



Quantity Limit Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
ADHD Agents AR0319_r1119	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	7.5 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	10 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	12.5 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	15 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	20 mg tablet ^a	3 tablets
	Adderall (amphetamine/dextroamphetamine)	30 mg tablet ^a	2 tablets
	Adderall XR (amphetamine/dextroamphetamine ER)	5 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	10 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	15 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	20 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	25 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	30 mg capsule ^a	1 capsule
	Adzenys ER (amphetamine ER)	1.25 mg/1 mL solution	15 ml
	Adzenys XR-ODT (amphetamine ER)	3.1 mg oral disintegrating tablet	2 tablets
	Adzenys XR-ODT (amphetamine ER)	6.3 mg oral disintegrating tablet	2 tablets
	Adzenys XR-ODT (amphetamine ER)	9.4 mg oral disintegrating tablet	1 tablet
	Adzenys XR-ODT (amphetamine ER)	12.5 mg oral disintegrating tablet	1 tablet
	Adzenys XR-ODT (amphetamine ER)	15.7 mg oral disintegrating tablet	1 tablet
	Adzenys XR-ODT (amphetamine ER)	18.8 mg oral disintegrating tablet	1 tablet
	Adhansia XR (methylphenidate ER)	25 mg capsule	1 tablet
	Adhansia XR (methylphenidate ER)	35 mg capsule	1 tablet
	Adhansia XR (methylphenidate ER)	45 mg capsule	1 tablet
	Adhansia XR (methylphenidate ER)	55 mg capsule	1 tablet
	Adhansia XR (methylphenidate ER)	70 mg capsule	1 tablet
	Adhansia XR (methylphenidate ER)	85 mg capsule	1 tablet
	Aptensio XR (methylphenidate ER)	10 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	15 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	20 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	30 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	40 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	50 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	60 mg capsule	1 capsule
	Concerta (methylphenidate ER)	18 mg tablet ^a	1 tablet
	Concerta (methylphenidate ER)	27 mg tablet ^a	1 tablet
	Concerta (methylphenidate ER)	36 mg tablet ^a	2 tablets
	Concerta (methylphenidate ER)	54 mg tablet ^a	1 tablet
	Cotempla XR ODT (methylphenidate ER orally dissolving tablet)	8.6 mg orally disintegrating tablet	1 tablet
	Cotempla XR ODT (methylphenidate ER orally dissolving tablet)	17.3 mg orally disintegrating tablet	2 tablets
Cotempla XR ODT (methylphenidate ER orally dissolving tablet)	25.9 mg orally disintegrating tablet	2 tablets	
Daytrana (methylphenidate transdermal patch)	10 mg/9 hr patch	1 patch	

ADHD Agents

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

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AR0319_r1119	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Daytrana (methylphenidate transdermal patch)	15 mg/9 hr patch	1 patch
	Daytrana (methylphenidate transdermal patch)	20 mg/9 hr patch	1 patch
	Daytrana (methylphenidate transdermal patch)	30 mg/9 hr patch	1 patch
	Dextroamphetamine	5 mg tablet ^a	3 tablets
	Dextroamphetamine	10 mg tablet ^a	6 tablets
	Dexedrine (dextroamphetamine extended-release)	5 mg extended-release capsule ^a	3 capsules
	Dexedrine (dextroamphetamine extended-release)	10 mg extended-release capsule ^a	4 capsules
	Dexedrine (dextroamphetamine extended-release)	15 mg extended-release capsule ^a	4 capsules
	Desoxyn (methamphetamine)	5 mg tablet ^a	5 tablets
	Dyanavel XR (amphetamine extended-release)	2.5 mg/mL suspension	8 mL
	Evekeo (amphetamine)	5 mg tablet ^a	3 tablets
	Evekeo (amphetamine)	10 mg tablet ^a	6 tablets
	Evekeo ODT (amphetamine)	5 mg orally disintegrating tablet	2 tablets
	Evekeo ODT (amphetamine)	10 mg orally disintegrating tablet	2 tablets
	Evekeo ODT (amphetamine)	15 mg orally disintegrating tablet	2 tablets
	Evekeo ODT (amphetamine)	20 mg orally disintegrating tablet	2 tablets
	Focalin (dexmethylphenidate)	2.5 mg tablet ^a	2 tablets
	Focalin (dexmethylphenidate)	5 mg tablet ^a	2 tablets
	Focalin (dexmethylphenidate)	10 mg tablet ^a	2 tablets
	Focalin XR (dexmethylphenidate extended-release)	5 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	10 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	15 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	20 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	25 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	30 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	35 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	40 mg capsule ^a	1 capsule
	Intuniv (guanfacine extended-release) ^a	1 mg ER tablet	1 tablet
	Intuniv (guanfacine extended-release) ^a	2 mg ER tablet	1 tablet
	Intuniv (guanfacine extended-release) ^a	3 mg ER tablet	1 tablet
	Intuniv (guanfacine extended-release) ^a	4 mg ER tablet	1 tablet
	Kapvay (clonidine extended-release)	0.1 mg ER tablet ^a	4 tablets ^b
	Jornay PM (methylphenidate extended-release)	20 mg ER capsule	1 capsule
	Jornay PM (methylphenidate extended-release)	40 mg ER capsule	1 capsule
	Jornay PM (methylphenidate extended-release)	60 mg ER capsule	1 capsule
	Jornay PM (methylphenidate extended-release)	80 mg ER capsule	1 capsule
	Jornay PM (methylphenidate extended-release)	100 mg ER capsule	1 capsule
	Metadate CD (methylphenidate ER)	10 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	20 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	30 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	40 mg capsule ^a	1 capsule
Metadate CD (methylphenidate ER)	50 mg capsule ^a	1 capsule	
Metadate CD (methylphenidate ER)	60 mg capsule ^a	1 capsule	
Metadate ER (methylphenidate ER)	20 mg tablet ^a	3 tablets	
Methylin, Methylphenidate Chewable Tablet	2.5 mg chewable tablet ^a	3 tablets	
Methylin, Methylphenidate Chewable Tablet	5 mg chewable tablet ^a	3 tablets	

**ADHD Agents
AR0319_r1119**

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	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Methylin, Methylphenidate Chewable Tablet	10 mg chewable tablet ^a	6 tablets
	Methylin (methylphenidate)	5 mg/5 mL solution ^a	15 mL
	Methylin (methylphenidate)	10 mg/5 mL solution ^a	30 mL
	Methylphenidate ER	10 mg tablet ^a	3 tablets
	Methylphenidate ER	20 mg tablet ^a	3 tablets
	methylphenidate ER	18 mg tablet	1 tablet
	methylphenidate ER	27 mg tablet	1 tablet
	methylphenidate ER	36 mg tablet	2 tablets
	methylphenidate ER	54 mg tablet	1 tablet
	methylphenidate ER	72 mg tablet ^a	1 tablet
	Mydayis	12.5 mg capsule	1 capsule
	Mydayis	25 mg capsule	1 capsule
	Mydayis	37.5 mg capsule	1 capsule
	Mydayis	50 mg capsule	1 capsule
	Procentra (dextroamphetamine)	5 mg/5 mL oral solution ^a	60 mL
	Quillichew (methylphenidate)	20 mg ER chewable tablet	1 tablet
	Quillichew (methylphenidate)	30 mg ER chewable tablet	2 tablets
	Quillichew (methylphenidate)	40 mg ER chewable tablet	1 tablet
	Quillivant XR (methylphenidate ER)	25 mg/5 mL oral suspension	12 mL
	Relexxii (methylphenidate ER)	72 mg tablet	1 tablet
	Ritalin (methylphenidate)	5 mg tablet ^a	3 tablets
	Ritalin (methylphenidate)	10 mg tablet ^a	3 tablets
	Ritalin (methylphenidate)	20 mg tablet ^a	3 tablets
	Ritalin LA (methylphenidate ER)	10 mg capsule ^a	1 capsule
	Ritalin LA (methylphenidate ER)	20 mg capsule ^a	1 capsule
	Ritalin LA (methylphenidate ER)	30 mg capsule ^a	1 capsule
	Ritalin LA (methylphenidate ER)	40 mg capsule ^a	1 capsule
	Ritalin LA (methylphenidate ER)	60 mg capsule	1 capsule
	Strattera (atomoxetine)	10 mg capsule ^a	2 capsules
	Strattera (atomoxetine)	18 mg capsule ^a	2 capsules
	Strattera (atomoxetine)	25 mg capsule ^a	2 capsules
	Strattera (atomoxetine)	40 mg capsule ^a	2 capsules
	Strattera (atomoxetine)	60 mg capsule ^a	1 capsule
	Strattera (atomoxetine)	80 mg capsule ^a	1 capsule
	Strattera (atomoxetine)	100 mg capsule ^a	1 capsule
	Vyvanse (lisdexamfetamine)	10 mg capsule	1 capsule
	Vyvanse (lisdexamfetamine)	20 mg capsule	1 capsule
	Vyvanse (lisdexamfetamine)	30 mg capsule	1 capsule
	Vyvanse (lisdexamfetamine)	40 mg capsule	1 capsule
	Vyvanse (lisdexamfetamine)	50 mg capsule	1 capsule
	Vyvanse (lisdexamfetamine)	60 mg capsule	1 capsule
	Vyvanse (lisdexamfetamine)	70 mg capsule	1 capsule
	Vyvanse chewable (lisdexamfetamine)	10 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	20 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	30 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	40 mg chewable tablet	1 tablet

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	Vyvanse chewable (lisdexamfetamine)	50 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	60 mg chewable tablet	1 tablet
	Zenzedi (dextroamphetamine)	2.5 mg tablet	3 tablets
	Zenzedi (dextroamphetamine)	7.5 mg tablet	3 tablets
	Zenzedi (dextroamphetamine)	15 mg tablet	3 tablets
	Zenzedi (dextroamphetamine)	20 mg tablet	3 tablets
	Zenzedi (dextroamphetamine)	30 mg tablet	2 tablets
Ampyra AR0118_r0918	Ampyra (dalfampridine) ^a	10 mg tablet	2 tablets
Androgens and Anabolic Steroids AR0619_r1019	Androderm (testosterone transdermal system)	2 mg/day transdermal system	1 patch
	Androderm (testosterone transdermal system)	4 mg/day transdermal system	1 patch
	AndroGel (testosterone gel) ^a	1% gel, 25 mg/2.5 gm packet	2 packets
	AndroGel (testosterone gel) ^a	1% gel, 50 mg/5 gm packet	2 packets
	AndroGel (testosterone gel) ^a	1% gel, 75 gm pump bottle	10 gm/day (4 pumps/30 days)
	AndroGel (testosterone gel)	1.62% gel, 20.25 mg/1.25 gm packet ^a	1 packet
	AndroGel (testosterone gel)	1.62% gel, 40.5 mg/2.5 gm packet ^a	2 packets
	AndroGel (testosterone gel)	1.62% gel, 75 gm pump bottle ^a	5 gm/day (2 pumps/30 days)
	Axiron (testosterone solution) ^a	30 mg/1.5 mL, 90 mL pump bottle	120 mg/day (2 pumps/30 days)
	Fortesta (testosterone gel) ^a	2% gel, 60 gm pump bottle	80 mg/day (2 pumps/30 days)
	Natesto (testosterone nasal gel)	5.5 mg/actuation, 11 gm pump bottle (60 actuations/pump bottle)	0.732 gram/day (3 pumps/30 days)
	Striant (testosterone buccal system)	30 mg buccal system	2 systems
	Testim/Testosterone (testosterone gel)	1% gel, 5 gm tube	2 tubes
	Vogelxo/Testosterone (testosterone gel)	1% gel, 50 mg/5 gm tube	2 tubes (300 gm/30 days)
	Vogelxo/Testosterone (testosterone gel)	1% gel, 50 mg/5 gm packet	2 packets (300 gm/30 days)
	Vogelxo/Testosterone (testosterone gel)	1% gel, 12.5 mg/actuation, 75 gm pump bottle (carton of 2 pump bottles)	4 pumps/30 days (300 gm/30 days)
	Aveed (testosterone undecanoate)	250 mg/mL; 3 mL vial	1 vial (750 mg; 3 mLs)/28 days
	testosterone enanthate	200 mg/mL, 5 mL multiple dose vial	1 vial/28 days
	Xyosted (testosterone enanthate)	50 mg/0.5 mL	4 pens/28 days
	Xyosted (testosterone enanthate)	75 mg/0.5 mL	4 pens/28 days
	Xyosted (testosterone enanthate)	100 mg/0.5 mL	4 pens/28 days
	Depo-Testosterone (testosterone cypionate) ^a	100 mg/mL, 10 mL multiple dose vial	1 vial/28 days
	Depo-Testosterone (testosterone cypionate) ^a	200 mg/mL, 1 mL vial	10 vials/28 days
	Depo-Testosterone (testosterone cypionate) ^a	200 mg/mL, 10 mL multiple dose vial	1 vial/28 days
	Testopel (testosterone pellets)	75 mg	6 pellets/90 days
	Android (methyltestosterone)	10 mg capsule	20 capsules/day
	Androxy (fluoxymesterone)	10 mg tablet	4 tablets/day
	Jatenzo (testosterone)	158 mg capsule	2 capsules/day
	Jatenzo (testosterone)	198 mg capsule	4 tablets/day
	Jatenzo (testosterone)	237 mg capsule	2 capsules/day
	Methitest (methyltestosterone)	10 mg tablet	20 capsules/day

