADALAFIL ORAL SUSP 20 MG/5ML (PAH)	300 mLs Per 30 Days
PAH	TRACLEER	BOSENTAN TAB 125 MG	60 Tablets Per 30 Days
PAH	TRACLEER	BOSENTAN TAB 62.5 MG	60 Tablets Per 30 Days
PAH	TRACLEER	BOSENTAN TAB FOR ORAL SUSP 32 MG	120 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
PAH	TYVASO	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	7 Packages Per 28 Days
PAH	TYVASO DPI MAINTENANCE KIT	TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 48MCG	224 CARTS Per 28 Days
PAH	TYVASO DPI MAINTENANCE KIT	TREPROSTINIL INH POWDER 32 MCG/CARTRIDGE	112 CARTS Per 28 Days
PAH	TYVASO DPI MAINTENANCE KIT	TREPROSTINIL INH POWDER 48 MCG/CARTRIDGE	112 CARTS Per 28 Days
PAH	TYVASO DPI TITRATION KIT	TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG	196 CARTS Per 180 Days
PAH	TYVASO REFILL	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	1 Package Per 28 Days
PAH	TYVASO STARTER	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	1 Kit Per 180 Days
PAH	UPTRAVI	SELEXIPAG TAB 1000 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI	SELEXIPAG TAB 1200 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI	SELEXIPAG TAB 1400 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI	SELEXIPAG TAB 1600 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI	SELEXIPAG TAB 200 MCG	140 Tablets Per 180 Days
PAH	UPTRAVI	SELEXIPAG TAB 200 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI	SELEXIPAG TAB 400 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI	SELEXIPAG TAB 600 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI	SELEXIPAG TAB 800 MCG	60 Tablets Per 30 Days
PAH	UPTRAVI TITRATION PACK	SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60)	1 Package Per 180 Days
PAH	VENTAVIS	ILOPROST INHALATION SOLUTION 10 MCG/ML	9 Packages Per 30 Days
PAH	VENTAVIS	ILOPROST INHALATION SOLUTION 20 MCG/ML	9 Packages Per 30 Days
PAH	alyq	TADALAFIL TAB 20 MG (PAH)	60 Tablets Per 30 Days
PAH	ambrisentan	AMBRISENTAN TAB 10 MG	30 Tablets Per 30 Days
PAH	ambrisentan	AMBRISENTAN TAB 5 MG	30 Tablets Per 30 Days
PAH	bosentan	BOSENTAN TAB 125 MG	60 Tablets Per 30 Days
PAH	bosentan	BOSENTAN TAB 62.5 MG	60 Tablets Per 30 Days
PAH	sildenafil citrate	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	2 Bottles Per 30 Days
PAH	sildenafil citrate	SILDENAFIL CITRATE TAB 20 MG	90 Tablets Per 30 Days
PAH	tadalafil	TADALAFIL TAB 20 MG (PAH)	60 Tablets Per 30 Days
Pain Meds	ALLZITAL	BUTALBITAL-ACETAMINOPHEN TAB 25-325 MG	360 Tablets Per 30 Days
Pain Meds	BUTALBITAL/ACETAMINOPHEN	BUTALBITAL-ACETAMINOPHEN TAB 25-325 MG	360 Tablets Per 30 Days
Pain Meds	ESGIC	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	180 Tablets Per 30 Days
Pain Meds	FIORICET	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	180 Capsules Per 30 Days
Pain Meds	TENCON	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	180 Tablets Per 30 Days
Pain Meds	VTOL LQ	BUTALBITAL-ACETAMINOPHEN-CAFFEINE SOLN 50-325-40 MG/15ML	2700 mLs Per 30 Days
Pain Meds	bac	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	180 Tablets Per 30 Days
Pain Meds	bupap	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	180 Tablets Per 30 Days
Pain Meds	butalbital/acetaminophen	BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	180 Capsules Per 30 Days
Pain Meds	butalbital/acetaminophen	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	180 Tablets Per 30 Days
Pain Meds	butalbital/acetaminophen	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	180 Tablets Per 30 Days
Pain Meds	butalbital/acetaminophen/caffeine	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	180 Capsules Per 30 Days
Pain Meds	butalbital/acetaminophen/caffeine	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	180 Capsules Per 30 Days
Pain Meds	butalbital/acetaminophen/caffeine	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	180 Tablets Per 30 Days
Pain Meds	butalbital/aspirin/caffeine	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	180 Capsules Per 30 Days
Pain Meds	esgic	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	180 Capsules Per 30 Days
Pain Meds	zebutal	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	180 Capsules Per 30 Days
Parathyroid Hormone Analog Osteoporosis	FORTEO	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML	1 Pen Per 28 Days
Parathyroid Hormone Analog Osteoporosis	TERIPARATIDE	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 620 MCG/2.48ML	1 Pen Per 28 Days



