

Blue Cross Blue Shield of North Dakota Restricted Use List – Prior Approval

Restricted Use Drug -A Prescription Medication or Drug that may require Prior Approval and/or be subject to a limited dispensing amount.

Key Definitions		
CE	Coverage Exception	For Qualified Health Plans (QHP), this is a Non-Formulary drug excluded from coverage. If seeking coverage, a Coverage Exception Form must be submitted for review The coverage exception form can be found on the link below: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSND/COMMERCIAL/NDIVLDRUG/ND_HIM_Coverage_Exception.pdf OR https://www.myprime.com/en/coverage-exception-form.html
F	Formulary Drug	A Brand Name or Generic Prescription Drug that has been determined to be safe, therapeutically effective, high quality, and cost-effective as determined by a committee of Physicians and Pharmacists based on current data.
MED	Medical Drug	A drug that is covered under the medical benefit and requires Prior Approval Prior authorization form for medical drugs can be found on the link below https://www.bcbsnd.com/content/dam/bcbsnd/documents/forms/providers/precertification/outpatient-fillable.pdf
NF	Non-Formulary Drug	A Prescription Medication or Drug that is not a Formulary Drug
PA	Prior Approval	A drug that requires Prior Approval. Prior authorization form for pharmacy drugs can be found on the link below: https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html
QHP	Qualified Health Plan	BlueCare, BlueDirect, BlueEssential, BluePartner, BluePrime and SimplyBlue
*	n/a	Not all benefit plans cover Weight Loss medications. Please contact a Member Services representative for specific coverage information.

The following List of Drugs represents the drugs requiring Prior Approval (PA)

- **This entire list applies to the commercial population.**
- PA/CE prior authorization form for pharmacy drugs can be found on the link below:
 - <https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html>
- MED prior authorization form for medical drugs can be found on the link below:
 - <https://www.bcbsnd.com/content/dam/bcbsnd/documents/forms/providers/precertification/outpatient-fillable.pdf>
- Specific criteria must be met before medication is covered under the pharmacy benefit. Unless otherwise noted, if a prior approval is granted, the drug will be allowed at the Formulary benefit level.
- Both brand name drugs and generic equivalents require Prior Approval. Please see separate documents for drugs requiring Prior Approval, due to a Utilization Management Quantity Limit or a Step Therapy edit.

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2020 AND 2021
TOPICAL ACNE & SKIN: Prior approval (PA) required for age >40	AKLIEF	TRIFAROTENE	CE
	ARAZLO	TAZAROTENE	CE
	ATRALIN	TRETINOIN	CE
	ALTRENO	TRETINOIN	CE

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	AVITA	TRETINOIN	PA
	DIFFERIN	ADAPALENE	PA, CE (for Brand only)
	FABIOR	TAZAROTENE	PA, CE (for Brand only)
	RETIN-A, RETIN-A MICRO	TRETINOIN	PA, CE (for Brand only)
	TAZORAC	TAZAROTENE	PA
ANTIFUNGALS (oral)	CRESEMBA	ISAVUCONAZONIUM	PA
	NOXAFIL	POSACONAZOLE	PA
	POSACONAZOLE	POSACONAZOLE	PA
	VFEND	VORICONAZOLE	PA, CE (for Brand only)
AUTOIMMUNE INFLAMMATORY DISORDERS	ACTEMRA (IV)	TOCILIZUMAB	MED
	ACTEMRA (subcutaneous)	TOCILIZUMAB	PA
	ARCALYST	RILONACEPT	PA
	AVSOLA	INFLIXIMAB-AXXQ	MED
	CIMZIA	CERTOLIZUMAB	PA
	CIMZIA lyophilized powder	CERTOLIZUMAB	MED
	COSENTYX	SECUKINUMAB	PA
	ENBREL	ETANERCEPT	PA
	ENTYVIO	VEDOLIZUMAB	MED
	GAMIFANT	EMAPALUMAB-LZSG	MED
	HUMIRA	ADALIMUMAB	PA
	ILARIS	CANAKINUMAB	CE
	ILUMYA	TILDRAKIZUMAB	MED
	INFLECTRA	INFLIXIMAB-DYYB	MED
	KEVZARA	SARILUMAB	CE
	KINERET	ANAKINRA	PA
	OLUMIANT	BARICITINIB	CE
	ORENCIA	ABATACEPT	PA
	ORENCIA IV	ABATACEPT	MED
	OTEZLA	APREMILAST	PA
	REMICADE	INFLIXIMAB	MED
	RIABNI	RITUXIMAB-ARRX	MED
	RINVOQ	UPADACITINIB	CE
	RENFLIXIS	INFLIXIMAB-ABDA	MED
	RITUXAN	RITUXIMAB	MED
	RITUXAN HYCELA	RITUXIMAB-HYALURONIDASE	MED
SILIQ	BRODALUMAB	CE	