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	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Testred (methyltestosterone) ^b	10 mg capsule	20 capsules/day
Anticoagulant AR0918	The following anticoagulants are subject to QL: Eliquis (apixaban), Pradaxa (dabigatran), Savaysa (edoxaban), Xarelto (rivaroxaban)		
Antidepressants AR0319_r1019	Selective Serotonin Reuptake Inhibitors (SSRIs)		
	Celexa (citalopram) ^a	10 mg tablet	1 tablet
	Celexa (citalopram) ^a	20 mg tablet	1 tablet
	Celexa (citalopram) ^a	40 mg tablet	1 tablet
	Celexa (citalopram) ^a	10 mg/5 mL oral solution	20 mL
	Lexapro (escitalopram) ^a	5 mg tablet	1 tablet
	Lexapro (escitalopram) ^a	10 mg tablet	1 tablet
	Lexapro (escitalopram) ^a	20 mg tablet	1 tablet
	Lexapro (escitalopram) ^a	5 mg/5 mL oral solution	20 mL
	fluvoxamine ER	100 mg extended-release capsule	2 capsules
	fluvoxamine ER	150 mg extended-release capsule	2 capsules
	fluvoxamine ^a	25 mg tablet	1 tablet
	fluvoxamine ^a	50 mg tablet	1 tablet
	fluvoxamine ^a	100 mg tablet	3 tablets
	Paxil (paroxetine) ^a	10 mg tablet	1 tablet
	Paxil (paroxetine) ^a	20 mg tablet	1 tablet
	Paxil (paroxetine) ^a	30 mg tablet	2 tablets
	Paxil (paroxetine) ^a	40 mg tablet	1 tablet
	Paxil (paroxetine) ^a	10 mg/5 mL suspension	30 mL
	Paxil CR (paroxetine ER) ^a	12.5 mg controlled-release tablet	1 tablet
	Paxil CR (paroxetine ER) ^a	25 mg controlled-release tablet	2 tablets
	Paxil CR (paroxetine ER) ^a	37.5 mg controlled-release tablet	2 tablets
	Pexeva (paroxetine)	10 mg tablet	1 tablet
	Pexeva (paroxetine)	20 mg tablet	1 tablet
	Pexeva (paroxetine)	30 mg tablet	2 tablets
	Pexeva (paroxetine)	40 mg tablet	1 tablet
	Prozac, (fluoxetine) ^a	10 mg capsule	1 capsule
	Prozac, (fluoxetine) ^a	20 mg capsule	4 capsules
	Prozac, (fluoxetine) ^a	40 mg capsule	2 capsules
	Prozac, (fluoxetine) ^a	10 mg tablet	1 tablet
	Prozac, (fluoxetine) ^a	20 mg tablet	4 tablets
	Prozac, (fluoxetine) ^a	60 mg tablet	1 tablet
	Prozac, (fluoxetine) ^a	20 mg/5 mL oral solution	20 mL
	Prozac Weekly (fluoxetine)	90 mg delayed-release capsule	4 capsules/28 days
	Zoloft (sertraline) ^a	25 mg tablet	1 tablet
	Zoloft (sertraline) ^a	50 mg tablet	1 tablet
	Zoloft (sertraline) ^a	100 mg tablet	2 tablets
	Zoloft (sertraline) ^a	20 mg/mL oral concentrate	10 mL
Antidepressants AR0319_r1019	Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)		
	Cymbalta (duloxetine) ^a	20 mg delayed-release capsule	2 capsules
	Cymbalta (duloxetine) ^a	30 mg delayed-release capsule	2 capsules
	Cymbalta (duloxetine) ^a	60 mg delayed-release capsule	2 capsules
	Desvenlafaxine	50 mg extended-release tablet	1 tablet
	Desvenlafaxine	100 mg extended-release tablet	1 tablet

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	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Desvenlafaxine fumarate	50 mg extended-release tablet	1 tablet
	Desvenlafaxine fumarate	100 mg extended-release tablet	1 tablet
	Drizalma Sprinkle	20 mg delayed release sprinkle capsule	2 capsules
	Drizalma Sprinkle	30 mg delayed release sprinkle capsule	2 capsules
	Drizalma Sprinkle	40 mg delayed release sprinkle capsule	2 capsules
	Drizalma Sprinkle	60 mg delayed release sprinkle capsule	2 capsules
	Duloxetine delayed release	40 mg delayed release	3 capsules
	Effexor (venlafaxine) ^a	25 mg tablet	3 tablets
	Effexor (venlafaxine) ^a	37.5 mg tablet	3 tablets
	Effexor (venlafaxine) ^a	50 mg tablet	3 tablets
	Effexor (venlafaxine) ^a	75 mg tablet	3 tablets
	Effexor (venlafaxine) ^a	100 mg tablet	3 tablets
	Effexor XR (venlafaxine ER) ^a	37.5 mg extended-release capsule	1 capsule
	Effexor XR (venlafaxine ER) ^a	75 mg extended-release capsule	3 capsules
	Effexor XR (venlafaxine ER) ^a	150 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	20 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	40 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	80 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	120 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	Titration pack (2 x 20 mg, 26 x 40 mg)	1 kit (28 capsules)/180 days
	Khedezla (desvenlafaxine)	50 mg extended-release tablet	1 tablet
	Khedezla (desvenlafaxine)	100 mg extended-release tablet	1 tablet
	Irenka (duloxetine)/Duloxetine ^a	40 mg delayed release capsule	3 capsules
	Venlafaxine ER ^a	37.5 mg extended-release tablet	1 tablet
	Venlafaxine ER ^a	75 mg extended-release tablet	3 tablets
	Venlafaxine ER ^a	150 mg extended-release tablet	1 tablet
	Venlafaxine ER ^a	225 mg extended-release tablet	1 tablet
	Pristiq (desvenlafaxine) ^a	25 mg extended-release tablet	1 tablet
	Pristiq (desvenlafaxine) ^a	50 mg extended-release tablet	1 tablet
	Pristiq (desvenlafaxine) ^a	100 mg extended-release tablet	1 tablet
	Other Antidepressants		
	Aplenzin (bupropion)	174 mg extended-release tablet	1 tablet
	Aplenzin (bupropion)	348 mg extended-release tablet	1 tablet
	Aplenzin (bupropion)	522 mg extended-release tablet	1 tablet
	Trintellix (vortioxetine)	5 mg tablet	1 tablet
	Trintellix (vortioxetine)	10 mg tablet	1 tablet
	Trintellix (vortioxetine)	20 mg talet	1 tablet
	Forfivo XL (bupropion)	450 mg extended-release tablet	1 tablet
	Maprotiline	25 mg tablet	3 tablets
	Maprotiline	50 mg tablet	3 tablets
	Maprotiline	75 mg tablet	3 tablets
	Oleptro (trazodone)	150 mg extended-release tablet	1½ tablets
	Oleptro (trazodone)	300 mg extended-release tablet	1 tablet
	Remeron (mirtazapine) ^a	7.5 mg tablet ^f	1 tablet
	Remeron (mirtazapine) ^a	15 mg tablet	1 tablet
	Remeron (mirtazapine) ^a	30 mg tablet	1 tablet

**Antidepressants
AR0319_r1019**

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Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Remeron (mirtazapine) ^a	45 mg tablet	1 tablet
	Remeron SolTab (mirtazapine) ^a	15 mg orally-disintegrating tablet	1 tablet
	Remeron SolTab (mirtazapine) ^a	30 mg orally-disintegrating tablet	1 tablet
	Remeron SolTab (mirtazapine) ^a	45 mg orally-disintegrating tablet	1 tablet
	Viibryd (vilazodone)	10 mg tablet	1 tablet
	Viibryd (vilazodone)	20 mg tablet	1 tablet
	Viibryd (vilazodone)	40 mg tablet	1 tablet
	Viibryd (vilazodone)	Starter Kit (7 x 10mg, 23 x 20mg)	30 tablets/180 days
	Wellbutrin (bupropion) ^a	75 mg tablet	2 tablets
	Wellbutrin (bupropion) ^a	100 mg tablet	4 tablets
	Wellbutrin SR, Budeprion SR (bupropion SR) ^a	100 mg sustained-release tablet	2 tablets
	Wellbutrin SR, Budeprion SR (bupropion SR) ^a	150 mg sustained-release tablet	2 tablets
	Wellbutrin SR, Budeprion SR (bupropion SR) ^a	200 mg sustained-release tablet ^d	2 tablets
	Wellbutrin XL, Budeprion XL (bupropion ER) ^a	150 mg extended-release tablet	1 tablet
	Wellbutrin XL, Budeprion XL (bupropion ER) ^a	300 mg extended-release tablet	1 tablet
Antiemetic Agents AR0618	The following antiemetics are subject to QL: Akynzeo (netupitatin-palonosetron), Anzemet (dolasetron), Emend (aprepitant), Granisol, granisetron, Sancuso (granisetron), Varubi (rolapitant), Zofran/Zofran ODT/ondansetron, and Zuplenz (ondansetron)		
	**Specific antiemetic QL information is included in the individual program document ND_PS_Antiemetic_QL_AR0618		
Antipsychotics, Atypical AR0319_r0819	Abilify (aripiprazole) ^a	2 mg tablet	1 tablet
	Abilify (aripiprazole) ^a	5 mg tablet	1 tablet
	Abilify (aripiprazole) ^a	10 mg tablet	1 tablet
	Abilify (aripiprazole) ^a	15 mg tablet	1 tablet
	Abilify (aripiprazole) ^a	20 mg tablet	1 tablet
	Abilify (aripiprazole) ^a	30 mg tablet	1 tablet
	Abilify (aripiprazole) ^b	1 mg/mL oral solution	30 mLs
	Abilify Discmelt (aripiprazole) ^b	10 mg disintegrating tablet	2 tablets
	Abilify Discmelt (aripiprazole) ^b	15 mg disintegrating tablet	2 tablets
	Abilify Maintena (aripiprazole)	300 mg ER reconstituted suspension vial	1 vial/28 days
	Abilify Maintena (aripiprazole)	400 mg ER reconstituted suspension vial	1 vial/28 days
	Abilify Maintena (aripiprazole IM ER suspension)	300 mg ER suspension syringe	1 syringe/28 days
	Abilify Maintena (aripiprazole IM ER suspension)	400 mg ER suspension syringe	1 syringe/28 days
	Abilify Mycite (aripiprazole with sensor)	2 mg tablet	1 tablet
	Abilify Mycite (aripiprazole with sensor)	5 mg tablet	1 tablet
	Abilify Mycite (aripiprazole with sensor)	10 mg tablet	1 tablet
	Abilify Mycite (aripiprazole with sensor)	15 mg tablet	1 tablet
	Abilify Mycite (aripiprazole with sensor)	20 mg tablet	1 tablet
	Abilify Mycite (aripiprazole with sensor)	30 mg tablet	1 tablet
	Aristada (aripiprazole lauroxil injection)	441 mg injection	0.0534 mL
	Aristada (aripiprazole lauroxil injection)	662 mg injection	0.08 mL
	Aristada (aripiprazole lauroxil injection)	882 mg injection	0.1067 mL
	Aristada (aripiprazole lauroxil injection)	1064 mg injection	0.0697 mL
	Aristada (aripiprazole lauroxil extended-release)	675 mg injection	1 kit/180 days
	Clozaril (clozapine) ^a	25 mg, tablet	3 tablets