QL PROG NAME	Target	GPI Name	Quantity Limit
Parathyroid Hormone Analog Osteoporosis	TYMLOS	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	1 Pen Per 30 Days
Parathyroid Hormone Analog Osteoporosis	teriparatide	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML	1 Pen Per 28 Days
PCSK-9 Inhibitors	PRALUENT	ALIROCUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2 Pens Per 28 Days
PCSK-9 Inhibitors	PRALUENT	ALIROCUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	2 Pens Per 28 Days
PCSK-9 Inhibitors	REPATHA	EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML	2 Syringes Per 28 Days
PCSK-9 Inhibitors	REPATHA PUSHTRONEX SYSTEM	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML	2 CARTS Per 28 Days
PCSK-9 Inhibitors	REPATHA SURECLICK	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	2 Pens Per 28 Days
PPI	ACIPHEX	RABEPRAZOLE SODIUM EC TAB 20 MG	30 Tablets Per 30 Days
PPI	DEXILANT	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	30 Capsules Per 30 Days
PPI	DEXILANT	DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG	30 Capsules Per 30 Days
PPI	ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM CAP DELAYED RELEASE 49.3 MG	30 Capsules Per 30 Days
PPI	KONVOMEK	OMEPRAZOLE-SODIUM BICARBONATE FOR ORAL SUSP 2-84 MG/ML	600 mLs Per 30 Days
PPI	NEXIUM	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)	30 Capsules Per 30 Days
PPI	NEXIUM	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)	30 Capsules Per 30 Days
PPI	NEXIUM	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	30 Packets Per 30 Days
PPI	NEXIUM	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	30 Packets Per 30 Days
PPI	NEXIUM	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	30 Packets Per 30 Days
PPI	NEXIUM	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	30 Packets Per 30 Days
PPI	NEXIUM	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	30 Packets Per 30 Days
PPI	PREVACID	LANSOPRAZOLE CAP DELAYED RELEASE 30 MG	30 Capsules Per 30 Days
PPI	PREVACID SOLUTAB	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	30 Tablets Per 30 Days
PPI	PREVACID SOLUTAB	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	30 Tablets Per 30 Days
PPI	PRILOSEC	OMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	30 Packets Per 30 Days
PPI	PRILOSEC	OMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 2.5 MG	60 Packets Per 30 Days
PPI	PROTONIX	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
PPI	PROTONIX	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	30 Tablets Per 30 Days
PPI	PROTONIX	PANTOPRAZOLE SODIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	30 Packets Per 30 Days
PPI	RABEPRAZOLE SODIUM DR SPRINKLE	RABEPRAZOLE SODIUM CAPSULE SPRINKLE DR 10 MG	30 Capsules Per 30 Days
PPI	VOQUEZNA	VONOPRAZAN FUMARATE TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
PPI	VOQUEZNA	VONOPRAZAN FUMARATE TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
PPI	ZEGERID	OMEPRAZOLE-SODIUM BICARBONATE CAP 20-1100 MG	30 Capsules Per 30 Days
PPI	ZEGERID	OMEPRAZOLE-SODIUM BICARBONATE CAP 40-1100 MG	30 Capsules Per 30 Days
PPI	ZEGERID	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG	30 Packets Per 30 Days
PPI	ZEGERID	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG	30 Packets Per 30 Days
PPI	dexlansoprazole	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	30 Capsules Per 30 Days
PPI	dexlansoprazole	DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG	30 Capsules Per 30 Days
PPI	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)	30 Capsules Per 30 Days
PPI	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)	30 Capsules Per 30 Days
PPI	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	30 Packets Per 30 Days
PPI	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	30 Packets Per 30 Days
PPI	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	30 Packets Per 30 Days
PPI	lansoprazole	LANSOPRAZOLE CAP DELAYED RELEASE 15 MG	30 Capsules Per 30 Days
PPI	lansoprazole	LANSOPRAZOLE CAP DELAYED RELEASE 30 MG	30 Capsules Per 30 Days
PPI	lansoprazole	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	30 Tablets Per 30 Days
PPI	lansoprazole	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	30 Tablets Per 30 Days
PPI	lansoprazole odt	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
PPI	lansoprazole odt	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	30 Tablets Per 30 Days
PPI	omeprazole	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	30 Capsules Per 30 Days
PPI	omeprazole	OMEPRAZOLE CAP DELAYED RELEASE 20 MG	30 Capsules Per 30 Days
PPI	omeprazole	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	30 Capsules Per 30 Days
PPI	omeprazole dr	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	30 Capsules Per 30 Days
PPI	omeprazole dr	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	30 Capsules Per 30 Days
PPI	omeprazole/sodium bicarbonate	OMEPRAZOLE-SODIUM BICARBONATE CAP 20-1100 MG	30 Capsules Per 30 Days
PPI	omeprazole/sodium bicarbonate	OMEPRAZOLE-SODIUM BICARBONATE CAP 40-1100 MG	30 Capsules Per 30 Days
PPI	omeprazole/sodium bicarbonate	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG	30 Packets Per 30 Days
PPI	omeprazole/sodium bicarbonate	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG	30 Packets Per 30 Days
PPI	pantoprazole sodium	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	30 Tablets Per 30 Days
PPI	pantoprazole sodium	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	30 Tablets Per 30 Days
PPI	pantoprazole sodium	PANTOPRAZOLE SODIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	30 Packets Per 30 Days