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	SIMPONI	GOLIMUMAB	PA
	SIMPONI ARIA	GOLIMUMAB	MED
	SKYRIZI	RISANKIZUMAB-RZAA	PA
	STELARA	USTEKINUMAB	PA
	STELARA IV	USTEKINUMAB	MED
	TALTZ	IXEKIZUMAB	PA
	TREMFYA	GUSELKUMAB	CE
	XELJANZ, XELJANZ XR	TOFACITINIB	PA
CANCER— ORALLY ADMINISTERED	AFINITOR/AFINITOR DISPERZ	EVEROLIMUS	PA
	ALECENSA	ALECTINIB	PA
	ALUNBRIG	BRIGATINIB	PA
	AYVAKIT	AVAPRITINIB	CE
	BALVERSA	ERDAFITINIB	CE
	BOSULIF	BOSUTINIB	PA
	BRAFTOVI	ENCORAFENIB	PA
	BRUKINSA	ZANUBRUTINIB	CE
	CABOMETYX	CABOZANTINIB	PA
	CALQUENCE	ACALABRUTINIB	PA
	CAPRELSA	VANDETANIB	PA
	COMETRIQ	CABOZANTINIB S-MAL	PA
	COPIKTRA	DUVELSIB	PA
	COTELLIC	COBIMETINIB	PA
	DAURISMO	GLASDEGIB	PA
	ERIVEDGE	VISMODEGIB	PA
	ERLEADA	APALUTAMIDE	PA
	FARYDAK	PANOBINOSTAT LACTATE	PA
	FOTIVDA	TIVOZANIB HCL	CE
	GAVRETO	PRALSETINIB	CE
	GILOTRIF	AFATINIB DIMALEATE	PA
	GLEEVEC	IMATINIB MESYLATE	PA, CE (brand only)
	HEXALEN	ALTRETAMINE	PA
	HYCAMTIN	TOPOTECAN	PA
	IBRANCE	PALBOCICLIB	PA
	ICLUSIG	PONATINIB	PA
	IDHIFA	ENASIDENIB	PA
IMBRUVICA	IBRUTINIB	PA	

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	INLYTA	AXITINIB	PA
	INREBIC	FEDRATINIB	CE
	INQOVI	DECITABINE-CEDAZURIDINE	CE
	IRESSA	GEFITINIB	PA
	JAKAFI	RUXOLITINIB	PA
	KISQALI	RIBOCICLIB	PA
	KISQALI/FEMARA DOSE PAK	RIBOCICLIB/LETROZOLE	PA
	KOSELUGO	SELUMETINIB	CE
	LAPATINIB DITOSYLATE	LAPATINIB DITOSYLATE	PA
	LENVIMA	LENVATINIB MESYLATE	PA
	LORBRENA	LORLATINIB	PA
	LONSURF	TRIFLURIDINE-TIPIRACIL	PA
	LYNPARZA	OLAPARIB	PA
	LYSODREN	MITOTANE	PA
	MATULANE	PROCARBAZINE	PA
	MEKINIST	TRAMETINIB	PA
	MEKTOVI	BINIMETINIB	PA
	NERLYNX	NERATINIB	PA
	NEXAVAR	SORAFENIB	PA
	NINLARO	IXAZOMIB	PA
	NUBEQA	DAROLUTAMIDE	CE
	ODOMZO	SONIDEGIB	PA
	ONUREG	AZACITIDINE TAB	CE
	PEMAZYRE	PEMIGATINIB	CE
	PIQRAY	ALPELISIB	PA
	POMALYST	POMALIDOMIDE	PA
	QINLOCK	RIPRETINIB	CE
	RETEVMO	SELPERCATINIB	CE
	REVLIMID	LENALIDOMIDE	PA
	ROZLYTREK	ENTRECTINIB	CE
	RUBRACA	RUCAPARIB	PA
	RYDAPT	MIDOSTAURIN	PA
	SPRYCEL	DASATINIB	PA
	STIVARGA	REGORAFENIB	PA
	SUTENT	SUNITINIB	PA
	TABRECTA	CAPMATINIB	CE

