

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 | For Qualified Health Plans (QHP), this drug 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/documents/10476/35335/outpatient-fillable.pdf/870cc1cd-8781-455e-bae1-e6dfbfc182a |
| 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 and BlueEssential/Simply Blue |
| * | 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) | |
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|] | This entire list applies to the commercial population. |
|] | PA/CE prior authorization form for pharmacy drugs can be found on the link below: o 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: o https://www.bcbsnd.com/documents/10476/35335/outpatient-fillable.pdf/870cc1cd-8781-455e-bae1-e6dfbfc182a |
|] | 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 2019 AND 2020 |
|---|-----------------|-------------------|-------------------------|
| TOPICAL ACNE & SKIN: Prior approval (PA) required for age >40 | AKLIEF | TRIFAROTENE | CE |
| | ATRALIN | TRETINOIN | CE |
| | AVITA | TRETINOIN | PA |
| | DIFFERIN | ADAPALENE | PA, CE (for Brand only) |

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|--------------------------------------|------------------------|-------------------------|-------------------------|
| | FABIOR | TAZAROTENE | PA, CE (for Brand only) |
| | RETIN-A, RETIN-A MICRO | TRETINOIN | PA, CE (for Brand only) |
| | TAZORAC | TAZAROTENE | PA |
| ANTIFUNGALS | CRESEMBA | ISAVUCONAZONIUM | PA |
| | NOXAFIL | POSACONAZOLE | PA |
| | POSACONAZOLE | POSACONAZOLE | PA |
| | VFEND | VORICONAZOLE | PA, CE (for Brand only) |
| AUTOIMMUNE INFLAMMATORY DISORDERS | ACTEMRA | TOCILIZUMAB | MED |
| | ARCALYST | RILONACEPT | PA |
| | CIMZIA | CERTOLIZUMAB | PA |
| | 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 |
| | RINVOQ | UPADACITINIB | CE |
| | RENFLIXIS | INFLIXIMAB-ABDA | MED |
| | RITUXAN | RITUXIMAB | MED |
| | RITUXAN HYCELA | RITUXIMAB-HYALURONIDASE | MED |
| | SILIQ | BRODALUMAB | CE |
| | SIMPONI | GOLIMUMAB | PA |
| | SIMPONI ARIA | GOLIMUMAB | MED |
| | SKYRIZI | RISANKIZUMAB-RZAA | CE |
| | STELARA | USTEKINUMAB | PA |
| STELARA IV | USTEKINUMAB | MED | |
| TALTZ | IXEKIZUMAB | PA | |

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| | 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 |
| | 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 |
| | INLYTA | AXITINIB | PA |
| | INREBIC | FEDRATINIB | CE |
| | IRESSA | GEFITINIB | PA |
| | JAKAFI | RUXOLITINIB | PA |
| | KISQALI | RIBOCICLIB | PA |
| KISQALI/FEMARA DOSE PAK | RIBOCICLIB/LETROZOLE | PA | |
| LENVIMA | LENVATINIB MESYLATE | PA | |
| LORBRENA | LORLATINIB | PA | |

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| | LONSURF | TRIFLURIDINE-TIPRACIL | PA |
| | LYNPARZA | OLAPARIB | PA |
| | LYSODREN | MITOTANE | PA |
| | MATULANE | PROCARBAZINE | PA |
| | MAVENCLAD | CLADRIBINE | CE |
| | MEKINIST | TRAMETINIB | PA |
| | MEKTOVI | BINIMETINIB | PA |
| | NERLYNX | NERATINIB | PA |
| | NEXAVAR | SORAFENIB | PA |
| | NINLARO | IXAZOMIB | PA |
| | NUBEQA | DAROLUTAMIDE | CE |
| | ODOMZO | SONIDEGIB | PA |
| | POMALYST | POMALIDOMIDE | PA |
| | REVLIMID | LENALIDOMIDE | PA |
| | ROZLYTREK | ENTRECTINIB | CE |
| | RUBRACA | RUCAPARIB | PA |
| | RYDAPT | MIDOSTAURIN | PA |
| | SPRYCEL | DASATINIB | PA |
| | STIVARGA | REGORAFENIB | PA |
| | SUTENT | SUNITINIB | PA |
| | 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) |
| | THALOMID | THALIDOMIDE | PA |
| | TIBSOVO | IVOSIDENIB | PA |
| | TRETINOIN | TRETINOIN | PA |
| | TURALIO | PXIDARTINIB | CE |
| | TYKERB | LAPATINIB | PA |
| | VENCLEXTA | VENETOCLAX | PA |
| | VERZENIO | ABEMACICLIB | PA |
| | VITRAKVI | LAROTRECTINIB | PA |