PPI	rabeprazole sodium	RABEPRAZOLE SODIUM EC TAB 20 MG	30 Tablets Per 30 Days
Pyrukynd	PYRUKYND	MITAPIVAT SULFATE TAB 20 MG	56 Tablets Per 28 Days
Pyrukynd	PYRUKYND	MITAPIVAT SULFATE TAB 5 MG	56 Tablets Per 28 Days
Pyrukynd	PYRUKYND	MITAPIVAT SULFATE TAB 50 MG	56 Tablets Per 28 Days
Pyrukynd	PYRUKYND TAPER PACK	MITAPIVAT SULFATE TAB THERAPY PACK 5 MG	7 Tablets Per 365 Days
Pyrukynd	PYRUKYND TAPER PACK	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 20 MG & 7 X 5 MG	14 Tablets Per 365 Days
Pyrukynd	PYRUKYND TAPER PACK	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 50 MG & 7 X 20 MG	14 Tablets Per 365 Days
Radicava	RADICAVA ORS	EDARAVONE ORAL SUSP 105 MG/5ML	50 mLs Per 28 Days
Radicava	RADICAVA ORS STARTER KIT	EDARAVONE ORAL SUSP 105 MG/5ML	70 mLs Per 180 Days
Recorlev	RECORLEV	LEVOKETOCONAZOLE TAB 150 MG	240 Tablets Per 30 Days
Relyvrio	RELYVRIO	SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK 3-1 GM	56 Packets Per 28 Days
Rezurock	REZUROCK	BELUMOSUDIL MESYLATE TAB 200 MG	30 Tablets Per 30 Days
Risdiplam	EVRYSDI	RISDIPLAM FOR SOLN 0.75 MG/ML	80 mLs Per 12 Days
SA Oncology	AFINITOR	EVEROLIMUS TAB 10 MG	30 Tablets Per 30 Days
SA Oncology	AFINITOR	EVEROLIMUS TAB 2.5 MG	30 Tablets Per 30 Days
SA Oncology	AFINITOR	EVEROLIMUS TAB 5 MG	30 Tablets Per 30 Days
SA Oncology	AFINITOR	EVEROLIMUS TAB 7.5 MG	30 Tablets Per 30 Days
SA Oncology	AFINITOR DISPERZ	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	60 Tablets Per 30 Days
SA Oncology	AFINITOR DISPERZ	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	90 Tablets Per 30 Days
SA Oncology	AFINITOR DISPERZ	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	60 Tablets Per 30 Days
SA Oncology	AKEEGA	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG	60 Tablets Per 30 Days
SA Oncology	AKEEGA	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG	60 Tablets Per 30 Days
SA Oncology	ALECENSA	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	240 Capsules Per 30 Days
SA Oncology	ALUNBRIG	BRIGATINIB TAB 180 MG	30 Tablets Per 30 Days
SA Oncology	ALUNBRIG	BRIGATINIB TAB 30 MG	120 Tablets Per 30 Days
SA Oncology	ALUNBRIG	BRIGATINIB TAB 90 MG	30 Tablets Per 30 Days
SA Oncology	ALUNBRIG	BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG	1 Pack Per 180 Days
SA Oncology	AUGTYRO	REPOTRECTINIB CAP 40 MG	240 Capsules Per 30 Days
SA Oncology	AYVAKIT	AVAPRITINIB TAB 100 MG	30 Tablets Per 30 Days
SA Oncology	AYVAKIT	AVAPRITINIB TAB 200 MG	30 Tablets Per 30 Days
SA Oncology	AYVAKIT	AVAPRITINIB TAB 25 MG	30 Tablets Per 30 Days
SA Oncology	AYVAKIT	AVAPRITINIB TAB 300 MG	30 Tablets Per 30 Days
SA Oncology	AYVAKIT	AVAPRITINIB TAB 50 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
SA Oncology	BALVERSA	ERDAFITINIB TAB 3 MG	90 Tablets Per 30 Days
SA Oncology	BALVERSA	ERDAFITINIB TAB 4 MG	60 Tablets Per 30 Days
SA Oncology	BALVERSA	ERDAFITINIB TAB 5 MG	30 Tablets Per 30 Days
SA Oncology	BESREMI	ROPEGINTERFERON ALFA-2B-NJFT SOLN PREFILLED SYR 500 MCG/ML	2 Syringes Per 28 Days
SA Oncology	BOSULIF	BOSUTINIB CAP 100 MG	150 Capsules Per 30 Days
SA Oncology	BOSULIF	BOSUTINIB CAP 50 MG	30 Capsules Per 30 Days
SA Oncology	BOSULIF	BOSUTINIB TAB 100 MG	120 Tablets Per 30 Days
SA Oncology	BOSULIF	BOSUTINIB TAB 400 MG	30 Tablets Per 30 Days
SA Oncology	BOSULIF	BOSUTINIB TAB 500 MG	30 Tablets Per 30 Days
SA Oncology	BRAFTOVI	ENCORAFENIB CAP 75 MG	180 Capsules Per 30 Days
SA Oncology	BRUKINSA	ZANUBRUTINIB CAP 80 MG	120 Capsules Per 30 Days
SA Oncology	CABOMETYX	CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	CABOMETYX	CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	CABOMETYX	CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	CALQUENCE	ACALABRUTINIB CAP 100 MG	60 Capsules Per 30 Days
SA Oncology	CALQUENCE	ACALABRUTINIB MALEATE TAB 100 MG	60 Tablets Per 30 Days
SA Oncology	CAPRELSA	VANDETANIB TAB 100 MG	60 Tablets Per 30 Days
SA Oncology	CAPRELSA	VANDETANIB TAB 300 MG	30 Tablets Per 30 Days
SA Oncology	COMETRIQ	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	1 Carton Per 28 Days
SA Oncology	COMETRIQ	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	1 Carton Per 28 Days
SA Oncology	COMETRIQ	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT	1 Carton Per 28 Days
SA Oncology	COPIKTRA	DUVELISIB CAP 15 MG	56 Capsules Per 28 Days
SA Oncology	COPIKTRA	DUVELISIB CAP 25 MG	56 Capsules Per 28 Days
SA Oncology	COTELLIC	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	63 Tablets Per 28 Days
SA Oncology	DAURISMO	GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	DAURISMO	GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	ERIVEDGE	VISMODEGIB CAP 150 MG	30 Capsules Per 30 Days
SA Oncology	ERLEADA	APALUTAMIDE TAB 240 MG	30 Tablets Per 30 Days
SA Oncology	ERLEADA	APALUTAMIDE TAB 60 MG	120 Tablets Per 30 Days
SA Oncology	EXKIVITY	MOBOCERTINIB SUCCINATE CAP 40 MG	120 Capsules Per 30 Days
SA Oncology	FOTIVDA	TIVOZANIB HCL CAP 0.89 MG (BASE EQUIVALENT)	21 Capsules Per 28 Days
SA Oncology	FOTIVDA	TIVOZANIB HCL CAP 1.34 MG (BASE EQUIVALENT)	21 Capsules Per 28 Days
SA Oncology	FRUZAQLA	FRUQUINTINIB CAP 1 MG	84 Capsules Per 28 Days
SA Oncology	FRUZAQLA	FRUQUINTINIB CAP 5 MG	21 Capsules Per 28 Days
SA Oncology	GAVRETO	PRALSETINIB CAP 100 MG	120 Capsules Per 30 Days
SA Oncology	GILOTRIF	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	GILOTRIF	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	GILOTRIF	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	GLEEVEC	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
SA Oncology	GLEEVEC	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	IBRANCE	PALBOCICLIB CAP 100 MG	21 Capsules Per 28 Days