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	TAFINLAR	DABRAFENIB	PA
	TAGRISSO	OSIMERTINIB	PA
	TALZENNA	TALAZOPARIB	PA
	TARCEVA	ERLOTINIB	PA
	TARGRETIN	BEXAROTENE	PA, CE (brand only)
	TASIGNA	NILOTINIB	PA
	TAZVERIK	TAZEMETOSTAT	CE
	TEMODAR	TEMOZOLOMIDE	PA, CE (brand only)
	TEPMETKO	TEPOTINIB	CE
	THALOMID	THALIDOMIDE	PA
	TIBSOVO	IVOSIDENIB	PA
	TRETINOIN	TRETINOIN	PA
	TUKYSA	TUCATINIB	CE
	TURALIO	PXIDARTINIB	CE
	TYKERB	LAPATINIB	PA
	UKONIQ	UMBRALISIB TOSYLATE	CE
	VENCLEXTA	VENETOCLAX	PA
	VERZENIO	ABEMACICLIB	PA
	VITRAKVI	LAROTRECTINIB	PA
	VIZIMPRO	DACOITINIB	PA
	VOTRIENT	PAZOPANIB	PA
	XALKORI	CRIZOTINIB	PA
	XELODA	CAPECITABINE	PA, CE (brand only)
	XOSPATA	GLITERITINIB	PA
	XPOVIO	SELINEXOR	PA
	XTANDI	ENZALUTAMIDE	PA
	YONSA	ABIRATERONE	PA
	ZEJULA	NIRAPARIB	PA
	ZELBORAF	VEMURAFENIB	PA
	ZOLINZA	VORINOSTAT	PA
	ZYDELIG	IDELALISIB	PA
	ZYKADIA	CERITINIB	PA
	ZYTIGA	ABIRATERONE	PA
CANCER—INJECTABLE	ADCETRIS	BRENTUXIMAB	MED
	ALIQOPA	COPANLISIB	MED
	ASPARLAS	CALASPARGASE PEGOL-MKNL	MED

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	AVASTIN	BEVACIZUMAB	MED
	BAVENCIO	AVELUMAB	MED
	BELEODAQ	BELINOSTAT	MED
	BELRAPZO	BENDAMUSTINE	MED
	BENDAMUSTINE	BENDAMUSTINE	MED
	BENDEKA	BENDAMUSTINE	MED
	BESPONSA	INOTUZUMAB	MED
	BLENREP	BELANTAMAB MAFODOTIN	MED
	BLINCYTO	BLINATUMOMAB	MED
	BREYANZI	LISOCABTAGENE MARALEUCEL	MED
	CYRAMZA	RAMUCIRUMAB	MED
	DANYELZA	NAXITAMAB-GQGK	MED
	DARZALEX	DARATUMUMAB	MED
	DARZALEX FASPRO	TARATUMUMAB AND HYALURONIDASE-FIHJ	MED
	ELZONRIS	TAGRAXOFUSP	MED
	EMPLICITI	ELOTUZUMAB	MED
	ENHERTU	FAM-TRASTUZUMAB DERUXTECAN-NXKI	MED
	ERBITUX	CETUXIMAB	MED
	ERWINAZE	ASPARAGINASE ERWINIA CHRYSANTHEMI	MED
	FOLOTYN	PRALATREXATE	MED
	GAZYVA	OBINUTUZUMAB	MED
	HALAVEN	ERIBULIN MESYLATE	MED
	HERCEPTIN	TRASTUZUMAB	MED
	HERCEPTIN HYLECTA	TRASTUZUMAB & HYALURONIDASE-OYSK	MED
	HERZUMA	TRASTUZUMAB-PKRB	MED
	IMFINZI	DURVALUMAB	MED
	ISTODAX	ROMIDEPSIN	MED
	IXEMPRA	IXABEPILONE	MED
	KADCYLA	ADO-TRASTUZUMAB EMTANSINE	MED
	KANJINTI	TRASTUZUMAB-ANNS	MED
	KEYTRUDA	PEMBROLIZUMAB	MED
	KYMRIAH	TISAGENLECLEUCEL	MED
	KYPROLIS	CARFILZOMIB	MED
	LIBTAYO	CEMPIIMAB-RWLC	MED
	MARGENZA	MARGETUXIMAB-CMKB	MED
	MONJUVI	TAFASITAMAB - CXIX	MED

