





















**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Risperdal M-Tab (risperidone ODT) <sup>a</sup>	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) <sup>a</sup>	25 mg tablet	3 tablets
	Seroquel (quetiapine) <sup>a</sup>	50 mg tablet	3 tablets
	Seroquel (quetiapine) <sup>a</sup>	100 mg tablet	3 tablets
	Seroquel (quetiapine) <sup>a</sup>	200 mg tablet	3 tablets
	Seroquel (quetiapine) <sup>a</sup>	300 mg tablet	2 tablets
	Seroquel (quetiapine) <sup>a</sup>	400 mg tablet	2 tablets
	Seroquel XR (quetiapine) <sup>a</sup>	50 mg extended-release tablet	2 tablets
	Seroquel XR (quetiapine) <sup>a</sup>	150 mg extended-release tablet	1 tablet
	Seroquel XR (quetiapine) <sup>a</sup>	200 mg extended-release tablet	1 tablet
	Seroquel XR (quetiapine) <sup>a</sup>	300 mg extended-release tablet	2 tablets
	Seroquel XR (quetiapine) <sup>a</sup>	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
<b>Antipsychotics, Atypical AR0318_r0718</b>	Zyprexa (olanzapine) <sup>a</sup>	2.5 mg tablet	1 tablet
	Zyprexa (olanzapine) <sup>a</sup>	5 mg tablet	1 tablet
	Zyprexa (olanzapine) <sup>a</sup>	7.5 mg tablet	1 tablet
	Zyprexa (olanzapine) <sup>a</sup>	10 mg tablet	1 tablet
	Zyprexa (olanzapine) <sup>a</sup>	15 mg tablet	1 tablet
	Zyprexa (olanzapine) <sup>a</sup>	20 mg tablet	1 tablet
	Zyprexa (olanzapine) <sup>a</sup>	10 mg/vial injection	3 vials
	Zyprexa Zydis (olanzapine ODT) <sup>a</sup>	5 mg tablet	1 tablet
	Zyprexa Zydis (olanzapine ODT) <sup>a</sup>	10 mg tablet	1 tablet
	Zyprexa Zydis (olanzapine ODT) <sup>a</sup>	15 mg tablet	1 tablet
	Zyprexa Zydis (olanzapine ODT) <sup>a</sup>	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**

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<b>AR0717</b>	Atacand (candesartan) <sup>a</sup>	4 mg tablets	2 tablets
	Atacand (candesartan) <sup>a</sup>	8 mg tablets	2 tablets
	Atacand (candesartan) <sup>a</sup>	16 mg tablets	2 tablets
	Atacand (candesartan) <sup>a</sup>	32 mg tablets	1 tablet
	Atacand HCT (candesartan/hydrochlorothiazide) <sup>a</sup>	16 mg/12.5 mg tablets	1 tablet
	Atacand HCT (candesartan/hydrochlorothiazide) <sup>a</sup>	32 mg/12.5 mg tablets	1 tablet
	Atacand HCT (candesartan/hydrochlorothiazide) <sup>a</sup>	32 mg/25 mg tablets	1 tablet
	Avapro (irbesartan) <sup>a</sup>	75 mg tablets	1 tablet
	Avapro (irbesartan) <sup>a</sup>	150 mg tablets	1 tablet
	Avapro (irbesartan) <sup>a</sup>	300 mg tablets	1 tablet
	Avalide (irbesartan/hydrochlorothiazide)	150 mg/12.5 mg tablets <sup>a</sup>	1 tablet
	Avalide (irbesartan/hydrochlorothiazide)	300 mg/12.5 mg tablets <sup>a</sup>	1 tablet
	Avalide (irbesartan/hydrochlorothiazide)	300 mg/25 mg tablets <sup>c</sup>	1 tablet
	Azor (amlodipine/olmesartan medoxomil) <sup>a</sup>	5 mg/20 mg tablets	1 tablet
	Azor (amlodipine/olmesartan medoxomil) <sup>a</sup>	5 mg/40 mg tablets	1 tablet
	Azor (amlodipine/olmesartan medoxomil) <sup>a</sup>	10 mg/20 mg tablets	1 tablet
	Azor (amlodipine/olmesartan medoxomil) <sup>a</sup>	10 mg/40 mg tablets	1 tablet
	Benicar (olmesartan) <sup>a</sup>	5 mg tablets	2 tablets
	Benicar (olmesartan) <sup>a</sup>	20 mg tablets	1 tablet
	Benicar (olmesartan) <sup>a</sup>	40 mg tablets	1 tablet
	Benicar HCT (olmesartan/hydrochlorothiazide) <sup>a</sup>	20 mg/12.5 mg tablets	1 tablet
	Benicar HCT (olmesartan/hydrochlorothiazide) <sup>a</sup>	40 mg/12.5 mg tablets	1 tablet
	Benicar HCT (olmesartan/hydrochlorothiazide) <sup>a</sup>	40 mg/25 mg tablets	1 tablet
	Byvalson (nebivolol/valsartan)	5 mg/80 mg tablets	1 tablet
	Cozaar (losartan) <sup>a</sup>	25 mg tablets	2 tablets
	Cozaar (losartan) <sup>a</sup>	50 mg tablets	2 tablets
	Cozaar (losartan) <sup>a</sup>	100 mg tablets	1 tablet
	Diovan (valsartan) <sup>a</sup>	40 mg tablets	2 tablets
	Diovan (valsartan) <sup>a</sup>	80 mg tablets	2 tablets
	Diovan (valsartan) <sup>a</sup>	160 mg tablets	2 tablets
	Diovan (valsartan) <sup>a</sup>	320 mg tablets	1 tablet
	Diovan HCT (valsartan/hydrochlorothiazide) <sup>a</sup>	80 mg/12.5 mg tablets	1 tablet
Diovan HCT (valsartan/hydrochlorothiazide) <sup>a</sup>	160 mg/12.5 mg tablets	1 tablet	
Diovan HCT (valsartan/hydrochlorothiazide) <sup>a</sup>	160 mg/25 mg tablets	1 tablet	
Diovan HCT (valsartan/hydrochlorothiazide) <sup>a</sup>	320 mg/12.5 mg tablets	1 tablet	
Diovan HCT (valsartan/hydrochlorothiazide) <sup>a</sup>	320 mg/25 mg tablets	1 tablet	
<b>ARB/Renin Inhibitors AR0717</b>	Edarbi (azilsartan)	40 mg tablets	1 tablet
	Edarbi (azilsartan)	80 mg tablets	1 tablet