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	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Clozaril (clozapine) ^a	50 mg tablet ^b	3 tablets
	Clozaril (clozapine) ^a	100 mg tablet	9 tablets
	Clozaril (clozapine) ^a	200 mg tablet ^b	4 tablets
	Fanapt (iloperidone)	1 mg tablet	2 tablets
	Fanapt (iloperidone)	2 mg tablet	2 tablets
	Fanapt (iloperidone)	4 mg tablet	2 tablets
	Fanapt (iloperidone)	6 mg tablet	2 tablets
	Fanapt (iloperidone)	8 mg tablet	2 tablets
	Fanapt (iloperidone)	10 mg tablet	2 tablets
	Fanapt (iloperidone)	12 mg tablet	2 tablets
	Fanapt (iloperidone)	Titration pak	1 pak (8 tablets)/180 days
	FazaClo (clozapine) ^a	12.5 mg tablet ^e	3 tablets
	FazaClo (clozapine) ^a	25 mg tablet	9 tablets
	FazaClo (clozapine) ^a	100 mg tablet	3 tablets
	FazaClo (clozapine)	150 mg tablet	6 tablets
	FazaClo (clozapine)	200 mg tablet	4 tablets
	Geodon (ziprasidone) ^a	20 mg capsule	2 capsules
	Geodon (ziprasidone) ^a	40 mg capsule	2 capsules
	Geodon (ziprasidone) ^a	60 mg capsule	2 capsules
	Geodon (ziprasidone) ^a	80 mg capsule	2 capsules
	Geodon (ziprasidone) ^a	20 mg/mL injection	2 vials
	Invega (paliperidone) ^a	1.5 mg tablet	1 tablet
	Invega (paliperidone) ^a	3 mg tablet	1 tablet
	Invega (paliperidone) ^a	6 mg tablet	2 tablets
	Invega (paliperidone) ^a	9 mg tablet	1 tablet
	Invega Trinza (paliperidone)	175 mg/ 0.875 ml (Base Eq)	0.875 mL / 90 days
	Invega Trinza (paliperidone injection)	273 mg / 0.875 mL	0.875 mL / 90 days
	Invega Trinza (paliperidone)	263 mg/ 1.315 ml (Base Eq)	1.315 mL / 90 days
	Invega Trinza (paliperidone injection)	410 mg / 1.315 mL	1.315 mL / 90 days
	Invega Trinza (paliperidone)	350 mg/ 1.75 ml (Base Eq)	1.75 mL / 90 days
	Invega Trinza (paliperidone injection)	546 mg / 1.75 mL	1.75 mL / 90 days
	Invega Trinza (paliperidone)	525 mg/ 2.625ml (Base Eq)	2.625 mL / 90 days
	Invega Trinza (paliperidone injection)	819 mg / 2.625 mL	2.625 mL / 90 days
Antipsychotics, Atypical AR0319_r0819	Invega Sustenna (paliperidone)	39 mg/kit extended-release injection	1 kit/month
	Invega Sustenna (paliperidone)	78 mg/kit extended-release injection	1 kit/month
	Invega Sustenna (paliperidone)	117 mg/kit extended-release injection	1 kit/month
	Invega Sustenna (paliperidone)	156 mg/kit extended-release injection	1 kit/month
	Invega Sustenna (paliperidone)	234 mg/kit extended-release injection	1 kit/month
	Latuda (lurasidone)	20 mg tablet	1 tablet
	Latuda (lurasidone)	40 mg tablet	1 tablet
	Latuda (lurasidone)	60 mg tablet	1 tablet
	Latuda (lurasidone)	80 mg tablet	2 tablets
	Latuda (lurasidone)	120 mg tablet	1 tablet
	Perseris (risperidone)	90 mg kit extended-release injection	1 syringe/30 days
	Perseris (risperidone)	120 mg kit extended-release injection	1 syringe/30 days
	Rexulti (brexpiprazole)	0.25 mg tablet	1 tablet

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Rexulti (brexpiprazole)	0.5 mg tablet	1 tablet
	Rexulti (brexpiprazole)	1 mg tablet	1 tablet
	Rexulti (brexpiprazole)	2 mg tablet	1 tablet
	Rexulti (brexpiprazole)	3 mg tablet	1 tablet
	Rexulti (brexpiprazole)	4 mg tablet	1 tablet
	Risperdal (risperidone) ^a	0.25 mg tablet	2 tablets
	Risperdal (risperidone) ^a	0.5 mg tablet	2 tablets
	Risperdal (risperidone) ^a	1 mg tablet	2 tablets
	Risperdal (risperidone) ^a	2 mg tablet	2 tablets
	Risperdal (risperidone) ^a	3 mg tablet	2 tablets
	Risperdal (risperidone) ^a	4 mg tablet	4 tablets
	Risperdal (risperidone) ^a	1 mg/mL oral solution	16 mL
	Risperidone ODT	0.25 mg disintegrating tablet	2 tablets
	Risperdal M-Tab (risperidone ODT) ^a	0.5 mg disintegrating tablet	2 tablets
	Risperdal M-Tab (risperidone ODT) ^a	1 mg disintegrating tablet	2 tablets
	Risperdal M-Tab (risperidone ODT) ^a	2 mg disintegrating tablet	2 tablets
	Risperdal M-Tab (risperidone ODT) ^a	3 mg disintegrating tablet	2 tablets
	Risperdal M-Tab (risperidone ODT) ^a	4 mg disintegrating tablet	4 tablets
	Risperdal Consta (risperidone)	12.5 mg/vial long-acting injection	2 vials/4 weeks
	Risperdal Consta (risperidone)	25 mg/vial long-acting injection	2 vials/4 weeks
	Risperdal Consta (risperidone)	37.5 mg/vial long-acting injection	2 vials/4 weeks
	Risperdal Consta (risperidone)	50 mg/vial long-acting injection	2 vials/4 weeks
	Saphris (asenapine)	2.5 mg sublingual tablet	2 tablets
	Saphris (asenapine)	5 mg sublingual tablet	2 tablets
	Saphris (asenapine)	10 mg sublingual tablet	2 tablets
	Seroquel (quetiapine) ^a	25 mg tablet	3 tablets
	Seroquel (quetiapine) ^a	50 mg tablet	3 tablets
	Seroquel (quetiapine) ^a	100 mg tablet	3 tablets
	Seroquel (quetiapine) ^a	200 mg tablet	3 tablets
	Seroquel (quetiapine) ^a	300 mg tablet	2 tablets
	Seroquel (quetiapine) ^a	400 mg tablet	2 tablets
	Seroquel XR (quetiapine) ^a	50 mg extended-release tablet	2 tablets
	Seroquel XR (quetiapine) ^a	150 mg extended-release tablet	1 tablet
	Seroquel XR (quetiapine) ^a	200 mg extended-release tablet	1 tablet
	Seroquel XR (quetiapine) ^a	300 mg extended-release tablet	2 tablets
	Seroquel XR (quetiapine) ^a	400 mg extended-release tablet	2 tablets
	Versacloz (clozapine)	50 mg/mL oral suspension	18 mL
	Vraylar (cariprazine)	1.5 mg capsule	1 tablet
	Vraylar (cariprazine)	3 mg capsule	1 tablet
	Vraylar (cariprazine)	4.5 mg capsule	1 tablet
	Vraylar (cariprazine)	6 mg capsule	1 tablet
	Vraylar (cariprazine)	Titration Therapy Pack	1 pack (7 tablets)/180 days
	Zyprexa (olanzapine) ^a	2.5 mg tablet	1 tablet
	Zyprexa (olanzapine) ^a	5 mg tablet	1 tablet
	Zyprexa (olanzapine) ^a	7.5 mg tablet	1 tablet
	Zyprexa (olanzapine) ^a	10 mg tablet	1 tablet

**Antipsychotics, Atypical
AR0319_r0819**

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Zyprexa (olanzapine) ^a	15 mg tablet	1 tablet
	Zyprexa (olanzapine) ^a	20 mg tablet	1 tablet
	Zyprexa (olanzapine) ^a	10 mg/vial injection	3 vials
	Zyprexa Zydis (olanzapine ODT) ^a	5 mg tablet	1 tablet
	Zyprexa Zydis (olanzapine ODT) ^a	10 mg tablet	1 tablet
	Zyprexa Zydis (olanzapine ODT) ^a	15 mg tablet	1 tablet
	Zyprexa Zydis (olanzapine ODT) ^a	20 mg tablet	1 tablet
	Zyprexa Relprevv (olanzapine)	210 mg vial extended-release injection	2 vials/4 weeks
	Zyprexa Relprevv (olanzapine)	300 mg vial extended-release injection	2 vials/4 weeks
	Zyprexa Relprevv (olanzapine)	405 mg vial extended-release injection	1 vial/4 weeks
ARB/Renin Inhibitors	Angiotensin II Receptor Antagonists (ARBs), ARB Combinations		
AR0619	Atacand (candesartan) ^a	4 mg tablets	2 tablets
	Atacand (candesartan) ^a	8 mg tablets	2 tablets
	Atacand (candesartan) ^a	16 mg tablets	2 tablets
	Atacand (candesartan) ^a	32 mg tablets	1 tablet
	Atacand HCT (candesartan/hydrochlorothiazide) ^a	16 mg/12.5 mg tablets	1 tablet
	Atacand HCT (candesartan/hydrochlorothiazide) ^a	32 mg/12.5 mg tablets	1 tablet
	Atacand HCT (candesartan/hydrochlorothiazide) ^a	32 mg/25 mg tablets	1 tablet
	Avapro (irbesartan) ^a	75 mg tablets	1 tablet
	Avapro (irbesartan) ^a	150 mg tablets	1 tablet
	Avapro (irbesartan) ^a	300 mg tablets	1 tablet
	Avalide (irbesartan/hydrochlorothiazide)	150 mg/12.5 mg tablets ^a	1 tablet
	Avalide (irbesartan/hydrochlorothiazide)	300 mg/12.5 mg tablets ^a	1 tablet
	Avalide (irbesartan/hydrochlorothiazide)	300 mg/25 mg tablets ^c	1 tablet
	Azor (amlodipine/olmesartan medoxomil) ^a	5 mg/20 mg tablets	1 tablet
	Azor (amlodipine/olmesartan medoxomil) ^a	5 mg/40 mg tablets	1 tablet
	Azor (amlodipine/olmesartan medoxomil) ^a	10 mg/20 mg tablets	1 tablet
	Azor (amlodipine/olmesartan medoxomil) ^a	10 mg/40 mg tablets	1 tablet
	Benicar (olmesartan) ^a	5 mg tablets	2 tablets
	Benicar (olmesartan) ^a	20 mg tablets	1 tablet
	Benicar (olmesartan) ^a	40 mg tablets	1 tablet
	Benicar HCT (olmesartan/hydrochlorothiazide) ^a	20 mg/12.5 mg tablets	1 tablet
	Benicar HCT (olmesartan/hydrochlorothiazide) ^a	40 mg/12.5 mg tablets	1 tablet
	Benicar HCT (olmesartan/hydrochlorothiazide) ^a	40 mg/25 mg tablets	1 tablet
	Byvalson (nebivolol/valsartan)	5 mg/80 mg tablets	1 tablet
	Cozaar (losartan) ^a	25 mg tablets	2 tablets
	Cozaar (losartan) ^a	50 mg tablets	2 tablets
	Cozaar (losartan) ^a	100 mg tablets	1 tablet
	Diovan (valsartan) ^a	40 mg tablets	2 tablets
	Diovan (valsartan) ^a	80 mg tablets	2 tablets
	Diovan (valsartan) ^a	160 mg tablets	2 tablets
	Diovan (valsartan) ^a	320 mg tablets	1 tablet
	Diovan HCT (valsartan/hydrochlorothiazide) ^a	80 mg/12.5 mg tablets	1 tablet
	Diovan HCT (valsartan/hydrochlorothiazide) ^a	160 mg/12.5 mg tablets	1 tablet
	Diovan HCT (valsartan/hydrochlorothiazide) ^a	160 mg/25 mg tablets	1 tablet
	Diovan HCT (valsartan/hydrochlorothiazide) ^a	320 mg/12.5 mg tablets	1 tablet