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	MVASI	BEVACIZUMAB-AWWB	MED
	OGIVRI	TRASTUZUMAB-DKST	MED
	ONCASPAR	PEGASPARGASE	MED
	ONIVYDE	IRINOTECAN LIPOSOMAL	MED
	OPDIVO	NIVOLUMAB	MED
	PADCEV	ENFORTUMAB VEDOTIN-EJFV	MED
	PERJETA	PERTUZUMAB	MED
	PHESGO	PERTUZUMAB – TRASTUZUMAB – HYALURONIDASE – ZZXF	MED
	POLIVY	POLATUZUMAB	MED
	POTELIGEO	MOGAMULIZUMAB	MED
	RITUXAN	RITUXIMAB	MED
	RUXIENCE	RITUXIMAB-PVVR	MED
	SARCLISA	ISATUXIMAB-IRFC	MED
	SYLATRON	PEGINTERFERON ALFA-2B	PA
	SYNRIBO	OMACETAXINE MEPESUCCINATE	MED
	TECARTUS	BREXUCABTAGENE AUTOLEUCEL	MED
	TECENTRIQ	ATEZOLIZUMAB	MED
	TRAZIMERA	TRASTUZUMAB-QYYP	MED
	TREANDA	BENDAMUSTINE	MED
	TRODELVY	SACITUZUMAB	MED
	TRUXIMA	RITUXUMAB-ABBS	MED
	VECTIBIX	PANITUMUMAB	MED
	VYXEOS	DAUNORUBICIN-CYTARABINE LIPOSOME	MED
	XGEVA	DENOSUMAB	MED
	YERVOY	IPILIMUMAB	MED
	YESCARTA	AXICABTAGENE CILOLEUCEL	MED
	YONDELIS	TRABECTEDIN	MED
	ZALTRAP	ZIV-AFLIBERCEPT	MED
	ZEPZELCA	LURBINECTEDIN	MED
CONTINUOUS GLUCOSE MONITORS AND SUPPLIES	DEXCOM G5 CGM RECEIVER, TRANSMITTER, SENSOR	N/A	PA
	DEXCOM G6 CGM RECEIVER, TRANSMITTER, SENSOR	N/A	PA
	FREESTYLE LIBRE READER, SENSOR	N/A	PA
CYSTIC FIBROSIS	KALYDECO	IVACAFTOR	PA
	ORKAMBI	LUMACAFTOR-IVACAFTOR	PA