SA Oncology	IBRANCE	PALBOCICLIB CAP 125 MG	21 Capsules Per 28 Days
SA Oncology	IBRANCE	PALBOCICLIB CAP 75 MG	21 Capsules Per 28 Days
SA Oncology	IBRANCE	PALBOCICLIB TAB 100 MG	21 Tablets Per 28 Days
SA Oncology	IBRANCE	PALBOCICLIB TAB 125 MG	21 Tablets Per 28 Days
SA Oncology	IBRANCE	PALBOCICLIB TAB 75 MG	21 Tablets Per 28 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
SA Oncology	ICLUSIG	PONATINIB HCL TAB 10 MG (BASE EQUIV)	30 Tablets Per 30 Days
SA Oncology	ICLUSIG	PONATINIB HCL TAB 15 MG (BASE EQUIV)	30 Tablets Per 30 Days
SA Oncology	ICLUSIG	PONATINIB HCL TAB 30 MG (BASE EQUIV)	30 Tablets Per 30 Days
SA Oncology	ICLUSIG	PONATINIB HCL TAB 45 MG (BASE EQUIV)	30 Tablets Per 30 Days
SA Oncology	IDHIFA	ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	IDHIFA	ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	IMBRUVICA	IBRUTINIB CAP 140 MG	90 Capsules Per 30 Days
SA Oncology	IMBRUVICA	IBRUTINIB CAP 70 MG	30 Capsules Per 30 Days
SA Oncology	IMBRUVICA	IBRUTINIB ORAL SUSP 70 MG/ML	2 Bottles Per 30 Days
SA Oncology	IMBRUVICA	IBRUTINIB TAB 140 MG	30 Tablets Per 30 Days
SA Oncology	IMBRUVICA	IBRUTINIB TAB 280 MG	30 Tablets Per 30 Days
SA Oncology	IMBRUVICA	IBRUTINIB TAB 420 MG	30 Tablets Per 30 Days
SA Oncology	IMBRUVICA	IBRUTINIB TAB 560 MG	30 Tablets Per 30 Days
SA Oncology	INLYTA	AXITINIB TAB 1 MG	180 Tablets Per 30 Days
SA Oncology	INLYTA	AXITINIB TAB 5 MG	120 Tablets Per 30 Days
SA Oncology	INQOVI	DECITABINE-CEDAZURIDINE TAB 35-100 MG	5 Tablets Per 28 Days
SA Oncology	INREBIC	FEDRATINIB HCL CAP 100 MG	120 Capsules Per 30 Days
SA Oncology	IRESSA	GEFITINIB TAB 250 MG	30 Tablets Per 30 Days
SA Oncology	IWILFIN	EFLORNITHINE HCL TAB 192 MG	240 Tablets Per 30 Days
SA Oncology	JAKAFI	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	JAKAFI	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	JAKAFI	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	JAKAFI	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	JAKAFI	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	JAYPIRCA	PIRTOBRUTINIB TAB 100 MG	60 Tablets Per 30 Days
SA Oncology	JAYPIRCA	PIRTOBRUTINIB TAB 50 MG	30 Tablets Per 30 Days
SA Oncology	KISQALI	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	21 Tablets Per 28 Days
SA Oncology	KISQALI	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	42 Tablets Per 28 Days
SA Oncology	KISQALI	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	63 Tablets Per 28 Days
SA Oncology	KISQALI FEMARA 200 DOSE	RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	49 Tablets Per 28 Days
SA Oncology	KISQALI FEMARA 400 DOSE	RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	70 Tablets Per 28 Days
SA Oncology	KISQALI FEMARA 600 DOSE	RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	91 Tablets Per 28 Days
SA Oncology	KOSELUGO	SELUMETINIB SULFATE CAP 10 MG	240 Capsules Per 30 Days
SA Oncology	KOSELUGO	SELUMETINIB SULFATE CAP 25 MG	120 Capsules Per 30 Days
SA Oncology	KRAZATI	ADAGRASIB TAB 200 MG	180 Tablets Per 30 Days
SA Oncology	LENVIMA 10 MG DAILY DOSE	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	30 Capsules Per 30 Days
SA Oncology	LENVIMA 12MG DAILY DOSE	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	90 Capsules Per 30 Days
SA Oncology	LENVIMA 14 MG DAILY DOSE	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	60 Capsules Per 30 Days
SA Oncology	LENVIMA 18 MG DAILY DOSE	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	90 Capsules Per 30 Days
SA Oncology	LENVIMA 20 MG DAILY DOSE	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	60 Capsules Per 30 Days
SA Oncology	LENVIMA 24 MG DAILY DOSE	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	90 Capsules Per 30 Days
SA Oncology	LENVIMA 4 MG DAILY DOSE	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	30 Capsules Per 30 Days
SA Oncology	LENVIMA 8 MG DAILY DOSE	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	60 Capsules Per 30 Days
SA Oncology	LONSURF	TRIFLURIDINE-TIPRACIL TAB 15-6.14 MG	60 Tablets Per 28 Days
SA Oncology	LONSURF	TRIFLURIDINE-TIPRACIL TAB 20-8.19 MG	80 Tablets Per 28 Days
SA Oncology	LORBRENA	LORLATINIB TAB 100 MG	30 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
SA Oncology	LORBRENA	LORLATINIB TAB 25 MG	90 Tablets Per 30 Days
SA Oncology	LUMAKRAS	SOTORASIB TAB 120 MG	240 Tablets Per 30 Days
SA Oncology	LUMAKRAS	SOTORASIB TAB 320 MG	90 Tablets Per 30 Days
SA Oncology	LYNPARZA	OLAPARIB TAB 100 MG	120 Tablets Per 30 Days
SA Oncology	LYNPARZA	OLAPARIB TAB 150 MG	120 Tablets Per 30 Days
SA Oncology	LYTGOBI	FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE)	84 Tablets Per 28 Days
SA Oncology	LYTGOBI	FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE)	112 Tablets Per 28 Days
SA Oncology	LYTGOBI	FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE)	140 Tablets Per 28 Days
SA Oncology	MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ)	1170 mLs Per 28 Days
SA Oncology	MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
SA Oncology	MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	MEKTOVI	BINIMETINIB TAB 15 MG	180 Tablets Per 30 Days
SA Oncology	NERLYNX	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)	180 Tablets Per 30 Days
SA Oncology	NEXAVAR	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	120 Tablets Per 30 Days
SA Oncology	NINLARO	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)	3 Capsules Per 28 Days
SA Oncology	NINLARO	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)	3 Capsules Per 28 Days
SA Oncology	NINLARO	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)	3 Capsules Per 28 Days