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
ARB/Renin Inhibitors AR0619	Diovan HCT (valsartan/hydrochlorothiazide) ^a	320 mg/25 mg tablets	1 tablet	
	Edarbi (azilsartan)	40 mg tablets	1 tablet	
	Edarbi (azilsartan)	80 mg tablets	1 tablet	
	Edarbyclor (azilsartan/chlorthalidone)	40 mg/12.5 mg tablets	1 tablet	
	Edarbyclor (azilsartan/chlorthalidone)	40 mg/25 mg tablets	1 tablet	
	Exforge (amlodipine/valsartan) ^a	5 mg/160 mg tablets	1 tablet	
	Exforge (amlodipine/valsartan) ^a	5 mg/320 mg tablets	1 tablet	
	Exforge (amlodipine/valsartan) ^a	10 mg/160 mg tablets	1 tablet	
	Exforge (amlodipine/valsartan) ^a	10 mg/320 mg tablets	1 tablet	
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) ^a	5 mg/160 mg/12.5 mg tablets	1 tablet	
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) ^a	5 mg/160 mg/25 mg tablets	1 tablet	
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) ^a	10 mg/160 mg/12.5 mg tablets	1 tablet	
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) ^a	10 mg/160 mg/25 mg tablets	1 tablet	
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) ^a	10 mg/320 mg/25 mg tablets	1 tablet	
	Hyzaar (losartan/hydrochlorothiazide) ^a	50 mg/12.5 mg tablets	1 tablet	
	Hyzaar (losartan/hydrochlorothiazide) ^a	100 mg/12.5 mg tablets	1 tablet	
	Hyzaar (losartan/hydrochlorothiazide) ^a	100 mg/25 mg tablets	1 tablet	
	Micardis (telmisartan) ^a	20 mg tablets	1 tablet	
	Micardis (telmisartan) ^a	40 mg tablets	1 tablet	
	Micardis (telmisartan) ^a	80 mg tablets	1 tablet	
	Micardis HCT (telmisartan/hydrochlorothiazide) ^a	40 mg/12.5 mg tablets	1 tablet	
	Micardis HCT (telmisartan/hydrochlorothiazide) ^a	80 mg/12.5 mg tablets	2 tablets	
	Micardis HCT (telmisartan/hydrochlorothiazide) ^a	80 mg/25 mg tablets	1 tablet	
	Teveten (eprosartan)	400 mg tablets	2 tablets	
	Teveten, eprosartan	600 mg tablets	1 tablet	
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) ^a	20 mg/5 mg/12.5 mg tablets	1 tablet	
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) ^a	40 mg/5 mg/12.5 mg tablets	1 tablet	
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) ^a	40 mg/5 mg/25 mg tablets	1 tablet	
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) ^a	40 mg/10 mg/12.5 mg tablets	1 tablet	
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) ^a	40 mg/10 mg/25 mg tablets	1 tablet	
Twynsta (telmisartan/amlodipine) ^a	40 mg/5 mg tablets	1 tablet		
Twynsta (telmisartan/amlodipine) ^a	40 mg/10 mg tablets	1 tablet		
Twynsta (telmisartan/amlodipine) ^a	80 mg/5 mg tablets	1 tablet		
Twynsta (telmisartan/amlodipine) ^a	80 mg/10 mg tablets	1 tablet		
ARB/Renin Inhibitors AR0918	Renin Inhibitors, Renin Inhibitor Combinations			
	Tekturna (aliskiren) ^a	150 mg tablets	1 tablet	
	Tekturna (aliskiren) ^a	300 mg tablets	1 tablet	
	Tekturna HCT (aliskiren/hydrochlorothiazide)	150 mg/12.5 mg tablets	1 tablet	
	Tekturna HCT (aliskiren/hydrochlorothiazide)	150 mg/25 mg tablets	1 tablet	
	Tekturna HCT (aliskiren/hydrochlorothiazide)	300 mg/12.5 mg tablets	1 tablet	
	Tekturna HCT (aliskiren/hydrochlorothiazide)	300 mg/25 mg tablets	1 tablet	
	Biologic Immunomodulators AR0619_r1119	Actemra (tocilizumab)	162 mg/0.9 mL auto-injector	4 auto-injectors/28 days
		Actemra (tocilizumab)	162 mg/0.9 mL syringe	4 syringes/28 days
		Cimzia (certolizumab)	2 x 200 mg/mL syringe, kit	4 syringes/28 days
Cimzia (certolizumab)		6 x 200 mg/mL syringe, starter kit	1 kit/180 days	

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Cosentyx (secukinumab)	150 mg/mL auto-injector pens (2 pens)	1 package of 2 pens/28 days
	Cosentyx (secukinumab)	150 mg/mL auto-injector pens	1 pen/28 days
	Cosentyx (secukinumab)	150 mg/mL syringe	1 syringe/28 days
	Cosentyx (secukinumab)	300 mg/2 mL (2 x 150 mg/mL syringes) syringe	1 package of 2 syringes/28 days
	Enbrel (etanercept)	50 mg/mL syringe	4 syringes/28 days
	Enbrel (etanercept)	50 mg/mL SureClick autoinjector	4 autoinjections/28 days
	Enbrel (etanercept)	25 mg/0.5mL	4 syringes/28 days
	Enbrel (etanercept)	25 mg/vial kit	8 vials/28 days
	Enbrel (etanercept) mini	50 mg/mL mini injector cartridge	4 cartridges/28 days
	Humira (adalimumab)	10 mg/0.1 mL syringe	2 syringes/28 days
	Humira (adalimumab)	10 mg/0.2 mL syringe	2 syringes/28 days
	Humira (adalimumab)	20 mg/0.2 mL syringe, kit	2 syringes/28 days
	Humira (adalimumab)	20 mg/0.4 mL syringe, kit	2 syringes/28 days
	Humira (adalimumab)	40 mg/0.8 mL syringe, kit	2 syringes/28 days
	Humira (adalimumab)	40 mg/0.8 mL pen, kit	2 pens (kits)/28 days
	Humira (adalimumab)	40 mg/0.8 mL pen, Psoriasis Starter kit	4 pens (1 kit) /180 days
	Humira (adalimumab)	40 mg/0.8 mL pen, Crohn's Starter kit, ulcerative colitis, or hidradenitis suppurativa Starter kit	6 pens (1 kit)/180 days
	Humira (adalimumab)	40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (3 syringes)	1 kit/180 days
	Humira (adalimumab)	40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (6 syringes)	1 kit/180 days
	Humira (adalimumab)	40 mg/0.8 mL syringe, kit	2 syringes/28 days
	Humira (adalimumab)	80 mg/0.8 mL syringe, Pediatric Crohn's Disease Starter kit	3 syringes/180 days
	Humira (adalimumab)	40 mg/0.4 mL and 80 mg/0.8 mL syringe, Pediatric Crohn's Disease Starter kit	2 syringes/180 days
	Humira (adalimumab)	40 mg/0.4 mL pen	2 pens/28 days
	Humira (adalimumab)	80 mg/0.8 mL pen, Crohn's disease, ulcerative colitis, or hidradenitis suppurativa Starter kit	3 pens (1 kit)/180 days
	Humira (adalimumab)	80 mg/0.8 mL and 40 mg/0.4 mL pen, Psoriasis, uveitis Starter kit	3 pens (1 kit)/180 days
	Kevzara (sarilumab)	150 mg/1.14 mL pen	2 pens/28 days
	Kevzara (sarilumab)	200 mg/1.14 mL pen	2 pens/28 days
	Kevzara (sarilumab)	150 mg/1.14 mL syringe	2 syringes/28 days
	Kevzara (sarilumab)	200 mg/1.14 mL syringe	2 syringes/28 days
	Kineret (anakinra)	100 mg syringe	28 syringes/28 days
	Olumiant (baricitinib)	1 mg tablet	1 tablet
	Olumiant (baricitinib)	2 mg tablet	30 tablets/30 days
	Orencia (abatacept)	50 mg/0.4 mL syringe	4 syringes/28 days
	Orencia (abatacept)	87.5 mg/ 0.7 mL syringe	4 syringes/28 days
	Orencia (abatacept)	125 mg/mL syringe	4 syringes/28 days
	Orencia (abatacept)	125 mg/mL ClickJect autoinjector	4 autoinjectors/28 days
	Rinvoq (upadacitinib)	15 mg tablet	1 tablet/day
	Siliq (brodalumab) syringe	210 mg/1.5 mL syringe	2 syringes/28 days
	Simponi (golimumab)	50 mg/0.5 mL syringe	1 syringe/28 days

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Simponi (golimumab)	50 mg/0.5 mL auto-injector	1 auto-injector/28 days
	Simponi (golimumab)	100 mg/1 mL syringe	1 syringe/28 days
	Simponi (golimumab)	100 mg/1 mL auto-injector	1 auto-injector/28 days
	Skyrizi (risankizumab)	2 x 75 mg/0.83 mL syringe, kit	2 injections (1 box)/84 days
	Stelara (ustekinumab)	45 mg/0.5 mL syringe	1 syringe/84 days
	Stelara (ustekinumab)	90 mg/1 mL syringe	1 syringe/56 days
	Stelara (ustekinumab)	45 mg/0.5 mL vial	1 vial/84 days
	Taltz (ixekizumab)	80 mg/mL autoinjector	1 syringe/28 days
	Taltz (ixekizumab)	80 mg/mL prefilled syringe	1 syringe/28 days
	Tremfya (guselkumab)	100 mg/mL pen	1 pen/56 days
	Tremfya (guselkumab)	100 mg/mL prefilled syringe	1 syringe/56 days
	Xeljanz (tofacitinib)	5 mg tablet	2 tablets/day
	Xeljanz (tofacitinib)	10 mg tablet	2 tablets/day
	Xeljanz XR (tofacitinib extended release)	11 mg tablet	1 tablet
Buprenorphine and Buprenorphine/Naloxone AR1218_r0919	buprenorphine ^{ac}	2 mg sublingual tablet	15 tablets/90 days
	buprenorphine ^{ac}	8 mg sublingual tablet	15 tablets/90 days
	Bunavail (buprenorphine/naloxone)	2.1 mg/0.3 mg buccal film	3 films/day
	Bunavail (buprenorphine/naloxone)	4.2 mg/0.7 mg buccal film	2 films/day
	Bunavail (buprenorphine/naloxone)	6.3 mg/1 mg buccal film	2 films/day
	Suboxone (buprenorphine/naloxone) ^{ab}	2 mg/0.5 mg sublingual tablet	4 tablets/day
	Suboxone (buprenorphine/naloxone) ^{ab}	8 mg/2 mg sublingual tablet	3 tablets/day
	Suboxone (buprenorphine/naloxone) ^a	2 mg/0.5 mg sublingual film	4 films/day
	Suboxone (buprenorphine/naloxone) ^a	4 mg/1 mg sublingual film	1 film/day
	Suboxone (buprenorphine/naloxone) ^a	8 mg/2 mg sublingual film	2 films/day
	Suboxone (buprenorphine/naloxone) ^a	12 mg/3 mg sublingual film	2 films/day
	Zubsolv (buprenorphine/naloxone)	0.7 mg/0.18 mg sublingual tablet	1 tablet/day
	Zubsolv (buprenorphine/naloxone)	1.4 mg/0.36 mg sublingual tablet	3 tablets/day
	Zubsolv (buprenorphine/naloxone)	2.9 mg/0.71 mg sublingual tablet	1 tablet/day
	Zubsolv (buprenorphine/naloxone)	5.7mg/1.4 mg sublingual tablet	1 tablets/day
	Zubsolv (buprenorphine/naloxone)	8.6 mg/2.1 mg sublingual tablet	2 tablets/day
	Zubsolv (buprenorphine/naloxone)	11.4 mg/2.9 mg sublingual tablet	1 tablet/day
		b – Suboxone brand tablets discontinued but may be available.	c - brand Subutex no longer available
COX-2 AR0319	Celebrex (celecoxib) ^a	50 mg capsule	2 capsules
	Celebrex (celecoxib) ^a	100 mg capsule	2 capsules
	Celebrex (celecoxib) ^a	200 mg capsule	2 capsules
	Celebrex (celecoxib) ^a	400 mg capsule	1 capsule
Transmucosal Immediate Release Fentanyl (TIRF) AR0118	Abstral (fentanyl sublingual tablet)	100 mcg tablet	4 tablets
	Abstral (fentanyl sublingual tablet)	200 mcg tablet	4 tablets
	Abstral (fentanyl sublingual tablet)	300 mcg tablet	4 tablets
	Abstral (fentanyl sublingual tablet)	400 mcg tablet	4 tablets
	Abstral (fentanyl sublingual tablet)	600 mcg tablet	4 tablets
	Abstral (fentanyl sublingual tablet)	800 mcg tablet	4 tablets
	Actiq (fentanyl lozenge) ^a	200 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) ^a	400 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) ^a	600 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) ^a	800 mcg lozenge	4 lozenges