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	SYMDEKO	TEZACAFTOR-IVACAFTOR	PA
	TRIKAFTA	ELEXACAFTOR/ TEZECAFTOR/ IVACAFTOR AND IVACAFTOR	CE
DPP-4 INHIBITORS	ALOGLIPTIN	ALOGLIPTIN BENZOATE	CE
	ALOGLIPTIN/METFORMIN HCL	ALOGLIPTIN-METFORMIN	CE
	ALOGLIPTIN/PIOGLITAZONE	ALOGLIPTIN-PIOGLITAZONE	CE
	JENTADUETO	LINAGLIPTIN-METFORMIN	CE
	JENTADUETO XR	LINAGLIPTIN-METFORMIN	CE
	KAZANO	ALOGLIPTIN-METFORMIN HCL	CE
	KOMBIGLYZE XR	SAXAGLIPTIN-METFORMIN HCL	CE
	NESINA	ALOGLIPTIN BENZOATE	CE
	ONGLYZA	SAXAGLIPTIN HCL	CE
	OSENI	ALOGLIPTIN-PIOGLITAZONE	CE
	TRADJENTA	LINAGLIPTIN	CE
ENZYME DEFICIENCIES	CARBAGLU	CARGLUMIC ACID	CE
	CERDELGA	ELIGLUSTAT TARTRATE	PA
	CEREZYME	IMIGLUCERASE	MED
	ELAPRASE	IDURSULFASE	MED
	ELELYSO	TALIGLUCERASE ALFA	MED
	FABRAZYME	AGALSIDASE BETA	MED
	KANUMA	SEBELIPASE ALFA	MED
	KUVAN	SAPROPTERIN	PA
	LUMIZYME	ALGLUCOSIDASE ALFA	MED
	MEPSEVII	VESTRONIDASE ALFA	MED
	NAGLAZYME	GALSULFASE	MED
	SAPROPTERIN DIHYDROCHLORIDE	SAPROPTERIN DIHYDROCHLORIDE	PA
	STRENSIQ	ASFOTASE ALFA	PA
	VIMIZIM	ELOSULFASE ALFA	MED
	VPRIV	VELAGLUCERASE ALFA	MED
	ZAVESCA	MIGLUSTAT	PA
GROWTH HORMONES	GENOTROPIN	SOMATROPIN	CE
	HUMATROPE	SOMATROPIN	CE
	NORDITROPIN	SOMATROPIN	PA
	NUTROPIN/NUTROPIN AQ	SOMATROPIN	CE
	OMNITROPE	SOMATROPIN	CE
	SAIZEN	SOMATROPIN	CE

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	SAIZENPREP RECONSTITUTIONKIT	SOMATROPIN	CE
	SEROSTIM	SOMATROPIN	CE
	ZOMACTON	SOMATROPIN	CE
	ZORBTIVE	SOMATROPIN	CE
HEPATITIS C	EPCLUSA	SOFOSBUVIR-VELPATASVIR	PA, CE (brand only)
	HARVONI	LEDIPASVIR-SOFOSBUVIR	PA, CE (brand only)
	LEDIPASVIR/SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR	PA
	MAVYRET	GLECAPREVIR-PIBRENTASVIR	PA
	OLYSIO	SIMEPRIVIR	PA
	SOFOSBUVIR/VELPATASVIR	SOFOSBUVIR-VELPATASVIR	PA
	SOVALDI	SOFOSBUVIR	PA
	VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	PA
	ZEPATIER	ELBASVIR-GRAZOPREVIR	CE
HEREDITARY ANGIOEDEMA (HAE)	BERINERT	C1 ESTERASE INHIBITOR (HUMAN)	MED
	CINRYZE	C1 ESTERASE INHIBITOR (HUMAN)	MED
	FIRAZYR	ICATIBANT ACETATE	PA
	HAEGARDA	C1 ESTERASE INHIBITOR	CE
	KALBITOR	ECALLANTIDE	MED
	RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	MED
	TAKHZYRO	LANADELUMAB	CE
IDIOPATHIC IMMUNE THROMBOCYTOPENIC PURPURA (ITP)	DOPTELET	AVATROMBOPAG MALEATE	CE
	MULPLETA	LUSUTROMBOPG	PA
	NPLATE	ROMIPLOSTIM	MED
	PROMACTA	ELTROMBOPAG	PA
	TAVALISSE	FOSTAMATINIB	PA
IMMUNE GLOBULIN	BIVIGAM	IMMUNE GLOBULIN (HUMAN) IV	MED
	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN (HUMAN) IV	MED
	CUTAQUIG	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED
	CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED
	FLEBOGAMMA DIF	IMMUNE GLOBULIN (HUMAN) IV	MED
	GAMMAGARD LIQUID	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED
	GAMMAGARD S/D	IMMUNE GLOBULIN (HUMAN) IV	MED
	GAMMAKED	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED

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	GAMMAPLEX	IMMUNE GLOBULIN (HUMAN) IV	MED
	GAMASTAN	IMMUNE GLOBULIN IM	MED
	GAMASTAN S/D	IMMUNE GLOBULIN IM	MED
	GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED
	HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED
	HYQVIA	IMMUNE GLOBULIN-HYALURONIDASE	MED
	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	MED
	PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	MED
	XEMBIFY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED
LUNG DISORDERS	ARALAST NP, PROLASTIN-C, ZEMAIRA	ALPHA1-PROTEINASE INHIBITOR	MED
	CINQAIR	RESLIZUMAB	MED
	ESBRIET	PIRFENIDONE	PA
	FASENRA	BENRALIZUMAB	MED
	GLASSIA	ALPHA1-PROTEINASE INHIBITOR	MED
	NUCALA	MEPOLIZUMAB	MED
	OFEV	NINTEDANIB	PA
	XOLAIR	OMALIZUMAB	MED
MULTIPLE SCLEROSIS	AUBAGIO	TERIFLUNOMIDE	PA
	AVONEX	INTERFERON β -1a	PA
	BAFIERTAM	MONOMETHYL FUMARATE	CE
	BETASERON	INTERFERON β -1b	PA
	COPAXONE	GLATIRAMER	PA
	DIMETHYL FUMARATE	DIMETHYL FUMARATE DR	PA
	EXTAVIA	INTERFERON β -1b	CE
	GILENYA	FINGOLIMOD	PA
	GLATOPA	GLATIRAMER	PA, CE (brand only)
	KESIMPTA	OFATUMUMAB	CE
	LEMTRADA	ALEMTUZUMAB	MED
	MAVENCLAD	CLADRIBINE	PA
	MAYZENT	SIPONIMOD	CE
	OCREVUS	OCRELIZUMAB	MED
	OZOBAX	BACLOFEN	CE
	PLEGRIDY	PEGINTERFERON BETA-1A	PA
	PONVORY	PONESIMOD	CE
PONVORY 14-DAY STARTER PACK	PONESIMOD STARTER PACK	CE	

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	REBIF	INTERFERON β -1a	PA
	TECFIDERA	DIMETHYL FUMARATE	PA
	TYSABRI	NATALIZUMAB	MED
	VUMERITY	DIROXIMEL FUMARATE	CE
	ZEPOSIA	OZANIMOD	CE
	ZINBRYTA	DACLIZUMAB	CE
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS (PCSK9S)	PRALUENT	ALIROCUMAB	PA
	REPATHA	EVOLOCUMAB	PA
PULMONARY HYPERTENSION	ADCIRCA	TADALAFIL	PA
	ADEMPAS	RIOCIGUAT	PA
	ALYQ	TADALAFIL	PA
	FLOLAN	EPOPROSTENOL	MED
	LETAIRIS	AMBRISENTAN	PA
	OPSUMIT	MACITENTAN	PA
	ORENITRAM	TREPROSTINIL	PA
	REMODULIN	TREPROSTINIL	MED
	REVATIO	SILDENAFIL	PA, CE (brand only)
	TRACLEER	BOSENTAN	PA
	TYVASO	TREPOSTINOL	PA
	UPTRAVI	SELEXIPAG	PA
	VELETRI	EPOPROSTENOL	MED
	VENTAVIS	ILOPROST	PA
OTHERS	ADAKVEO	CRIZANLIZUMAB-TMCA	MED
	AIMOVIG	ERENUMAB	PA
	AJOVY	FREMANEZUMAB	CE
	AUSTEDO	DEUTETRABENAZINE	PA
	BENLYSTA (IV)	BELIMUMAB	MED
	BENLYSTA (subcutaneous)	BELIMUMAB	PA
	BOTOX	ONABOTULINUM TOXIN A	MED
	BRINEURA	CERLIPONASE ALFA	MED
	CARTICEL	AUTOLOGOUS CULTURED CHONDROCYTES	MED
	CORLANOR	IVABRADINE HCL	PA