SA Oncology	NUBEQA	DAROLUTAMIDE TAB 300 MG	120 Tablets Per 30 Days
SA Oncology	ODOMZO	SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	OGSIVEO	NIROGACESTAT HYDROBROMIDE TAB 50 MG	180 Tablets Per 30 Days
SA Oncology	OJJAARA	MOMELOTINIB DIHYDROCHLORIDE TAB 100 MG	30 Tablets Per 30 Days
SA Oncology	OJJAARA	MOMELOTINIB DIHYDROCHLORIDE TAB 150 MG	30 Tablets Per 30 Days
SA Oncology	OJJAARA	MOMELOTINIB DIHYDROCHLORIDE TAB 200 MG	30 Tablets Per 30 Days
SA Oncology	ONUREG	AZACITIDINE TAB 200 MG	14 Tablets Per 28 Days
SA Oncology	ONUREG	AZACITIDINE TAB 300 MG	30 Tablets Per 30 Days
SA Oncology	ORGOVYX	RELUGOLIX TAB 120 MG	30 Tablets Per 30 Days
SA Oncology	ORSERDU	ELACESTRANT HYDROCHLORIDE TAB 345 MG	30 Tablets Per 30 Days
SA Oncology	ORSERDU	ELACESTRANT HYDROCHLORIDE TAB 86 MG	90 Tablets Per 30 Days
SA Oncology	PEMAZYRE	PEMIGATINIB TAB 13.5 MG	14 Tablets Per 21 Days
SA Oncology	PEMAZYRE	PEMIGATINIB TAB 4.5 MG	14 Tablets Per 21 Days
SA Oncology	PEMAZYRE	PEMIGATINIB TAB 9 MG	14 Tablets Per 21 Days
SA Oncology	PIQRAY 200MG DAILY DOSE	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	1 Pack Per 28 Days
SA Oncology	PIQRAY 250MG DAILY DOSE	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	1 Pack Per 28 Days
SA Oncology	PIQRAY 300MG DAILY DOSE	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	1 Pack Per 28 Days
SA Oncology	POMALYST	POMALIDOMIDE CAP 1 MG	21 Capsules Per 28 Days
SA Oncology	POMALYST	POMALIDOMIDE CAP 2 MG	21 Capsules Per 28 Days
SA Oncology	POMALYST	POMALIDOMIDE CAP 3 MG	21 Capsules Per 28 Days
SA Oncology	POMALYST	POMALIDOMIDE CAP 4 MG	21 Capsules Per 28 Days
SA Oncology	QINLOCK	RIPRETINIB TAB 50 MG	90 Tablets Per 30 Days
SA Oncology	RETEVMO	SELPERCATINIB CAP 40 MG	180 Capsules Per 30 Days
SA Oncology	RETEVMO	SELPERCATINIB CAP 80 MG	120 Capsules Per 30 Days
SA Oncology	REVLIMID	LENALIDOMIDE CAP 10 MG	30 Capsules Per 30 Days
SA Oncology	REVLIMID	LENALIDOMIDE CAP 15 MG	21 Capsules Per 28 Days
SA Oncology	REVLIMID	LENALIDOMIDE CAP 20 MG	21 Capsules Per 28 Days
SA Oncology	REVLIMID	LENALIDOMIDE CAP 25 MG	21 Capsules Per 28 Days
SA Oncology	REVLIMID	LENALIDOMIDE CAP 5 MG	30 Capsules Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
SA Oncology	REVLIMID	LENALIDOMIDE CAPS 2.5 MG	30 Capsules Per 30 Days
SA Oncology	REZLIDHIA	OLUTASIDENIB CAP 150 MG	60 Capsules Per 30 Days
SA Oncology	ROZLYTREK	ENTRECTINIB CAP 100 MG	30 Capsules Per 30 Days
SA Oncology	ROZLYTREK	ENTRECTINIB CAP 200 MG	90 Capsules Per 30 Days
SA Oncology	ROZLYTREK	ENTRECTINIB PELLETT PACK 50 MG	336 Packets Per 28 Days
SA Oncology	RUBRACA	RUCAPARIB CAMSYLATE TAB 200 MG (BASE EQUIVALENT)	120 Tablets Per 30 Days
SA Oncology	RUBRACA	RUCAPARIB CAMSYLATE TAB 250 MG (BASE EQUIVALENT)	120 Tablets Per 30 Days
SA Oncology	RUBRACA	RUCAPARIB CAMSYLATE TAB 300 MG (BASE EQUIVALENT)	120 Tablets Per 30 Days
SA Oncology	RYDAPT	MIDOSTAURIN CAP 25 MG	240 Capsules Per 30 Days
SA Oncology	SCEMBLIX	ASCIMINIB HCL TAB 20 MG	60 Tablets Per 30 Days
SA Oncology	SCEMBLIX	ASCIMINIB HCL TAB 40 MG	300 Tablets Per 30 Days
SA Oncology	SPRYCEL	DASATINIB TAB 100 MG	30 Tablets Per 30 Days
SA Oncology	SPRYCEL	DASATINIB TAB 140 MG	30 Tablets Per 30 Days
SA Oncology	SPRYCEL	DASATINIB TAB 20 MG	90 Tablets Per 30 Days
SA Oncology	SPRYCEL	DASATINIB TAB 50 MG	30 Tablets Per 30 Days
SA Oncology	SPRYCEL	DASATINIB TAB 70 MG	30 Tablets Per 30 Days
SA Oncology	SPRYCEL	DASATINIB TAB 80 MG	30 Tablets Per 30 Days
SA Oncology	STIVARGA	REGORAFENIB TAB 40 MG	84 Tablets Per 28 Days
SA Oncology	SUTENT	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	90 Capsules Per 30 Days
SA Oncology	SUTENT	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	SUTENT	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	SUTENT	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	TABRECTA	CAPMATINIB HCL TAB 150 MG	112 Tablets Per 28 Days
SA Oncology	TABRECTA	CAPMATINIB HCL TAB 200 MG	120 Tablets Per 30 Days
SA Oncology	TAFINLAR	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	120 Capsules Per 30 Days
SA Oncology	TAFINLAR	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	120 Capsules Per 30 Days
SA Oncology	TAFINLAR	DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)	840 Tablets Per 28 Days
SA Oncology	TAGRISSO	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	TAGRISSO	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	TALZENNA	TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	TALZENNA	TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)	90 Capsules Per 30 Days
SA Oncology	TALZENNA	TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	TALZENNA	TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	TALZENNA	TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	TALZENNA	TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	TARCEVA	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	TARCEVA	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	TARCEVA	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	TASIGNA	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	120 Capsules Per 30 Days
SA Oncology	TASIGNA	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	120 Capsules Per 30 Days
SA Oncology	TASIGNA	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)	120 Capsules Per 30 Days
SA Oncology	TAZVERIK	TAZEMETOSTAT HBR TAB 200 MG	240 Tablets Per 30 Days
SA Oncology	TEPMETKO	TEPOTINIB HCL TAB 225 MG	60 Tablets Per 30 Days
SA Oncology	THALOMID	THALIDOMIDE CAP 100 MG	30 Capsules Per 30 Days
SA Oncology	THALOMID	THALIDOMIDE CAP 150 MG	60 Capsules Per 30 Days
SA Oncology	THALOMID	THALIDOMIDE CAP 200 MG	60 Capsules Per 30 Days