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|-------------------|----------------------|-----------------------------------|---------------------|
| | VIZIMPRO | DACOITINIB | PA |
| | VOTRIENT | PAZOPANIB | PA |
| | XALKORI | CRIZOTINIB | PA |
| | XELODA | CAPECITABINE | PA, CE (brand only) |
| | XOSPATA | GLITERITINIB | 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 | ASPARLAS | CALASPARGASE PEGOL-MKNL | MED |
| | AVASTIN | BEVACIZUMAB | MED |
| | BAVENCIO | AVELUMAB | MED |
| | BELEODAQ | BELINOSTAT | MED |
| | CYRAMZA | RAMUCIRUMAB | MED |
| | ELZONRIS | TAGRAXOFUSP | MED |
| | ERWINAZE | ASPARAGINASE ERWINIA CHRYSANTHEMI | MED |
| | FOLOTYN | PRALATREXATE | MED |
| | HALAVEN | ERIBULIN MESYLATE | MED |
| | HERCEPTIN | TRASTUZUMAB | MED |
| | HERCEPTIN HYLECTA | TRASTUZUMAB & HYALURONIDASE-OYSK | MED |
| | IMFINZI | DURVALUMAB | MED |
| | ISTODAX | ROMIDEPSIN | MED |
| | KADCYLA | ADO-TRASTUZUMAB EMTANSINE | MED |
| | KANJINTI | TRASTUZUMAB-ANNS | MED |
| | KEYTRUDA | PEMBROLIZUMAB | MED |
| | KYMRIAH | TISAGENLECLEUCEL | MED |
| | KYPROLIS | CARFILZOMIB | MED |
| | LIBTAYO | CEMIPLIMAB-RWLC | MED |
| | MVASI | BEVACIZUMAB-AWWB | MED |
| OGIVRI | TRASTUZUMAB-DKST | MED | |
| ONCASPAR | PEGASPARGASE | MED | |
| ONIVYDE | IRINOTECAN LIPOSOMAL | MED | |

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|--|---|--|-------------------|
| | OPDIVO | NIVOLUMAB | MED |
| | PERJETA | PERTUZUMAB | MED |
| | POLIVY | POLATUZUMAB | MED |
| | RITUXAN | RITUXIMAB | MED |
| | SYLATRON | PEGINTERFERON ALFA-2B | PA |
| | SYNRIBO | OMACETAXINE MEPESUCCINATE | MED |
| | TECENTRIQ | ATEZOLIZUMAB | MED |
| | TRAZIMERA | TRASTUZUMAB-QYYP | MED |
| | TRUXIMA | RITUXUMAB-ABBS | MED |
| | VECTIBIX | PANITUMUMAB | MED |
| | VYXEOS | DAUNORUBICIN-CYTARABINE LIPOSOME | MED |
| | YERVOY | IPILIMUMAB | MED |
| | YESCARTA | AXICABTAGENE CILOLEUCEL | MED |
| | ZALTRAP | ZIV-AFLIBERCEPT | 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 |
| | SYMDEKO | TEZACAFTOR-IVACAFTOR | PA |
| | TRIKAFTA | ELEXACAFTOR/ TEZACAFTOR/ IVACAFTOR AND IVACAFTOR | CE |
| ENZYME DEFICIENCIES | CARBAGLU | CARGLUMIC ACID | CE |
| | 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 |
| | STRENSIQ | ASFOTASE ALFA | PA |
| | VIMIZIM | ELOSULFASE ALFA | MED |
| | VPRIV | VELAGLUCERASE ALFA | MED |
| ZAVESCA | MIGLUSTAT | PA | |
| GROWTH HORMONES | GENOTROPIN | SOMATROPIN | CE |