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	CRYSVITA	BUROSUMAB	MED
	DUPIXENT	DUPIILUMAB	PA
	DYSPORT	ABOBOTULINUM TOXIN	MED
	EMFLAZA	DEFLAZACORT	CE
	EMGALITY	GALCANEZUMAB	CE
	ENDARI	GLUTAMINE	PA
	ENSPRYNG	SATRALIZUMAB-MWGE	CE
	EPIDIOLEX	CANNABIDIOL SOLN	PA
	EVENITY	ROMOSUZUMAB	MED
	EVRYSDI	RISDIPLAM	CE
	FIRDAPSE	AMIFAMPRIDINE	CE
	FORTEO	TERIPARATIDE	PA
	GALAFOLD	MIGALASTAT	PA
	GIVLAARI	GIVOSIRAN	MED
	GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT	CE
	HEMLIBRA	EMICIZUMAB-KXWH	PA
	HETLIOZ	TASIMELTEON	PA
	HETLIOZ LQ	TASIMELTEON	CE
	INGREZZA	VALBENZAZINE	PA
	ISTURISA	OSILODROSTAT PHOSPHATE	PA
	H P ACTHAR GEL	CORTICOTROPIN INJ GEL	PA
	JUXTAPID	LOMITAPIDE	PA
	JYNARQUE	TOLVAPTAN	PA
	KRYSTEXXA	PEGLOTICASE	MED
	KYNAMRO	MIPOMERSEN	PA
	LUXTURNA	VORETIGENE	MED
	MOVANTIK	NALOXEGOL	PA
	MYALEPT	METRELEPTIN	PA
	MYOBLOC	RIMABOTULINUM TOXIN B	MED
	NATPARA	PARATHYROID HORMONE	CE
	NEXLETOL	BEMPEDOIC ACID	PA
	NEXLIZET	BEMPEDOIC ACID	CE

**Blue Cross Blue Shield of North Dakota
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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2020 AND 2021
	NORTHERA	DROXIDOPA	CE
	NURTEC	RIMEGEPANT	PA
	OCALIVA	OBETICHOLIC ACID	PA
	OXERVATE	CENEGERMIN-BKBJ	PA
	ODACTRA	DUST MITE MIXED EXTRACT	PA
	ONPATTRO	PATISIRAN	MED
	ORALAIR	MIXED GRASS POLLENS ALLERGEN EXTRACT	CE
	ORIAHNN	ELAGOLIX-ESTRAD-NORETH & ELAGOLIX	PA
	ORLISSA	ELAGOLIX	PA
	AXBRYTA	VOXELOTOR	PA
	OXLUMO	LUMASIRAN	MED
	PALYNZIQ	PEGVALIASE-PQPZ	PA
	PROCYSBI	CYSTEAMINE BITARTRATE	CE
	PROLIA	DENOSUMAB	MED
	RADICAVA	EDARAVONE	MED
	RAGWITEK	SHORT RAGWEED POLLEN ALLERGEN EXTRACT	CE
	REBLOZYL	LUSPATERCEPT-AAMT	MED
	RELISTOR	METHYLNALTREXONE	CE
	REYVOW	LASMIDITAN SUCCINATE	PA
	RUZURGI	AMIFAMPRIDINE	CE
	SAMSCA	TOLVAPTAN	PA
	SENSIPAR	CINACALCET	PA
	SOLIRIS	ECULIZUMAB	MED
	SPINRAZA	NUSINERSEN	MED
	SPRAVATO	ESKETAMINE	MED
	SUNOSI	SOLRIAMFETOL HCL	PA
	SUPPRELIN LA	HISTRELIN ACETATE (CPP) IMPLANT	MED
	SYLVANT	SILTUXIMAB	MED
	SYMPROIC	NALDEMEDINE	CE
	SYNAGIS	PALIVIZUMAB IM SOLUTION	MED
	TEGSEDI	INOTERSEN	PA
	TEPEZZA	TEPROTUMUMAB-TRBW	MED