QL PROG NAME	Target	GPI Name	Quantity Limit
SA Oncology	THALOMID	THALIDOMIDE CAP 50 MG	30 Capsules Per 30 Days
SA Oncology	TIBSOVO	IVOSIDENIB TAB 250 MG	60 Tablets Per 30 Days
SA Oncology	TRUQAP	CAPIVASERTIB TAB 160 MG	64 Tablets Per 28 Days
SA Oncology	TRUQAP	CAPIVASERTIB TAB 200 MG	64 Tablets Per 28 Days
SA Oncology	TRUSELTIQ	INFIGRATINIB PHOS CAP PACK 100 & 25 MG (125 MG DAILY DOSE)	1 Pack Per 28 Days
SA Oncology	TRUSELTIQ	INFIGRATINIB PHOS CAP THER PACK 100 MG (100 MG DAILY DOSE)	1 Pack Per 28 Days
SA Oncology	TRUSELTIQ	INFIGRATINIB PHOS CAP THER PACK 2 X 25 MG (50 MG DAILY DOSE)	1 Pack Per 28 Days
SA Oncology	TRUSELTIQ	INFIGRATINIB PHOS CAP THER PACK 3 X 25 MG (75 MG DAILY DOSE)	1 Pack Per 28 Days
SA Oncology	TUKYSA	TUCATINIB TAB 150 MG	120 Tablets Per 30 Days
SA Oncology	TUKYSA	TUCATINIB TAB 50 MG	300 Tablets Per 30 Days
SA Oncology	TURALIO	PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)	120 Capsules Per 30 Days
SA Oncology	TURALIO	PEXIDARTINIB HCL CAP 200 MG (BASE EQUIVALENT)	120 Capsules Per 30 Days
SA Oncology	TYKERB	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	180 Tablets Per 30 Days
SA Oncology	VANFLYTA	QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG	28 Tablets Per 28 Days
SA Oncology	VANFLYTA	QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG	56 Tablets Per 28 Days
SA Oncology	VENCLEXTA	VENETOCLAX TAB 10 MG	60 Tablets Per 30 Days
SA Oncology	VENCLEXTA	VENETOCLAX TAB 100 MG	180 Tablets Per 30 Days
SA Oncology	VENCLEXTA	VENETOCLAX TAB 50 MG	30 Tablets Per 30 Days
SA Oncology	VENCLEXTA STARTING PACK	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG	1 Pack Per 180 Days
SA Oncology	VERZENIO	ABEMACICLIB TAB 100 MG	60 Tablets Per 30 Days
SA Oncology	VERZENIO	ABEMACICLIB TAB 150 MG	60 Tablets Per 30 Days
SA Oncology	VERZENIO	ABEMACICLIB TAB 200 MG	60 Tablets Per 30 Days
SA Oncology	VERZENIO	ABEMACICLIB TAB 50 MG	60 Tablets Per 30 Days
SA Oncology	VITRAKVI	LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)	60 Capsules Per 30 Days
SA Oncology	VITRAKVI	LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)	180 Capsules Per 30 Days
SA Oncology	VITRAKVI	LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT)	300 mLs Per 30 Days
SA Oncology	VIZIMPRO	DACOMITINIB TAB 15 MG	30 Tablets Per 30 Days
SA Oncology	VIZIMPRO	DACOMITINIB TAB 30 MG	30 Tablets Per 30 Days
SA Oncology	VIZIMPRO	DACOMITINIB TAB 45 MG	30 Tablets Per 30 Days
SA Oncology	VONJO	PACRITINIB CITRATE CAP 100 MG	120 Capsules Per 30 Days
SA Oncology	VOTRIENT	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	120 Tablets Per 30 Days
SA Oncology	WELIREG	BELZUTIFAN TAB 40 MG	90 Tablets Per 30 Days
SA Oncology	XALKORI	CRIZOTINIB CAP 200 MG	120 Capsules Per 30 Days
SA Oncology	XALKORI	CRIZOTINIB CAP 250 MG	120 Capsules Per 30 Days
SA Oncology	XALKORI	CRIZOTINIB CAP SPRINKLE 150 MG	180 Capsules Per 30 Days
SA Oncology	XALKORI	CRIZOTINIB CAP SPRINKLE 20 MG	120 Capsules Per 30 Days
SA Oncology	XALKORI	CRIZOTINIB CAP SPRINKLE 50 MG	120 Capsules Per 30 Days
SA Oncology	XOSPATA	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
SA Oncology	XPOVIO	SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY)	4 Tablets Per 28 Days
SA Oncology	XPOVIO	SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY)	8 Tablets Per 28 Days
SA Oncology	XPOVIO	SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)	8 Tablets Per 28 Days
SA Oncology	XPOVIO	SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY)	8 Tablets Per 28 Days
SA Oncology	XPOVIO	SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY)	4 Tablets Per 28 Days
SA Oncology	XPOVIO 60 MG TWICE WEEKLY	SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY)	24 Tablets Per 28 Days
SA Oncology	XPOVIO 80 MG TWICE WEEKLY	SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY)	1 Box Per 28 Days
SA Oncology	XTANDI	ENZALUTAMIDE CAP 40 MG	120 Capsules Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
SA Oncology	XTANDI	ENZALUTAMIDE TAB 40 MG	120 Tablets Per 30 Days
SA Oncology	XTANDI	ENZALUTAMIDE TAB 80 MG	60 Tablets Per 30 Days
SA Oncology	YONSA	ABIRATERONE ACETATE MICRONIZED TAB 125 MG	120 Tablets Per 30 Days
SA Oncology	ZEJULA	NIRAPARIB TOSYLATE CAP 100 MG (BASE EQUIVALENT)	90 Capsules Per 30 Days
SA Oncology	ZEJULA	NIRAPARIB TOSYLATE TAB 100 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	ZEJULA	NIRAPARIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	ZEJULA	NIRAPARIB TOSYLATE TAB 300 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	ZELBORAF	VEMURAFENIB TAB 240 MG	240 Tablets Per 30 Days
SA Oncology	ZOLINZA	VORINOSTAT CAP 100 MG	120 Capsules Per 30 Days
SA Oncology	ZYDELIG	IDELALISIB TAB 100 MG	60 Tablets Per 30 Days
SA Oncology	ZYDELIG	IDELALISIB TAB 150 MG	60 Tablets Per 30 Days
SA Oncology	ZYKADIA	CERITINIB TAB 150 MG	90 Tablets Per 30 Days
SA Oncology	ZYTIGA	ABIRATERONE ACETATE TAB 250 MG	120 Tablets Per 30 Days
SA Oncology	ZYTIGA	ABIRATERONE ACETATE TAB 500 MG	60 Tablets Per 30 Days
SA Oncology	abiraterone acetate	ABIRATERONE ACETATE TAB 250 MG	120 Tablets Per 30 Days
SA Oncology	abiraterone acetate	ABIRATERONE ACETATE TAB 500 MG	60 Tablets Per 30 Days
SA Oncology	erlotinib hydrochloride	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	erlotinib hydrochloride	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	30 Tablets Per 30 Days
SA Oncology	erlotinib hydrochloride	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	everolimus	EVEROLIMUS TAB 10 MG	30 Tablets Per 30 Days
SA Oncology	everolimus	EVEROLIMUS TAB 2.5 MG	30 Tablets Per 30 Days
SA Oncology	everolimus	EVEROLIMUS TAB 5 MG	30 Tablets Per 30 Days
SA Oncology	everolimus	EVEROLIMUS TAB 7.5 MG	30 Tablets Per 30 Days
SA Oncology	everolimus	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	60 Tablets Per 30 Days
SA Oncology	everolimus	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	90 Tablets Per 30 Days
SA Oncology	everolimus	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	60 Tablets Per 30 Days
SA Oncology	gefitinib	GEFITINIB TAB 250 MG	30 Tablets Per 30 Days
SA Oncology	imatinib mesylate	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	90 Tablets Per 30 Days
SA Oncology	imatinib mesylate	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
SA Oncology	lapatinib ditosylate	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	180 Tablets Per 30 Days
SA Oncology	lenalidomide	LENALIDOMIDE CAP 10 MG	30 Capsules Per 30 Days
SA Oncology	lenalidomide	LENALIDOMIDE CAP 15 MG	21 Capsules Per 28 Days
SA Oncology	lenalidomide	LENALIDOMIDE CAP 20 MG	21 Capsules Per 28 Days
SA Oncology	lenalidomide	LENALIDOMIDE CAP 25 MG	21 Capsules Per 28 Days
SA Oncology	lenalidomide	LENALIDOMIDE CAP 5 MG	30 Capsules Per 30 Days
SA Oncology	lenalidomide	LENALIDOMIDE CAPS 2.5 MG	30 Capsules Per 30 Days
SA Oncology	pazopanib hydrochloride	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	120 Tablets Per 30 Days
SA Oncology	sorafenib	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	120 Tablets Per 30 Days
SA Oncology	sorafenib tosylate	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	120 Tablets Per 30 Days
SA Oncology	sunitinib malate	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	90 Capsules Per 30 Days
SA Oncology	sunitinib malate	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	sunitinib malate	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
SA Oncology	sunitinib malate	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	30 Capsules Per 30 Days
Samsca	SAMSCA	TOLVAPTAN TAB 15 MG	30 Tablets Per 365 Days
Samsca	SAMSCA	TOLVAPTAN TAB 30 MG	60 Tablets Per 365 Days
Samsca	tolvaptan	TOLVAPTAN TAB 15 MG	30 Tablets Per 365 Days