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|--|------------------------------|--------------------------------------|---------------------|
| | HUMATROPE | SOMATROPIN | CE |
| | NORDITROPIN | SOMATROPIN | PA |
| | NUTROPIN/NUTROPIN AQ | SOMATROPIN | CE |
| | OMNITROPE | SOMATROPIN | CE |
| | SAIZEN | SOMATROPIN | CE |
| | SAIZENPREP RECONSTITUTIONKIT | SOMATROPIN | CE |
| | SEROSTIM | SOMATROPIN | CE |
| | ZOMACTON | SOMATROPIN | CE |
| | ZORBTIVE | SOMATROPIN | CE |
| HEPATITIS C | OLYSIO | SIMEPRIVIR | PA |
| | HARVONI | LEDIPASVIR-SOFOSBUVIR | PA, CE (brand only) |
| | LEDIPASVIR/SOFOSBUVIR | LEDIPASVIR-SOFOSBUVIR | PA |
| | SOFOSBUVIR/VELPATASVIR | SOFOSBUVIR-VELPATASVIR | PA |
| | SOVALDI | SOFOSBUVIR | PA |
| | EPCLUSA | SOFOSBUVIR-VELPATASVIR | PA, CE (brand only) |
| | MAVYRET | GLECAPREVIR-PIBRENTASVIR | 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 |
| | CUVITRU | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS | MED |
| | FLEBOGAMMA DIF | IMMUNE GLOBULIN (HUMAN) IV | MED |

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| | 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 |
| | GAMMAPLEX | IMMUNE GLOBULIN (HUMAN) IV | MED |
| | GAMUNEX-C | MMUNE 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 |
| 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 -1a | PA |
| | BETASERON | INTERFERON -1b | PA |
| | COPAXONE | GLATIRAMER | PA |
| | EXTAVIA | INTERFERON -1b | CE |
| | GILENYA | FINGOLIMOD | PA |
| | GLATOPA | GLATIRAMER | PA, CE (brand only) |
| | LEMTADA | ALEMTUZUMAB | MED |
| | MAYZENT | SIPONIMOD | CE |
| | OCREVUS | OCRELIZUMAB | MED |
| | PLEGRIDY | PEGINTERFERON BETA-1A | PA |
| | REBIF | INTERFERON -1a | PA |
| | TECFIDERA | DIMETHYL FUMARATE | PA |
| | TYSABRI | NATALIZUMAB | MED |
| | VUMERITY | DIROXIMEL FUMARATE | CE |
| ZINBRYTA | DACLIZUMAB | CE | |

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| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS (PCSK9S) | PRALUENT | ALIROCUMAB | PA |
| | REPATHA | EVOLOCUMAB | PA |
| PULMONARY HYPERTENSION | ADCIRCA | TADALAFIL | PA |
| | ADEMPAS | RIOCIGUAT | 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 | BELIMUMAB | MED |
| | BRINEURA | CERLIPONASE ALFA | MED |
| | CARTICEL | AUTOLOGOUS CULTURED CHONDROCYTES | MED |
| | CERDELGA | ELIGLUSTAT TARTRATE | PA |
| | CEREZYME | IMIGLUCERASE | MED |
| | CRYSVITA | BUROSUMAB | MED |
| | DUPIXENT | DUPIXUMAB | PA |
| | EMFLAZA | DEFLAZACORT | CE |
| | EMGALITY | GALCANEZUMAB | CE |
| | ENDARI | GLUTAMINE | PA |
| | EPIDIOLEX | CANNABIDIOL SOLN | PA |
| | EVENITY | ROMOSOZUMAB | MED |
| | FIRDAPSE | AMIFAMPRIDINE | CE |
| | FORTEO | TERIPARATIDE | PA |