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
Transmucosal Immediate Release Fentanyl (TIRF) AR0118	Actiq (fentanyl lozenge) ^a	1200 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) ^a	1600 mcg lozenge	4 lozenges
	Fentora (fentanyl buccal tablet)	100 mcg tablet	4 tablets
	Fentora (fentanyl buccal tablet)	200 mcg tablet	4 tablets
	Fentora (fentanyl buccal tablet)	400 mcg tablet	4 tablets
	Fentora (fentanyl buccal tablet)	600 mcg tablet	4 tablets
	Fentora (fentanyl buccal tablet)	800 mcg tablet	4 tablets
	Subsys (fentanyl sublingual spray)	100 mcg spray	4 sprays
	Subsys (fentanyl sublingual spray)	200 mcg spray	4 sprays
	Subsys (fentanyl sublingual spray)	400 mcg spray	4 sprays
	Subsys (fentanyl sublingual spray)	600 mcg spray	4 sprays
	Subsys (fentanyl sublingual spray)	800 mcg spray	4 sprays
	Subsys (fentanyl sublingual spray)	1200 mcg spray	8 sprays (4 dose packages of 2 x 600 mcg sprays)
	Subsys (fentanyl sublingual spray)	1600 mcg spray	8 sprays (4 dose package of 2 x 800 mcg sprays)
	GLP-1 Agonists AR1218_r0919	Lazanda (fentanyl nasal spray)	100 mcg/spray
Lazanda (fentanyl nasal spray)		300 mcg/spray	1 bottle
Lazanda (fentanyl nasal spray)		400 mcg/spray	1 bottle
Adlyxin (lixisenatide)		20 mcg/injection 3 mL pens	2 pens / 28 days
Adlyxin (lixisenatide)		Starter Pack (2 pens)	2 pens / 28 days
Byetta (exenatide)		5 mcg/dose prefilled pen	1 prefilled pen (60 doses)/30 days
Byetta (exenatide)		10 mcg/dose prefilled pen	1 prefilled pen (60 doses)/30 days
Bydureon (exenatide ER)		2 mg/vial in single dose tray; 4 trays/carton	1 carton (4 trays/4 doses)/28 days
Bydureon (exenatide ER)		2 mg/pen; 4 pens/carton	1 carton (4 pens)/28 days
Bydureon BCise (exenatide ER)		2 mg/autoinjector; 4 autoinjector/carton	4 autoinjectors/28 days
Ozempic (semaglutide)		2 mg single-patient pen (0.25-0.5 mg per injection)	1 pen/28 days
Ozempic (semaglutide)		2 mg single-patient pen (1 mg per injection)	2 pens/28 days
Rybelsus (semaglutide)		3 mg tablet	1 tablet
Rybelsus (semaglutide)		7 mg tablet	1 tablet
Rybelsus (semaglutide)		14 mg tablet	1 tablet
Glucose Test Strips/Disks/Meters AR0319	Tanzeum (albiglutide)	30 mg single-dose pen	4 pens/28 days
	Tanzeum (albiglutide)	50 mg single-dose pen	4 pens/28 days
	Trulicity (dulaglutide)	0.75 mg / 0.5 mL syringe and pens	4 pens or syringes/28 days
	Trulicity (dulaglutide)	1.5 mg / 0.5 mL syringe and pens	4 pens or syringes/28 days
	Victoza (liraglutide)	18 mg/3 mL pen; 2 pen package	1 pkg (2 pens; 30 doses of 1.2 mg)/30 days
	Victoza (liraglutide)	18 mg/3 mL pen; 3 pen package	1 pkg (3 pens; 30 doses of 1.8 mg)/30 days
	Glucose Test Strips	Glucose test strips	204 strips/testing units/30 days
Glucose Test Disks	Glucose test disks	204 strips/testing units/30 days	
Glucose Test Meters	Sidekick Blood Glucose System	4 systems/30 days	

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
Hereditary Angioedema AR0319_r0719	Berinert (C1-esterase inhibitor)	500 units/10 mL	10 vials or 5,000 U /30 days
	Cinryze (C1-esterase inhibitor)	500 units/10 mL	20 vials or 10,000 U /30 days
	Firazyr (icatibant) ^a	30 mg/3 mL syringe	6 syringes/30 days
	Haegarda (C1 Esterase Inhibitor [Human])	2000 Unit	24 vials/30 days
	Haegarda (C1 Esterase Inhibitor [Human])	3000 Unit	16 vials/30 days
	Kalbitor (Ecallantide)	3 - 10 mg/mL single use vials	4 kits/30 days
	Ruconest (C1 Esterase Inhibitor [recombinant])	2100 unit single use vials	8 vials/30 days
	Takhzyro (Ilanadelumab-flyo)	300 mg/2 mL vial	2 vials/28 days
HoFH AR0319	Juxtapid (lomitapide)	5 mg capsule	1 capsule
	Juxtapid (lomitapide)	10 mg capsule	1 capsule
	Juxtapid (lomitapide)	20 mg capsule	1 capsule
	Juxtapid (lomitapide)	30 mg capsule	1 capsule
	Juxtapid (lomitapide)	40 mg capsule	1 capsule
	Juxtapid (lomitapide)	60 mg capsule	1 capsule
	Kynamro (mipomersen)	200 mg/mL solution	1 injection/week
Insomnia AR0319_r0819	Ambien (zolpidem) ^a	5 mg tablet	1 tablet
	Ambien (zolpidem) ^a	10 mg tablet	1 tablet
	Ambien CR (zolpidem) ^a	6.25 mg extended-release tablet	1 tablet
	Ambien CR (zolpidem) ^a	12.5 mg extended-release tablet	1 tablet
	Belsomra (suvorexant)	5 mg tablet	1 tablet
	Belsomra (suvorexant)	10 mg tablet	1 tablet
	Belsomra (suvorexant)	15 mg tablet	1 tablet
	Belsomra (suvorexant)	20 mg tablet	1 tablet
	Edluar (zolpidem)	5 mg sublingual tablet	1 tablet
	Edluar (zolpidem)	10 mg sublingual tablet	1 tablet
	Intermezzo (zolpidem) ^a	1.75 mg sublingual tablet	1 tablet
	Intermezzo (zolpidem) ^a	3.5 mg sublingual tablet	1 tablet
	Lunesta (eszopiclone) ^a	1 mg tablet	1 tablet
	Lunesta (eszopiclone) ^a	2 mg tablet	1 tablet
	Lunesta (eszopiclone) ^a	3 mg tablet	1 tablet
	Rozerem (ramelteon) ^a	8 mg tablet	1 tablet
	Silenor (doxepin)	3 mg tablet	1 tablet
	Silenor (doxepin)	6 mg tablet	1 tablet
	Sonata (zaleplon) ^a	5 mg capsule	1 capsule
	Sonata (zaleplon) ^a	10 mg capsule	1 capsule
Zolpimist (zolpidem)	Oral Spray 5 mg/actuation	1 canister (60 actuations)/ 30 days	
Insulin Combination AR1218	Soliqua (insulin glargine/lixisenatide)	100 units/mL insulin glargine / 33 mcg/mL lixisenatide	5 pens/30 days
	Xultophy (insulin degludec/liraglutide)	100 units/mL insulin degludec / 3.6 mg liraglutide	5 pens/30 days
CFTR (Kalydeco/Orkambi old name) AR0118_r1119	Kalydeco (ivacaftor)	25 mg oral granules	2 packets
	Kalydeco (ivacaftor)	50 mg oral granules	2 packets
	Kalydeco (ivacaftor)	150 mg tablet	2 tablets
	Orkambi (lumacaftor/ivacaftor)	100 mg/125 mg tablets	4 tablets
	Orkambi (lumacaftor/ivacaftor)	200 mg/125 mg tablets	4 tablets
	Orkambi (lumacaftor/ivacaftor)	100 mg/125 mg granules packet	2 packets
	Orkambi (lumacaftor/ivacaftor)	150 mg/188 mg granules packet	2 packets

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Symdeko (tezacaftor/ivacaftor and ivacaftor co-packaged)	50 mg/75 mg tablet And 75 mg ivacaftor tablet	2 tablets
	Symdeko (tezacaftor/ivacaftor and ivacaftor co-packaged)	100 mg/150 mg tablet and 150 mg ivacaftor tablet	2 tablets
	Trikafta (elexacaftor/tezacaftor/ivacaftor and ivacaftor co-packaged)	100 mg/50 mg/75mg tablet and 150 mg ivacaftor tablet	3 tablets
CGRP AR0319_r1219	Aimovig (erenumab)	70 mg/mL auto-injector pen	1 autoinjector(s)/30 days
	Aimovig (erenumab)	140 mg/mL auto-injector pen	1 autoinjector(s)/30 days
	Ajovy (fremanezumab)	225 mg/1.5 mL prefilled syringe	3 syringe(s)/90 days
	Emgality (galcanezumab)	100 mg/mL syringe	9 syringe(s)/180 days
	Emgality (galcanezumab)	120 mg/mL auto-injector pen	1 autoinjector(s)/30 days
	Emgality (galcanezumab)	120 mg/mL syringe	1 autoinjector(s)/30 days
Ketorolac AR1218	Ketorolac ^a	10 mg tablet	20 tablets/prescription
	Sprix (ketorolac nasal spray)	1.7 g bottle	5 bottles/prescription
	Sprix (ketorolac nasal spray)	1.7 g bottle (5 pack)	1 pack/prescription
Low Molecular Weight Heparins (LMWH) and Arixtra AR0319	Arixtra (fondaparinux)		
	Single-dose syringe	2.5 mg/ 0.5 ml	30 syringes/90 days
	Single-dose syringe	5 mg/ 0.4 ml	30 syringes/90 days
	Single-dose syringe	7.5 mg/0.6 ml	30 syringes/90 days
	Single-dose syringe	10 mg/ 0.8 ml	30 syringes/90 days
	Fragmin (dalteparin)		
	Single-dose syringe	2,500 IU/ 0.2 ml	30 syringes/90 days
	Single-dose syringe	5,000 IU/ 0.2 ml	30 syringes/90 days
	Single-dose syringe	7,500 IU /0.3 ml	30 syringes/90 days
	Single-dose syringe	10,000 IU/ml	30 syringes/90 days
	Single-dose syringe	12,500 IU/0.5 ml	30 syringes/90 days
	Single-dose syringe	15,000 IU/ 0.6 ml	30 syringes/90 days
	Single-dose syringe	18,000 IU/ 0.72 ml	30 syringes/90 days
	Multi-dose vial	95,000 IU/3.8 mL (25,000 IU/ 1 mL)	10 vials/90 days
Low Molecular Weight Heparins (LMWH) and Arixtra AR0319	Lovenox (enoxaparin)		
	Single-dose syringe	30 mg/ 0.3 ml ^a	30 syringes/90 days
	Single-dose syringe	40 mg/ 0.4 ml ^a	30 syringes/90 days
	Single-dose syringe	60 mg/ 0.6 ml ^a	30 syringes/90 days
	Single-dose syringe	80 mg/ 0.8 ml ^a	30 syringes/90 days
	Single-dose syringe	100 mg/ 1 ml ^a	30 syringes/90 days
	Single-dose syringe	120 mg/ 0.8 ml ^a	30 syringes/90 days
	Single-dose syringe	150 mg/ 1 ml ^a	30 syringes/90 days

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Multiple dose vial	300 mg/ 3 ml ^a	10 vials/90 days
Multiple Sclerosis	Aubagio (teriflunomide)	7 mg tablet	1 tablet daily
AR1218_r1119vs2	Aubagio (teriflunomide)	14 mg tablet	1 tablet daily
	Avonex (interferon β-1a)	30 mcg vial	1 vial/week (1 package of 4 vials/28 days)
	Avonex (interferon β-1a)	30 mcg/0.5 mL prefilled syringe	1 vial/week (1 package of 4 vials/28 days)
	Avonex (interferon β-1a)	30 mcg/0.5 mL Autoinjector pen	1 pen/week (1 package of 4 pens/28 days)
	Betaseron (interferon β-1b)	0.3 mg vial + syringe with diluent	14 vial/syringe units (1 box)/28 days
	Copaxone (glatiramer)	20 mg/mL syringe ^a	1 syringe/day (1 box of 30 syringes/30 days)
	Copaxone (glatiramer)	40 mg/mL syringe ^a	12 mLs/ 28 days (40 mg/mL 3 times a week)
	Extavia (interferon β-1b)	0.3 mg vial + syringe with diluent	15 vial/syringe units (1 box)/30 days
	Gilenya (fingolimod)	0.25 mg tablet	1 tablet/day
	Gilenya (fingolimod)	0.5 mg tablet	1 tablet/day
	Glatopa (glatiramer)	20 mg/mL prefilled syringe kit	1 syringe/day (30 syringes/30 days)
	Glatopa (glatiramer)	40 mg/mL prefilled syringe	12 syringes/28 days
	Mayzent (siponimod)	starter pack	12 tablets/180 days
	Mayzent (siponimod)	0.25 mg tablets	4 tablets/day
	Mayzent (siponimod)	2 mg tablets	1 tablet/day
	Mavenclad (cladribine)	10 mg (4 tablet pack)	8 tablets/301 days
	Mavenclad (cladribine)	10 mg (5 tablet pack)	10 tablets/301 days
	Mavenclad (cladribine)	10 mg (6 tablet pack)	12 tablets/301 days
	Mavenclad (cladribine)	10 mg (7 tablet pack)	14 tablets/301 days
	Mavenclad (cladribine)	10 mg (8 tablet pack)	8 tablets/301 days
	Mavenclad (cladribine)	10 mg (9 tablet pack)	9 tablets/301 days
	Mavenclad (cladribine)	10 mg (10 tablet pack)	20 tablets/301 days
	Plegridy (peginterferon β-1a)	Starter kit- syringe	1 kit/180 days
	Plegridy (peginterferon β-1a)	Starter kit- pen-injector	1 kit/180 days
	Plegridy (peginterferon β-1a)	125 mcg/0.5 mL syringe	2 syringes/28 days (1 carton of 2 syringes/28 days)