QL PROG NAME	Target	GPI Name	Quantity Limit
Samsca	tolvaptan	TOLVAPTAN TAB 30 MG	60 Tablets Per 365 Days
Substrate Reduction Therapy	CERDELGA	ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)	60 Capsules Per 30 Days
Substrate Reduction Therapy	OPFOLDA	MIGLUSTAT (GAA DEFICIENCY) CAP 65 MG	8 Capsules Per 28 Days
Substrate Reduction Therapy	ZAVESCA	MIGLUSTAT CAP 100 MG	90 Capsules Per 30 Days
Substrate Reduction Therapy	miglustat	MIGLUSTAT CAP 100 MG	90 Capsules Per 30 Days
Substrate Reduction Therapy	yargesa	MIGLUSTAT CAP 100 MG	90 Capsules Per 30 Days
Sunosi	SUNOSI	SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)	30 Tablets Per 30 Days
Sunosi	SUNOSI	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	30 Tablets Per 30 Days
Tarpeyo	TARPEYO	BUDESONIDE DELAYED RELEASE CAP 4 MG	120 Capsules Per 30 Days
Tezspire	TEZSPIRE	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML	1 Pen Per 28 Days
Thrombopoietin Receptor Agonists and Tavalisse	DOPTELET	AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)	60 Tablets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	MULPLETA	LUSUTROMBOPAG TAB 3 MG	7 Tablets Per 7 Days
Thrombopoietin Receptor Agonists and Tavalisse	PROMACTA	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	30 Packets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	PROMACTA	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	30 Packets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	PROMACTA	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	30 Tablets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	PROMACTA	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	30 Tablets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	PROMACTA	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	60 Tablets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	PROMACTA	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	60 Tablets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	TAVALISSE	FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
Thrombopoietin Receptor Agonists and Tavalisse	TAVALISSE	FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
Topical NSAID	DICLOFENAC EPOLAMINE	DICLOFENAC EPOLAMINE PATCH 1.3%	60 Patches Per 30 Days
Topical NSAID	FLECTOR	DICLOFENAC EPOLAMINE PATCH 1.3%	60 Patches Per 30 Days
Topical NSAID	LICART	DICLOFENAC EPOLAMINE PATCH 24HR 1.3%	30 Patches Per 30 Days
Topical NSAID	PENNSAID	DICLOFENAC SODIUM SOLN 2%	2 Pumps Per 28 Days
Topical NSAID	diclofenac sodium	DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	10 Tubes Per 30 Days
Topical NSAID	diclofenac sodium	DICLOFENAC SODIUM SOLN 1.5%	2 Bottles Per 30 Days
Topical NSAID	diclofenac sodium	DICLOFENAC SODIUM SOLN 2%	2 Bottles Per 28 Days
Transmucosal Immediate Release Fentanyl	ACTIQ	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	ACTIQ	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	ACTIQ	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	ACTIQ	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	ACTIQ	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	ACTIQ	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTANYL CITRATE	FENTANYL CITRATE BUCCAL TAB 100 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTANYL CITRATE	FENTANYL CITRATE BUCCAL TAB 200 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTANYL CITRATE	FENTANYL CITRATE BUCCAL TAB 400 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTANYL CITRATE	FENTANYL CITRATE BUCCAL TAB 600 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTANYL CITRATE	FENTANYL CITRATE BUCCAL TAB 800 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTORA	FENTANYL CITRATE BUCCAL TAB 100 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTORA	FENTANYL CITRATE BUCCAL TAB 200 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTORA	FENTANYL CITRATE BUCCAL TAB 400 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTORA	FENTANYL CITRATE BUCCAL TAB 600 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	FENTORA	FENTANYL CITRATE BUCCAL TAB 800 MCG (BASE EQUIV)	120 Tablets Per 30 Days
Transmucosal Immediate Release Fentanyl	LAZANDA	FENTANYL CITRATE NASAL SPRAY 100 MCG/ACT (BASE EQUIV)	30 Bottles Per 30 Days
Transmucosal Immediate Release Fentanyl	LAZANDA	FENTANYL CITRATE NASAL SPRAY 400 MCG/ACT (BASE EQUIV)	30 Bottles Per 30 Days
Transmucosal Immediate Release Fentanyl	SUBSYS	FENTANYL SUBLINGUAL SPRAY 100 MCG	120 SPRAYS Per 30 Days



BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Transmucosal Immediate Release Fentanyl	SUBSYS	FENTANYL SUBLINGUAL SPRAY 1200 MCG (600 MCG X 2)	240 SPRAYS Per 30 Days
Transmucosal Immediate Release Fentanyl	SUBSYS	FENTANYL SUBLINGUAL SPRAY 1600 MCG (800 MCG X 2)	240 SPRAYS Per 30 Days
Transmucosal Immediate Release Fentanyl	SUBSYS	FENTANYL SUBLINGUAL SPRAY 200 MCG	120 SPRAYS Per 30 Days
Transmucosal Immediate Release Fentanyl	SUBSYS	FENTANYL SUBLINGUAL SPRAY 400 MCG	120 SPRAYS Per 30 Days
Transmucosal Immediate Release Fentanyl	SUBSYS	FENTANYL SUBLINGUAL SPRAY 600 MCG	120 SPRAYS Per 30 Days
Transmucosal Immediate Release Fentanyl	SUBSYS	FENTANYL SUBLINGUAL SPRAY 800 MCG	120 SPRAYS Per 30 Days
Transmucosal Immediate Release Fentanyl	fentanyl citrate oral transmucosal	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	fentanyl citrate oral transmucosal	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	fentanyl citrate oral transmucosal	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	fentanyl citrate oral transmucosal	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	fentanyl citrate oral transmucosal	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	120 Lozenges Per 30 Days
Transmucosal Immediate Release Fentanyl	fentanyl citrate oral transmucosal	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	120 Lozenges Per 30 Days
Triptans	AMERGE	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	18 Tablets Per 30 Days
Triptans	AMERGE	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	18 Tablets Per 30 Days
Triptans	FROVA	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	18 Tablets Per 30 Days
Triptans	IMITREX	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	12 Doses Per 30 Days
Triptans	IMITREX	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	12 Doses Per 30 Days
Triptans	IMITREX	SUMATRIPTAN SUCCINATE TAB 100 MG	18 Tablets Per 30 Days
Triptans	IMITREX	SUMATRIPTAN SUCCINATE TAB 25 MG	18 Tablets Per 30 Days
Triptans	IMITREX	SUMATRIPTAN SUCCINATE TAB 50 MG	18 Tablets Per 30 Days
Triptans	IMITREX STATDOSE REFILL	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	12 Doses Per 30 Days
Triptans	IMITREX STATDOSE REFILL	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	12 Doses Per 30 Days
Triptans	IMITREX STATDOSE SYSTEM	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	12 Doses Per 30 Days
Triptans	IMITREX STATDOSE SYSTEM	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	12 Doses Per 30 Days
Triptans	MAXALT	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	18 Tablets Per 30 Days
Triptans	MAXALT-MLT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	18 Tablets Per 30 Days
Triptans	ONZETRA XSAIL	SUMATRIPTAN SUCCINATE EXHALER POWDER 11 MG/NOSEPIECE	2 Packages Per 30 Days
Triptans	RELPAX	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	12 Tablets Per 30 Days
Triptans	RELPAX	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	12 Tablets Per 30 Days
Triptans	SUMATRIPTAN SUCCINATE REFILL	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	12 Doses Per 30 Days
Triptans	SUMATRIPTAN SUCCINATE REFILL	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	12 Doses Per 30 Days
Triptans	TOSYMRA	SUMATRIPTAN NASAL SPRAY 10 MG/ACT	18 Units Per 30 Days
Triptans	TREXIMET	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	18 Tablets Per 30 Days
Triptans	ZEMBRACE SYMTOUCH	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 3 MG/0.5ML	24 Pens Per 30 Days
Triptans	ZOLMITRIPTAN	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT	2 Packs Per 30 Days
Triptans	ZOMIG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT	2 Packs Per 30 Days
Triptans	ZOMIG	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	2 Packs Per 30 Days
Triptans	ZOMIG	ZOLMITRIPTAN TAB 2.5 MG	12 Tablets Per 30 Days
Triptans	ZOMIG	ZOLMITRIPTAN TAB 5 MG	12 Tablets Per 30 Days
Triptans	almotriptan	ALMOTRIPTAN MALATE TAB 12.5 MG	12 Tablets Per 30 Days
Triptans	almotriptan	ALMOTRIPTAN MALATE TAB 6.25 MG	12 Tablets Per 30 Days
Triptans	almotriptan malate	ALMOTRIPTAN MALATE TAB 12.5 MG	12 Tablets Per 30 Days
Triptans	almotriptan malate	ALMOTRIPTAN MALATE TAB 6.25 MG	12 Tablets Per 30 Days
Triptans	eletriptan hydrobromide	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	12 Tablets Per 30 Days
Triptans	eletriptan hydrobromide	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	12 Tablets Per 30 Days
Triptans	frovatriptan succinate	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	18 Tablets Per 30 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Triptans	naratriptan hcl	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	18 Tablets Per 30 Days
Triptans	naratriptan hcl	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	18 Tablets Per 30 Days
Triptans	rizatriptan benzoate	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	18 Tablets Per 30 Days
Triptans	rizatriptan benzoate	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	18 Tablets Per 30 Days
Triptans	rizatriptan benzoate odt	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	18 Tablets Per 30 Days
Triptans	rizatriptan benzoate odt	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	18 Tablets Per 30 Days
Triptans	sumatriptan	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	12 Doses Per 30 Days
Triptans	sumatriptan	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	12 Doses Per 30 Days
Triptans	sumatriptan succinate	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	10 Vials Per 30 Days
Triptans	sumatriptan succinate	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	12 Doses Per 30 Days
Triptans	sumatriptan succinate	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	12 Doses Per 30 Days
Triptans	sumatriptan succinate	SUMATRIPTAN SUCCINATE TAB 100 MG	18 Tablets Per 30 Days
Triptans	sumatriptan succinate	SUMATRIPTAN SUCCINATE TAB 25 MG	18 Tablets Per 30 Days
Triptans	sumatriptan succinate	SUMATRIPTAN SUCCINATE TAB 50 MG	18 Tablets Per 30 Days
Triptans	sumatriptan/naproxen sodium	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	18 Tablets Per 30 Days
Triptans	zolmitriptan	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	2 Packs Per 30 Days
Triptans	zolmitriptan	ZOLMITRIPTAN TAB 2.5 MG	12 Tablets Per 30 Days
Triptans	zolmitriptan	ZOLMITRIPTAN TAB 5 MG	12 Tablets Per 30 Days
Triptans	zolmitriptan odt	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	12 Tablets Per 30 Days
Triptans	zolmitriptan odt	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	12 Tablets Per 30 Days
Vascepa	VASCEPA	ICOSAPENT ETHYL CAP 0.5 GM	240 Capsules Per 30 Days
Vascepa	VASCEPA	ICOSAPENT ETHYL CAP 1 GM	120 Capsules Per 30 Days
Vascepa	icosapent ethyl	ICOSAPENT ETHYL CAP 0.5 GM	240 Capsules Per 30 Days
Vascepa	icosapent ethyl	ICOSAPENT ETHYL CAP 1 GM	120 Capsules Per 30 Days
VMAT2 Inhibitor	AUSTEDO	DEUTETRABENAZINE TAB 12 MG	120 Tablets Per 30 Days
VMAT2 Inhibitor	AUSTEDO	DEUTETRABENAZINE TAB 6 MG	60 Tablets Per 30 Days
VMAT2 Inhibitor	AUSTEDO	DEUTETRABENAZINE TAB 9 MG	120 Tablets Per 30 Days
VMAT2 Inhibitor	AUSTEDO XR	DEUTETRABENAZINE TAB ER 24HR 12 MG	30 Tablets Per 30 Days
VMAT2 Inhibitor	AUSTEDO XR	DEUTETRABENAZINE TAB ER 24HR 24 MG	60 Tablets Per 30 Days
VMAT2 Inhibitor	AUSTEDO XR	DEUTETRABENAZINE TAB ER 24HR 6 MG	30 Tablets Per 30 Days
VMAT2 Inhibitor	AUSTEDO XR PATIENT TITRATION KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 MG	1 Kit Per 180 Days
VMAT2 Inhibitor	INGREZZA	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	30 Capsules Per 30 Days
VMAT2 Inhibitor	INGREZZA	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	30 Capsules Per 30 Days
VMAT2 Inhibitor	INGREZZA	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	30 Capsules Per 30 Days
VMAT2 Inhibitor	INGREZZA	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	1 Box Per 180 Days
VMAT2 Inhibitor	XENAZINE	TETRABENAZINE TAB 12.5 MG	240 Tablets Per 30 Days
VMAT2 Inhibitor	XENAZINE	TETRABENAZINE TAB 25 MG	120 Tablets Per 30 Days
VMAT2 Inhibitor	tetrabenzazine	TETRABENAZINE TAB 12.5 MG	240 Tablets Per 30 Days
VMAT2 Inhibitor	tetrabenzazine	TETRABENAZINE TAB 25 MG	120 Tablets Per 30 Days
Wakix	WAKIX	PITOLISANT HCL TAB 17.8 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
Wakix	WAKIX	PITOLISANT HCL TAB 4.45 MG (BASE EQUIVALENT)	60 Tablets Per 30 Days
Xermelo	XERMELO	TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)	90 Tablets Per 30 Days
Zeposia	ZEPOSIA	OZANIMOD HCL CAP 0.92 MG	30 Capsules Per 30 Days
Zeposia	ZEPOSIA 7-DAY STARTER PACK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	7 Capsules Per 180 Days
Zeposia	ZEPOSIA STARTER KIT	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	28 Capsules Per 180 Days
Zeposia	ZEPOSIA STARTER KIT	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 30 X 0.92 MG	37 Capsules Per 180 Days

BCBSND Formulary Quantity Limit Program Summary

QL PROG NAME	Target	GPI Name	Quantity Limit
Zokinvy	ZOKINVY	LONAFARNIB CAP 50 MG	120 Capsules Per 30 Days
Zokinvy	ZOKINVY	LONAFARNIB CAP 75 MG	120 Capsules Per 30 Days





In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

[CivilRightsCoordinator@bcbsnd.com](mailto:CivilRightsCoordinator@bcbsnd.com) (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### **Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

### **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

## 中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

## Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

## Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

## Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

## Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

## Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

## नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

## Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

## 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

## Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

## Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

## Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kojí' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)