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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2020 AND 2021
	TRIPTODUR	TRIPTORELIN	MED
	TROGARZO	IBALIZUMAB	MED
	TYMLOS	ABALOPARATIDE	PA
	UBRELVY	UBROGEPANT	PA, CE
	ULTOMIRIS	RAVUJILIZUMAB	MED
	UPLIZNA	INEBILIZUMAB	MED
	VANTAS	HISTRELIN ACETATE IMPLANT	MED
	VASCEPA	ICOSAPENT ETHYL	PA
	VYEPTI	EPTINEZUMAB-JJMR	MED
	VYNDAMAX	TAFAMIDIS	PA
	VYNDAQEL	TAFAMIDIS	PA
	WAKIX	PITOLISANT	CE
	XEOMIN	INCOBOTULINUM TOXIN A	MED
	XENAZINE	TETRABENAZINE	PA, CE (brand only)
	XERMELO	TELOTRISTAT	PA
	XIAFLEX	COLLAGENASE	MED
	XYREM	SODIUM OXYBATE	PA
	XYWAV	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES	CE
	ZOLGENSMA	ONASEMNOGENE	MED

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2020 AND 2021
WEIGHT LOSS* Not all benefit plans cover Weight Loss medications. Please contact a Member Services representative for specific coverage information.	ADIPEX-P	PHENTERMINE	BENEFIT EXCLUSION
	BELVIQ	LORCASERIN	BENEFIT EXCLUSION
	BELVIQ XR	LOCAXERIN ER	BENEFIT EXCLUSION
	BONTRIL PDM	PHENDIMETRAZINE	BENEFIT EXCLUSION
	BONTRIL SLOW RELEASE	PHENDIMETRAZINE	BENEFIT EXCLUSION
	CONTRAVE	NALTREXONE/BUPROPION	BENEFIT EXCLUSION
	DIDREX	BENZPHETAMINE	BENEFIT EXCLUSION
	IMCIVREE	SETMELANOTIDE	BENEFIT EXCLUSION
	LOMAIRA	PHENTERMINE	BENEFIT EXCLUSION
	QSYMIA	PHENTERMINE/TOPIRAMATE	BENEFIT EXCLUSION
	REGIMEX	BENZPHENTAMINE	BENEFIT EXCLUSION

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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2020 AND 2021
	SAXENDA	LIRAGLUTIDE	BENEFIT EXCLUSION
	SUPRENZA	PHENTERMINE	BENEFIT EXCLUSION
	XENICAL	ORLISTAT	BENEFIT EXCLUSION

Drugs with Benefit Quantity Limits: The following list represents the drugs subject to a limited dispensing amount.

MULTIPLE SCLEROSIS			
BRAND NAME	GENERIC NAME	FORMULARY STATUS	Quantity Limit
AMPYRA*	DALFAMPRIDINE	NF	2 tabs/day
ERECTILE DYSFUNCTION**, ORAL		Daily and as-needed use prescriptions are not allowed concomitantly	
BRAND NAME	GENERIC NAME	FORMULARY STATUS	Quantity Limit
CIALIS 10 mg, 20 mg	TADALAFIL	NF	A Combined Total of 18 tablets per 90 Days A member can receive up to a combined total of 18 tablets per 90 days. The claims system will not allow any quantity >18 in any 90-day claims period.
LEVITRA	VARDENAFIL	NF	
STAXYN	VARDENAFIL	NF	
STENDRA	AVANAFIL	NF	
VIAGRA	SILDENAFIL	NF	
CIALIS Once-Daily Use 2.5 mg, 5 mg**	TADALAFIL	NF	1 tab/day

*Ampyra is Tier 4 on the QHP formulary

**Medications used to treat erectile dysfunction are a benefit exclusion under Qualified Health Plans. Cialis Once-Daily 5mg may be eligible for a Coverage Exception under Qualified Health Plans to treat benign prostatic hypertrophy (BPH).



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 (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, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)