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	Plegridy (peginterferon β-1a)	125 mcg/0.5mL pen-injector	2 pens/28 days (1 carton of 2 pens/28 days)	
	Rebif (interferon β-1a)	22 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)	
	Rebif Rebido(interferon β-1a)	22 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)	
	Rebif (interferon β-1a)	44 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)	
	Rebif Rebido (interferon β-1a)	44 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)	
	Rebif (interferon β-1a)	Titration pack: 6 x 8.8 mcg/0.2 mL + 6 x 22 mcg/0.5 mL	1 kit/180 days	
	Rebif Rebido (interferon β-1a)	Titration Pack: 6X8.8 mcg/0.2 mL & 6X22 mcg/0.5 mL	1 kit/180 days	
	Tecfidera (dimethyl fumarate)	Starter kit	1 kit/180 days	
	Tecfidera (dimethyl fumarate)	120 mg capsules	14 capsules/180 days	
	Tecfidera (dimethyl fumarate)	240 mg capsules	2 capsules daily	
	Vumerity (diroximel fumarate)	Starter Bottle 231 mg	106 capsules/180 days	
	Vumerity (diroximel fumarate)	231 mg	4 capsules	
Nasal Inhalers AR1218	Antihistamines			
	azalastine 0.1%	137 mcg/spray (30 mL, 200 sprays)	2 bottles/30 days	
	Astepro (azelastine 0.15%) ^a	205.5 mcg/spray (30 mL, 200 sprays)	2 bottles/30 days	
	Patanase (olopatadine) ^a	665 mcg/spray (30.5 gm, 240 sprays)	1 bottle/30 days	
	Anticholinergics			
	Atrovent (ipratropium 0.03%) ^a	21 mcg/spray (30 mL, 345 sprays)	2 bottles/30 days	
	Atrovent (ipratropium 0.06%) ^a	42 mcg/spray (15 mL, 165 sprays)	3 bottles/30 days	
	Corticosteroids			
	Beconase AQ (beclomethasone)	42 mcg/spray (25 gm, 180 sprays)	2 bottles/30 days	
	Flonase (fluticasone propionate) ^a	50 mcg/spray (16 gm, 120 sprays)	1 bottle/30 days	
	Flunisolide	25 mcg/spray (25 mL, 200 sprays)	3 bottles/30 days	
	Nasacort AQ (triamcinolone) ^a	55 mcg/spray (16.5 gm, 120 sprays)	1 bottle/30 days	
	Nasonex (mometasone) ^a	50 mcg/spray (17 gm, 120 sprays)	2 bottles/30 days	
	Omnaris (ciclesonide)	50 mcg/spray (12.5 gm, 120 sprays)	1 bottle/30 days	
	Qnasl (beclomethasone dipropionate)	80 mcg/spray (8.7 gm, 120 sprays)	1 bottle/30 days	
	Qnasl Children (beclomethasone dipropionate)	40 mcg/spray (4.9 gm, 60 sprays)	1 canister/30days	
	Rhinocort Aqua (budesonide) ^a	32 mcg/spray (8.6 gm, 120 sprays)	2 bottles/30 days	
	Xhance (fluticasone)	93 mcg/actuation (16 mLs, 120 sprays)	2 bottles/30 days	
	Zetonna (ciclesonide)	37 mcg/actuation (6.1 gm, 60 actuations)	1 canister/30 days	
		Combinations		

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
Combination NSAIDs AR0319_r0419	Dermacinx Azenase Pak (azelastine/fluticasone)	137 mcg/50 mcg/actuation (1 pak)	1 package/30 days
	Dymista (azelastine/fluticasone)	137 mcg/50 mcg/spray (23 gm, 120 sprays)	1 bottle/30 days
	Consensi (amlodipine/celecoxib)	2.5 mg / 200 mg	1 tablet
	Consensi (amlodipine/celecoxib)	5 mg / 200 mg	1 tablet
	Consensi (amlodipine/celecoxib)	10 mg / 200 mg	1 tablet
	Duexis (ibuprofen/famotidine)	800 mg/26.6 mg tablets	3 tablets
	Vimovo (naproxen/esomeprazole)	375 mg/20 mg tablets	2 tablets
	Vimovo (naproxen/esomeprazole)	500 mg/20 mg tablets	2 tablets
	Yosprala (aspirin/omeprazole)	81 mg/40 mg tablets	1 tablet
	Yosprala (aspirin/omeprazole)	325 mg/40 mg tablets	1 tablet
Nuvigil/armodafinil	Nuvigil/armodafinil ^a	50 mg tablet	1 tablet total
Provigil/modafinil AR0319	Nuvigil/armodafinil ^a	150 mg tablet	(cumulative for ALL agents and strengths)
	Nuvigil/armodafinil ^a	200 mg tablet	
	Nuvigil/armodafinil ^a	250 mg tablet	
	Provigil/modafinil ^a	100 mg tablet	
	Provigil/modafinil ^a	200 mg tablet	
Oncology Self-Aministered AR0619_r1119	Afinitor (everolimus)	2.5 mg tablets	1 tablet
	Afinitor (everolimus)	5 mg tablets	1 tablet
	Afinitor (everolimus)	7.5 mg tablets	1 tablet
	Afinitor (everolimus)	10 mg tablets	1 tablet
	Afinitor Disperz (everolimus)	2 mg tablets	2 tablets
	Afinitor Disperz (everolimus)	3 mg tablets	3 tablets
	Afinitor Disperz (everolimus)	5 mg tablets	2 tablets
	Alecensa (alectinib)	150 mg capsule	8 capsules
	Alunbrig (brigatinib)	30 tablet	6 tablets
	Alunbrig (brigatinib)	90 mg tablet	1 tablet
	Alunbrig (brigatinib)	180 mg tablet	1 tablet
	Balversa (erdafitinib)	3 mg tablet	3 tablets
	Balversa (erdafitinib)	4 mg tablet	2 tablets
	Balversa (erdafitinib)	5 mg tablet	1 tablets
	Bosulif (bosutinib)	100 mg tablets	4 tablets
	Bosulif (bosutinib)	400 mg tablets	1 tablet
	Bosulif (bosutinib)	500 mg tablets	1 tablet
	Braftovi (encorafenib)	50 mg capsules	6 capsules
	Braftovi (encorafenib)	75 mg capsules	6 capsules
	Brukinsa (zanubrutinib)	80 mg capsules	4 capsules
	Cabometyx (cabozantinib)	20 mg tablets	1 tablet
	Cabometyx (cabozantinib)	40 mg tablets	1 tablet
	Cabometyx (cabozantinib)	60 mg tablets	1 tablet
Calquence (acalabrutinib)	100 mg tablets	2 capsules	
Caprelsa (vandetanib)	100 mg tablets	2 tablets	
Caprelsa (vandetanib)	300 mg tablets	1 tablet	

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Cometriq (cabozantinib)	140 mg (oral capsule) daily dose carton	1 carton/28 days
	Cometriq (cabozantinib)	100 mg (oral capsule) daily dose carton	1 carton/28 days
	Cometriq (cabozantinib)	60 mg (oral capsule) daily dose carton	1 carton/28 days
	Copiktra (duvelisib)	15 mg capsule	56 capsules/28 days
	Copiktra (duvelisib)	25 mg capsule	56 capsules/28 days
	Cotellic (cobimetinib)	20 mg tablet	63 tablets/28 days
	Daurismo (glasdegib)	25 mg tablet	60 tablets/30 days
	Daurismo (glasdegib)	100 mg tablet	30 tablets/30 days
	Erivedge (vismodegib)	150 mg capsule	1 capsule
	Erleada (apalutamide)	60 mg tablet	4 tablets
	Farydak (panobinostat)	10 mg capsule	6 capsules/21 days
	Farydak (panobinostat)	15 mg capsule	6 capsules/21 days
	Farydak (panobinostat)	20 mg capsule	6 capsules/21 days
	Gilotrif (afatinib)	20 mg tablet	1 tablet
	Gilotrif (afatinib)	30 mg tablet	1 tablet
	Gilotrif (afatinib)	40 mg tablet	1 tablet
	Gleevec (imatinib) ^a	100 mg tablets	3 tablets
	Gleevec (imatinib) ^a	400 mg tablets	2 tablets
	Ibrance (palbociclib)	75 mg capsule	21 capsules/28 days
	Ibrance (palbociclib)	100 mg capsule	21 capsules/28 days
	Ibrance (palbociclib)	125 mg capsule	21 capsules/28 days
	Iclusig (ponatinib)	15 mg tablet	2 tablets
	Iclusig (ponatinib)	45 mg tablet	1 tablet
	Idhifa (enasidenib)	50 mg tablet	1 tablet
	Idhifa (enasidenib)	100 mg tablet	1 tablet
	Imbruvica (ibrutinib)	70 mg capsule	1 tablet
	Imbruvica (ibrutinib)	140 mg capsule	4 capsules
	Imbruvica (ibrutinib)	140 mg tablet	1 tablet
	Imbruvica (ibrutinib)	280 mg tablet	1 tablet
	Imbruvica (ibrutinib)	420 mg tablet	1 tablet
	Imbruvica (ibrutinib)	560 mg tablet	1 tablet
	Inlyta (axitinib)	1 mg tablets	6 tablets
	Inlyta (axitinib)	5 mg tablets	4 tablets
	Inrebic (fedratinib)	100 mg capsules	4 capsules
	Iressa (gefitinib)	250 mg tablet	1 tablet
	Jakafi (ruxolitinib)	5 mg tablets	2 tablets
	Jakafi (ruxolitinib)	10 mg tablets	2 tablets
	Jakafi (ruxolitinib)	15 mg tablets	2 tablets
	Jakafi (ruxolitinib)	20 mg tablets	2 tablets
	Jakafi (ruxolitinib)	25 mg tablets	2 tablets
	Kisqali (ribociclib)	200 mg tablets	63 tablets/28 days
	Kisqali (ribociclib)	200 mg tablets	21 tablets/28 days

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Kisqali (ribociclib)	200 mg tablets	42 tablets/28 days
	Kisqali (ribociclib)	200 mg tablets	63 tablets/28 days
	Kisqali Femara Pack (ribociclib and letrozole co-packaged)	200 mg ribociclib tablets and 2.5 mg letrozole tablets	91 tablets/28 days
	Kisqali Femara Pack (ribociclib and letrozole co-packaged)	200 mg ribociclib tablets and 2.5 mg letrozole tablets	49 tablets/28 days
	Kisqali Femara Pack (ribociclib and letrozole co-packaged)	200 mg ribociclib tablets and 2.5 mg letrozole tablets	70 tablets/28 days
	Kisqali Femara Pack (ribociclib and letrozole co-packaged)	200 mg ribociclib tablets and 2.5 mg letrozole tablets	91 tablets/28 days
	Lenvima (lenvatinib)	4 mg capsule therapy pack	30 capsules/30 days
	Lenvima (lenvatinib)	8 mg (2 x 4 mg capsules daily) therapy pack	60 capsules/30 days
	Lenvima (lenvatinib)	10 mg capsule therapy pack	30 capsules/30 days
	Lenvima (lenvatinib)	12 mg (3 x 4 mg capsules daily) therapy pack	90 capsules/30 days
	Lenvima (lenvatinib)	14 mg (10 mg and 4 mg capsule daily) therapy pack	60 capsules/30 days
	Lenvima (lenvatinib)	18 mg (10 mg and 2 x 4 mg capsules daily) therapy pack	90 capsules/30 days
	Lenvima (lenvatinib)	20 mg (2 x 10mg capsules daily) therapy pack	60 capsules/30 days
	Lenvima (lenvatinib)	24 mg (2 x 10mg and 1 x 4 mg capsules daily) therapy pack	90 capsules/30 days
	Lonsurf (trifluridine/tipiracil)	15 mg/6.14 mg tablet	100 tablets/28 days
	Lonsurf (trifluridine/tipiracil)	20 mg/ 8.19 mg tablet	80 tablets/28 days
	Lorbrena (lorlatinib)	25 mg tablet	90 tablets/30 days
	Lorbrena (lorlatinib)	100 mg tablet	30 tablets/30 days
	Lynparza (olaparib)	50 mg capsule	16 capsules
	Lynparza (olaparib)	100 mg tablet	4 tablets
	Lynparza (olaparib)	150 mg tablet	4 tablets
	Mekinist (trametinib)	0.5 mg tablet	3 tablets
	Mekinist (trametinib)	2 mg tablet	1 tablet
	Mektovi (binimetinib)	15 mg tablet	6 tablets
	Nerlynx (neratinib)	40 mg tablet	6 tablets
	Nexavar (sorafenib)	200 mg tablets	4 tablets
	Ninlaro (ixazomib)	2.3 mg capsule	3 capsules/28 days
	Ninlaro (ixazomib)	3 mg capsule	3 capsules/28 days
	Ninlaro (ixazomib)	4 mg capsule	3 capsules/28 days
	Nubeqa (darolutamide)	300 mg tablet	4 tablets
	Odomzo (sonidegib)	200 mg capsule	1 capsule
	Piqray (alpelisib)	200 mg daily dose pack (200 mg tablets)	1 tablet
	Piqray (alpelisib)	250 mg daily dose pack (200 mg tablets and 50 mg tablets)	2 tablets
	Piqray (alpelisib)	300 mg daily dose pack (150 mg tablets)	2 tablets
	Pomalyst (pomalidomide)	1 mg capsule	21 capsules/28 days
	Pomalyst (pomalidomide)	2 mg capsule	21 capsules/28 days
	Pomalyst (pomalidomide)	3 mg capsule	21 capsules/28 days