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| | GALAFOLD | MIGALASTAT | PA |
| | GRASTEK | TIMOTHY GRASS POLLEN ALLERGEN EXTRACT | CE |
| | HEMLIBRA | EMICIZUMAB-KXWH | PA |
| | HETLIOZ | TASIMELTEON | PA |
| | INGREZZA | VALBENZAZINE | PA |
| | JUXTAPID | LOMITAPIDE | PA |
| | JYNARQUE | TOLVAPTAN | PA |
| | KRYSTEXXA | PEGLOTICASE | MED |
| | KYNAMRO | MIPOMIRSEN | PA |
| | LUXTURNA | VORETIGENE | MED |
| | MOVANTIK | NALOXEGOL | PA |
| | MYALEPT | METRELEPTIN | PA |
| | NATPARA | PARATHYROID HORMONE | CE |
| | NORTHERA | DROXIDOPA | CE |
| | OICALIVA | OBETICHOLIC ACID | PA |
| | OXERVATE | CENGERMIN-BKBJ | PA |
| | ODACTRA | DUST MITE MIXED EXTRACT | PA |
| | ONPATTRO | PATISIRAN | MED |
| | ORALAIR | MIXED GRASS POLLENS ALLERGEN EXTRACT | CE |
| | ORLISSA | ELAGOLIX | PA |
| | PALYNZIQ | PEGVALIASE-POPZ | PA |
| | H P ACTHAR GEL | CORTICOTROPIN INJ GEL | PA |
| | RADICAVA | EDARAVONE | MED |
| | RAGWITEK | SHORT RAGWEED POLLEN ALLERGEN EXTRACT | CE |
| | RELISTOR | METHYLNALTREXONE | CE |
| | RUZURGI | AMIFAMPRIDINE | CE |
| | SENSIPAR | CINACALCET | PA |
| | SOLIRIS | ECULIZUMAB | MED |
| | SPINRAZA | NUSINERSEN | MED |
| | SPRAVATO | ESKETAMINE | MED |
| | SUNOSI | SOLRIAMFETOL HCL | PA |

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| | SUPPRELIN LA | HISTRELIN ACETATE (CPP) IMPLANT | MED |
| | SYLVANT | SILTUXIMAB | MED |
| | SYMPROIC | NALDEMEDINE | CE |
| | SYNAGIS | PALIVIZUMAB IM SOLUTION | MED |
| | TEGSEDI | INOTERSEN | PA |
| | TRIPTODUR | TRIPTORELIN | MED |
| | TYMLOS | ABALOPARATIDE | PA |
| | UBRELVY | UBROGEPANT | CE |
| | ULTOMIRIS | RAVUILIZUMAB | MED |
| | VANTAS | HISTRELIN ACETATE IMPLANT | MED |
| | VASCEPA | ICOSAPENT ETHYL | PA |
| | VYNDAMAX | TAFAMIDIS | PA |
| | VYNDAQEL | TAFAMIDIS | PA |
| | XENAZINE | TETRABENAZINE | PA, CE (brand only) |
| | XERMELO | TELOTRIPTAT | PA |
| | XIAFLEX | COLLAGENASE | MED |
| | XYREM | SODIUM OXYBATE | PA |
| | ZOLGENSMA | ONASEMNOGENE | MED |

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| 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 |
| | DIETHYLPROPION | DIETHYLPROPION | BENEFIT EXCLUSION |
| | LOMAIRA | PHENTERMINE | BENEFIT EXCLUSION |
| | QSYMIA | PHENTERMINE/TOPIRAMATE | BENEFIT EXCLUSION |
| | REGIMEX | BENZPHENTAMINE | BENEFIT EXCLUSION |
| | SAXENDA | LIRAGLUTIDE | BENEFIT EXCLUSION |

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

| CATEGORY | BRAND DRUG NAME | GENERIC DRUG NAME | QHP 2019 AND 2020 |
|----------|-----------------|-------------------|-------------------|
| | 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 <u>up to</u> 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.)