**Oncology Self-Administered
AR0619_r1119**

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Pomalyst (pomalidomide)	4 mg capsule	21 capsules/28 days
	Revlimid (lenalidomide)	2.5 mg capsules	1 capsule
	Revlimid (lenalidomide)	5 mg capsules	1 capsule
	Revlimid (lenalidomide)	10 mg capsules	1 capsule
	Revlimid (lenalidomide)	15 mg capsules	21 capsules/28 days
	Revlimid (lenalidomide)	20 mg capsules	21 capsules/28 days
	Revlimid (lenalidomide)	25 mg capsules	21 capsules/28 days
	Rozlytrek (entrectinib)	100 mg capsules	1 capsule
	Rozlytrek (entrectinib)	200 mg capsules	3 capsules
	Rubraca (rucaparib)	200 mg tablets	4 tablets
	Rubraca (rucaparib)	250 mg tablets	4 tablets
	Rubraca (rucaparib)	300 mg tablets	4 tablets
	Rydapt (midostaurin)	25 mg capsule	8 capsules
	Sprycel (dasatinib)	20 mg tablets	3 tablets
	Sprycel (dasatinib)	50 mg tablets	1 tablet
	Sprycel (dasatinib)	70 mg tablets	1 tablet
	Sprycel (dasatinib)	80 mg tablets	1 tablet
	Sprycel (dasatinib)	100 mg tablets	1 tablet
	Sprycel (dasatinib)	140 mg tablets	1 tablet
	Stivarga (regorafenib)	40 mg tablets	3 tablets (84 tablets/28 days)
	Sutent (sunitinib)	12.5 mg capsules	3 capsules
	Sutent (sunitinib)	25 mg capsules	1 capsule
	Sutent (sunitinib)	37.5 mg capsules	1 capsule
	Sutent (sunitinib)	50 mg capsules	1 capsule
	Tafinlar (dabrafenib)	50 mg capsule	4 capsules
	Tafinlar (dabrafenib)	75 mg capsule	4 capsules
	Tagrisso (osimertinib)	40 mg tablets	1 tablet
	Tagrisso (osimertinib)	80 mg tablets	1 tablet
	Talzenna (talazoparib)	0.25 mg capsule	3 capsules
	Talzenna (talazoparib)	1 mg capsule	1 capsule
	Tarceva (erlotinib) ^a	25 mg tablets	2 tablets
	Tarceva (erlotinib) ^a	100 mg tablets	1 tablet
	Tarceva (erlotinib) ^a	150 mg tablets	1 tablet
	Tasigna (nilotinib)	50 mg capsules	4 capsules
	Tasigna (nilotinib)	150 mg capsules	4 capsules
	Tasigna (nilotinib)	200 mg capsules	4 capsules
	Thalomid (thalidomide)	50 mg capsules	1 capsule
	Thalomid (thalidomide)	100 mg capsules	1 capsule
	Thalomid (thalidomide)	150 mg capsules	2 capsules
	Thalomid (thalidomide)	200 mg capsules	2 capsules
	Tibsovo (ivosidenib)	250 mg tablets	2 tablets
	Turalio (pexidartinib)	200 mg capsules	4 tablets
	Tykerb (lapatinib)	250 mg tablets	6 tablets
	Venclexta (venetoclax)	10 mg tablets	2 tablets
	Venclexta (venetoclax)	50 mg tablets	1 tablet
	Venclexta (venetoclax)	100 mg tablets	6 tablets

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Venclexta (venetoclax)	Starter pack	1 pack (42 tablets)/180 days
	Verzenio (abemaciclib)	50 mg tablets	2 tablets
	Verzenio (abemaciclib)	100 mg tablets	2 tablets
	Verzenio (abemaciclib)	150 mg tablets	2 tablets
	Verzenio (abemaciclib)	200 mg tablets	2 tablets
	Vitrakvi (larotrectinib)	25 mg capsule	6 capsules
	Vitrakvi (larotrectinib)	100 mg capsule	2 capsules
	Vitrakvi (larotrectinib)	20 mg/mL solution	10 mls
	Vizimpro (dacomitinib)	15 mg tablets	1 tablet
	Vizimpro (dacomitinib)	30 mg tablets	1 tablet
	Vizimpro (dacomitinib)	45 mg tablets	1 tablet
	Votrient (pazopanib)	200 mg tablets	4 tablets
	Xalkori (crizotinib)	200 mg capsules	2 capsules
	Xalkori (crizotinib)	250 mg capsules	2 capsules
	Xospata (gilteritinib)	40 mg tablet	3 tablets
	Xpovio (selinexor)	60 mg once weekly therapy pack (20 mg tablets)	12 tablets/28 days
	Xpovio (selinexor)	80 mg once weekly therapy pack (20 mg tablets)	16 tablets/28 days
	Xpovio (selinexor)	80 mg twice weekly therapy pack (20 mg tablets)	32 tablets/28 days
	Xpovio (selinexor)	100 mg once weekly therapy pack (20 mg tablets)	20 tablets/28 days
Oncology Self-Aministered AR0619_r1119	Yonsa (abiraterone acetate)	125 mg tablet	4 capsules
	Xtandi (enzalutamide)	40 mg capsules	4 capsules
	Zejula (niraparib)	100 mg capsules	3 capsules
	Zelboraf (vemurafenib)	240 mg tablets	8 tablets
	Zolinza (vorinostat)	100 mg capsules	4 capsules
	Zydelig (idelalisib)	100 mg tablet	2 tablets
	Zydelig (idelalisib)	150 mg tablet	2 tablets
	Zykadia (ceritinib)	150 mg capsules	3 capsules
	Zykadia (ceritinib)	150 mg tablets	3 tablets
	Zytiga (abiraterone) ^a	250 mg tablets	4 tablets
	Zytiga (abiraterone)	500 mg tablet	2 tablets
Ophthalmic Prostaglandins AR0619_r0919	Lumigan (bimatoprost-0.01%)	2.5 mL bottle	2.5 mL/30 days
	Lumigan (bimatoprost-0.01%)	5 mL bottle	2.5 mL/30 days
	Lumigan (bimatoprost-0.01%)	7.5 mL bottle	2.5 mL/30 days
	bimatoprost-0.03% ^a	2.5 mL bottle	2.5 mL/30 days
	bimatoprost-0.03% ^a	5 mL bottle	2.5 mL/30 days
	bimatoprost-0.03% ^a	7.5 mL bottle	2.5 mL/30 days
	Rescula (unoprostone-0.15%)	5 mL bottle	5 mL/30 days
	Travatan Z (travoprost)	2.5 mL bottle	2.5 mL/30 days
	Travatan Z (travoprost)	5 mL bottle	2.5 mL/30 days
	Travoprost	2.5 mL bottle	2.5 mL/30 days
	Travoprost	5 mL bottle	2.5 mL/30 days
	Vyzulta (latanoprostene bunod)	2.5 mL bottle	2.5 mL/30 days
	Vyzulta (latanoprostene bunod)	5 mL bottle	5 mL/30 days
	Xalatan (latanoprost)	2.5 mL bottle	2.5 mL/30 days
	Xelpros (latanoprost emulsion)	2.5 mL bottle	2.5 mL/30 days

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
Opioids ER AR01218	Zioptan (tafluprost)	0.3 mL/single-use container	1 carton of 30 single-use containers/30 days
	NOTE: a = generic available and included in quantity limit program b- brand not available The following opioid ER products are subject to QL: Avinza (morphine sulfate ER), Belbuca (buprenorphine buccal film), Butrans (buprenorphine),		
Oral Inhalers AR1218_r0919	Anticholinergics		
	Atrovent HFA (ipratropium)	17 mcg/actuation (12.9 gm, 200 actuations)	2 canisters/month
	Combivent ^b (ipratropium/albuterol)	18 mcg/90 mcg/actuation (14.7gm, 200 actuations)	2 canisters/month
	Incruse Ellipta (umeclidinium)	62.5 mcg/blister	30 blisters/month
	Seebri Neohaler (glycopyrrolate)	15.6 mcg/ inhalation (box of 60 capsules)	60 inhalation capsule/month
	Spiriva Handihaler (tiotropium)	18 mcg/inhalation (carton of 5, 30, or 90 capsules)	30 capsules/month
	Spiriva Respimat (tiotropium)	1.25 mcg/actuation (4 g cartridge)	1 cartridge/month
	Spiriva Respimat (tiotropium)	2.5 mcg/actuation (4 g cartridge)	1 cartridge/month
	Tudorza Pressair (aclidinium bromide)	400 mcg/actuation (1 canister, 60 actuations)	1 canister/month
	Short-Acting Beta Agonists		
	Maxair ^b (pirbuterol)	200 mcg/actuation (14 gm, 400 actuations)	1 canister/month
	ProAir HFA, Albuterol sulfate HFA	90 mcg/actuation (8.5 gm, 200 actuations)	2 canisters/month
	Proventil HFA (albuterol sulfate)	90 mcg/actuation (6.7 gm, 200 actuations)	2 canisters/month
	ProAir Respiclick (albuterol sulfate)	90 mcg/actuation (200 actuations)	2 inhalers/month
	ProAir Digihaler (albuterol sulfate)	90 mcg/actuation (200 actuations)	2 inhalers/month
	Ventolin HFA, Albuterol sulfate HFA	90 mcg/actuation (18 gm, 200 actuations)	2 canisters/month
	Ventolin HFA (albuterol sulfate)	90 mcg/actuation (8 gm, 60 actuations)	2 canisters/month
	Xopenex HFA (levalbuterol)	45 mcg/actuation (15 gm, 200 actuations)	2 canisters/month
	Long-Acting Beta Agonists		
	Arcapta Neohaler (indacaterol)	75 mcg/inhalation (Neohaler inhaler and box of 5 blister cards of 6 capsules each, total 30)	1 box (30 capsules)/month
	Foradil (formoterol)	12 mcg/inhalation (Aerolizer inhaler and blister pack of 12 or 60)	1 blister pack of 12 or 1 blister pack of 60/month
	Serevent (salmeterol)	50 mcg/inhalation (disposable inhalation device and 60 blisters)	1 package (60 blisters)/month
	Striverdi Respimat (olodaterol)	2.7 mcg/actuation (inhalation device and 60 actuation cartridge)	1 cartridge (60 actuations)/month
Corticosteroids/Corticosteroid Combinations			
Advair Diskus (flutiasone/sameterol)	100 mcg/50 mcg (inhalation device, 60 blisters)	1 package (60 blisters)/month	
Advair Diskus (flutiasone/sameterol)	250 mcg/50 mcg per inhalation (disposable inhalation device and 60 blisters)	1 package (60 blisters)/month	
Advair Diskus (flutiasone/sameterol)	500 mcg/50 mcg per inhalation (disposable inhalation device and 60 blisters)	1 package (60 blisters)/month	
Advair HFA (fluticasone/ salmeterol)	45 mcg/21 mcg (12 gm, 120 actuations)	1 canister/month	
Advair HFA (fluticasone/ salmeterol)	115 mcg/21 mcg (12 gm, 120 actuations)	1 canister/month	
Advair HFA (fluticasone/ salmeterol)	230 mcg/21 mcg (12 gm, 120 actuations)	1 canister/month	
Aerospan (flunisolide)	80 mcg per inhalation (8.9 gm, 120 actuations)	2 canisters/month	
AirDuo Respiclick,Fluticasone/Salmeterol	55 mcg/14 mcg (0.45 gm, 60 actuations)	1 inhaler/month	
AirDuo Respiclick,Fluticasone/Salmeterol	113 mcg/14 mcg (0.45 gm, 60 actuations)	1 inhaler/month	
AirDuo Respiclick,Fluticasone/Salmeterol	100mcg/50 mcg (0.45 gm, 60 actuations)	1 inhaler/month	

**Oral Inhalers
AR1218_r1019**

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Alvesco (ciclesonide)	80 mcg/actuation (6.1 gm, 60 actuations)	1 canister/month
	Alvesco (ciclesonide)	160 mcg/actuation (6.1 gm, 60 actuations)	2 canisters/month
	Armonair Respiclick (fluticasone)	55 mcg/actuation (0.9 g, 60 actuations)	1 inhaler/month
	Armonair Respiclick (fluticasone)	113 mcg/actuation (0.9 g, 60 actuations)	1 inhaler/month
	Armonair Respiclick (fluticasone)	232 mcg/actuation (0.9g, 60 actuations)	1 inhaler/month
	Arnuity Ellipta (fluticasone)	50 mcg/blister	30 blisters/month
	Arnuity Ellipta (fluticasone)	100 mcg/blister	
	Arnuity Ellipta (fluticasone)	200 mcg/blister	30 blisters/month
	Asmanex (mometasone)	110 mcg/actuation (30 actuations)	1 canister/month
	Asmanex (mometasone)	220 mcg/actuation (30, 60, 120 actuations)	1 canister/month
	Asmanex HFA (mometasone)	100 mcg/actuation (13 gm, 120 actuations)	1 canister/month
	Asmanex HFA (mometasone)	200 mcg/actuation (13 gm, 120 actuations)	1 canister/month
	Breo Elipta (fluticasone/vilanterol)	100 mcg/25 mcg (60 blisters, 30 actuations)	1 package (60 blisters)/month
	Breo Ellipta (fluticasone/vilanterol)	200 mcg/25 mcg (60 blisters, 30 actuations)	1 package (60 blisters)/month
	Dulera (mometasone/formoterol)	100 mcg/5 mcg (13 gm, 120 actuations)	1 canister/month
	Dulera (mometasone/formoterol)	200 mcg/5 mcg (13 gm, 120 actuations)	1 canister/month
	Flovent HFA (fluticasone)	44 mcg/actuation (10.6 gm, 120 actuations)	1 canister/month
	Flovent HFA (fluticasone)	110 mcg/actuation (12 gm, 120 actuations)	1 canister/month
	Flovent HFA (fluticasone)	220 mcg/actuation (12 gm, 120 actuations)	2 canisters/month
	Flovent Diskus (fluticasone)	50 mcg/inhalation (60 blisters/carton)	1 carton/month
	Flovent Diskus (fluticasone)	100 mcg/inhalation (60 blisters/carton)	1 carton/month
	Flovent Diskus (fluticasone)	250 mcg/inhalation (60 blisters/carton)	4 cartons/month
	Pulmicort Flexhaler (budesonide)	90 mcg/actuation (60 actuations)	1 canister/month
	Pulmicort Flexhaler (budesonide)	180 mcg/actuation (120 actuations)	2 canisters/month
	Qvar (beclomethasone)	40 mcg/actuation (8.7 gm, 120 actuations)	1 canister/month
	Qvar (beclomethasone)	80 mcg/actuation (8.7 gm, 120 actuations)	2 canisters/month
	Qvar Redihaler	40 mcg/actuation (10.6 gm, 120 actuations)	1 canister/month
	Qvar Redihaler	80 mcg/actuation (10.6 gm, 120 actuations)	2 canisters/month
	Symbicort (budesonide/formoterol)	80 mcg/4.5 mcg (10.2 gm, 120 actuations)	1 canister/month
	Symbicort (budesonide/formoterol)	160 mcg/4.5 mcg (10.2 gm, 120 actuations)	1 canister/month
	Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)	100 mcg/62.5 mcg/25 mcg (30 inhalations)	1 inhaler/month
	Anticholinergic/Long-Acting Beta Agonist Combination		
	Anoro Ellipta (umeclidinium/vilanterol)	62.5 mcg/25 mcg (60 blisters, 30 actuations)	1 package (60 blisters)/month
	Bevespi Aerosphere (glycopyrrolate and formoterol)	9 mcg/4.8 mcg (120 inhalation canister)	1 canister/month
	Duaklir Pressair (aclidinium bromide/formoterol fumarate)	400 mcg/12 mcg (60 actuations)	1 inhaler/month
	Stiolto Respimat (tiotropium/olodaterol)	2.5 mcg/2.5 mcg (4 grams, 60 actuations)	1 cartridge/month
	Utibron Neohaler (indacaterol/glycopyrrolate)	27.5 mcg/15.6 mg/inhalation (Box of 60 inhalation capsules)	60 inhalation capsules/month
Otezla AR0619	Otezla (apremilast)	10 mg, 20 mg & 30 mg tablet starter pack (four week)	55 tablets/180 days
	Otezla (apremilast)	30mg tablets	2 tablets/day
PAH (pulmonary arterial hypertension) AR0319_r0619vs2	Adcirca (tadalafil)	20 mg tablet	2 tablets
	Adempas (riociguat)	0.5 mg tablet	3 tablets
	Adempas (riociguat)	1 mg tablet	3 tablets
	Adempas (riociguat)	1.5 mg tablet	3 tablets
	Adempas (riociguat)	2 mg tablet	3 tablets

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Adempas (riociguat)	2.5 mg tablet	3 tablets
	Letairis (ambrisentan)	5 mg tablet ^a	1 tablet
	Letairis (ambrisentan)	10 mg tablet ^a	1 tablet
	Opsumit (macitentan)	10 mg tablet	1 tablet
	Revatio (sildenafil) ^a	20 mg tablet	3 tablets
	Revatio (sildenafil) ^a	10 mg/mL suspension	2 bottles (224 mL)/30 days
	Tracleer (bosentan)	32 mg	4 tablets
	Tracleer (bosentan) ^a	62.5 mg tablet	2 tablets
	Tracleer (bosentan) ^a	125 mg tablet	2 tablets
	Tyvaso (inhaled treprostinil)	0.6 mg/mL system starter kit	1 kit/180 days
	Tyvaso (inhaled treprostinil)	0.6 mg/mL system refill kit	1 package of 28 ampules/28 days
	Tyvaso (inhaled treprostinil)	0.6 mg/mL 4 pack carton	7 packages of 4 ampules/28 days
	Tyvaso (inhaled treprostinil)	Institutional starter kit	1 kit/180 days
	Ventavis (iloprost)	10 mcg/mL inhalation solution	9 packages of 30 ampules/30 days
	Ventavis (iloprost)	20 mcg/mL inhalation solution	9 packages of 30 ampules/30 days
	Uptravi (selexipag)	Titration pack	1 pack/180 days
	Uptravi (selexipag)	200 mcg tablet	2 tablets
	Uptravi (selexipag)	Titration Bottle 200 mcg tablet	140 tablets/180 days
	Uptravi (selexipag)	400 mcg tablet	2 tablets
	Uptravi (selexipag)	600 mcg tablet	2 tablets
	Uptravi (selexipag)	800 mcg tablet	2 tablets
	Uptravi (selexipag)	1000 mcg tablet	2 tablets
	Uptravi (selexipag)	1200 mcg tablet	2 tablets
	Uptravi (selexipag)	1400 mcg tablet	2 tablets
	Uptravi (selexipag)	1600 mcg tablet	2 tablets
Pain Medications	Ibuprofen Combinations		
	Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	8 tablets
	Acetaminophen/Codeine Combinations		
	Cocet (acetaminophen/codeine)	650 mg/30 mg tablet	6 tablets
	Cocet Plus (acetaminophen/codeine)	650 mg/60 mg tablet	6 tablets
	Acetaminophen/Hydrocodone Combinations		
	Allzital (butalbital/acetaminophen)	25 mg/325 mg tablet	12 tablets
	Butalbital Combinations		
	Butalbital Compound (butalbital/aspirin/caffeine) ^a	50 mg/325 mg/40 mg tablet	6 tablets
	Butalbital Compound (butalbital/aspirin/caffeine) ^a	50 mg/325 mg/40 mg capsule	6 capsules
	Butalbital/Acetaminophen ^a	50 mg/325 mg tablet	6 tablets
	Vanatol LQ (butalbital/acetaminophen/caffeine)	50 mg/325 mg/40 mg/15 mL solution	90 mLs
	butalbital/acetaminophen/caffeine	50 mg/325 mg/40 mg capsule	6 capsules
	Esgic (butalbital/acetaminophen/caffeine) ^a	50 mg/325 mg/40 mg tablet	6 tablets
	Orbivan (butalbital/acetaminophen/caffeine) ^a	50 mg/300 mg/40 mg capsule	6 capsules
	Bupap/Orbivan CF (butalbital/acetaminophen) ^a	50 mg/300 mg tablet	6 tablets
	Butal/APAP (butalbital/acetaminophen)	50 mg/300 mg capsule	6 capsules
	pentazocine/naloxone	50 mg/0.5 mg tablet	12 tablets

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
PPI AR0619_r0819	Aciphex (rabeprazole)	20 mg delayed-release tablets ^a	1 tablet
	Aciphex (rabeprazole)	5 mg delayed-release capsules	1 capsule
	Aciphex (rabeprazole)	10 mg delayed-release capsules	1 capsule
	Dexilant (dexlansoprazole)	30 mg delayed-release capsules	1 capsule
	Dexilant (dexlansoprazole)	60 mg delayed-release capsules	1 capsule
	Esomeprazole strontium	24.65 mg delayed-release capsules	1 capsule
	Esomeprazole strontium	49.3 mg delayed-release capsules	1 capsule
	Nexium (esomeprazole) ^a	20 mg delayed-release capsules	1 capsule
	Nexium (esomeprazole) ^a	40 mg delayed-release capsules	1 capsule
	Nexium (esomeprazole)	2.5 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	5 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	10 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	20 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	40 mg delayed-release oral suspension	1 packet
	Prevacid (lansoprazole)	15 mg delayed-release capsules ^a	1 capsule
	Prevacid (lansoprazole)	30 mg delayed-release capsules ^a	1 capsule
	Prevacid (lansoprazole)	15 mg delayed-release orally disintegrating tablet ^a	1 tablet
	Prevacid (lansoprazole)	30 mg delayed-release orally disintegrating tablet ^a	1 tablet
	Prilosec (omeprazole)	10 mg delayed-release capsules ^b	1 capsule
	Prilosec (omeprazole)	20 mg delayed-release capsules ^a	1 capsule
	Prilosec (omeprazole)	40 mg delayed-release capsules ^b	1 capsule
	Prilosec (omeprazole)	2.5 mg oral suspension (packets)	2 packets
	Prilosec (omeprazole)	10 mg oral suspension (packets)	1 packet
	Protonix (pantoprazole)	40 mg delayed-release oral suspension (packets)	1 packet
	Protonix (pantoprazole)	20 mg delayed-release tablets ^a	1 tablet
	Protonix (pantoprazole)	40 mg delayed-release tablets ^a	1 tablet
	Zegerid (omeprazole/sodium bicarbonate)	20 mg immediate-release capsules ^a	1 capsule
	Zegerid (omeprazole/sodium bicarbonate)	40 mg immediate-release capsules ^a	1 capsule
	Zegerid (omeprazole/sodium bicarbonate)	20 mg powder for oral suspension (packets) ^a	1 packet
	Zegerid (omeprazole/sodium bicarbonate)	40 mg powder for oral suspension (packets) ^a	1 packet
Parathyroid Hormone Analog			
	Forteo (teriparatide)	250 mcg/mL injection	1 pen (2.4 ml)/28 days
AR0918			
	Tymlos (abaloparatide)	2000 mcg/mL injection	1 pen (1.56 ml)/30 days
Topical NSAIDs			
AR1218			
	Flector (diclofenac epolamine)	180 gram topical patch (1.3% in aqueous base)	60 patches/30 days
	Pennsaid (diclofenac sodium) ^a	1.5% topical solution	300 mL (2 bottles)/30 days
	Pennsaid (diclofenac sodium)	2% topical solution	2 pumps (224 gm)/28 days
	Voltaren Gel (diclofenac sodium) ^a	1% topical gel	1000 grams (10 tubes)/30 days
Triptans AR0319 (name change from Xenazine)			
AR1218_r0519			
	a - brand and generics included in quantity limit program The following triptans are subject to QL: Amerge (naratriptan) Tablets, Axert (almotriptan) Tablets, Frova (frovatriptan) Tablets, Imitrex		
	Austedo (deutetrabenazine)	6 mg	2 tablets
	Austedo (deutetrabenazine)	9 mg	4 tablets
	Austedo (deutetrabenazine)	12 mg	4 tablets
	Ingrezza (valbenzaine)	40 mg	1 capsule
	Ingrezza (valbenzaine)	80 mg	1 capsule
	Ingrezza (valbenzaine)	40 mg (7) and 80 mg (21) titration pack	28 capsules (1 box)/180 days
	Xenazine (tetrabenazine)	12.5 mg tablet	8 tablets

BlueCross BlueShield of North Dakota Quantity Limit Program Criteria

Program

Target Drug

Dosage/Strength

**Quantity Limit
(Units/Day or as noted)**

NOTE: a = generic available and included in quantity limit program b- brand not available
Xenazine (tetrabenazine)

25 mg tablet

4 tablets