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	Edarbyclor (azilsartan/chlorthalidone)	40 mg/12.5 mg tablets	1 tablet
	Edarbyclor (azilsartan/chlorthalidone)	40 mg/25 mg tablets	1 tablet
	Exforge (amlodipine/valsartan) <sup>a</sup>	5 mg/160 mg tablets	1 tablet
	Exforge (amlodipine/valsartan) <sup>a</sup>	5 mg/320 mg tablets	1 tablet
	Exforge (amlodipine/valsartan) <sup>a</sup>	10 mg/160 mg tablets	1 tablet
	Exforge (amlodipine/valsartan) <sup>a</sup>	10 mg/320 mg tablets	1 tablet
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) <sup>a</sup>	5 mg/160 mg/12.5 mg tablets	1 tablet
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) <sup>a</sup>	5 mg/160 mg/25 mg tablets	1 tablet
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) <sup>a</sup>	10 mg/160 mg/12.5 mg tablets	1 tablet
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) <sup>a</sup>	10 mg/160 mg/25 mg tablets	1 tablet
	Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) <sup>a</sup>	10 mg/320 mg/25 mg tablets	1 tablet
	Hyzaar (losartan/hydrochlorothiazide) <sup>a</sup>	50 mg/12.5 mg tablets	1 tablet
	Hyzaar (losartan/hydrochlorothiazide) <sup>a</sup>	100 mg/12.5 mg tablets	1 tablet
	Hyzaar (losartan/hydrochlorothiazide) <sup>a</sup>	100 mg/25 mg tablets	1 tablet
	Micardis (telmisartan) <sup>a</sup>	20 mg tablets	1 tablet
	Micardis (telmisartan) <sup>a</sup>	40 mg tablets	1 tablet
	Micardis (telmisartan) <sup>a</sup>	80 mg tablets	1 tablet
	Micardis HCT (telmisartan/hydrochlorothiazide) <sup>a</sup>	40 mg/12.5 mg tablets	1 tablet
	Micardis HCT (telmisartan/hydrochlorothiazide) <sup>a</sup>	80 mg/12.5 mg tablets	2 tablets
	Micardis HCT (telmisartan/hydrochlorothiazide) <sup>a</sup>	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) <sup>a</sup>	20 mg/5 mg/12.5 mg tablets	1 tablet
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) <sup>a</sup>	40 mg/5 mg/12.5 mg tablets	1 tablet
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) <sup>a</sup>	40 mg/5 mg/25 mg tablets	1 tablet
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) <sup>a</sup>	40 mg/10 mg/12.5 mg tablets	1 tablet
	Tribenzor (olmesartan/amlodipine/hydrochlorothiazide) <sup>a</sup>	40 mg/10 mg/25 mg tablets	1 tablet
	Twynsta (telmisartan/amlodipine) <sup>a</sup>	40 mg/5 mg tablets	1 tablet
	Twynsta (telmisartan/amlodipine) <sup>a</sup>	40 mg/10 mg tablets	1 tablet
	Twynsta (telmisartan/amlodipine) <sup>a</sup>	80 mg/5 mg tablets	1 tablet
	Twynsta (telmisartan/amlodipine) <sup>a</sup>	80 mg/10 mg tablets	1 tablet
<b>ARB/Renin Inhibitors</b>	<b>Renin Inhibitors, Renin Inhibitor Combinations</b>		
<b>AR0717</b>	Amturnide (aliskiren/amlodipine/hydrochlorothiazide)	150 mg/5 mg/12.5 mg tablets	1 tablet
	Amturnide (aliskiren/amlodipine/hydrochlorothiazide)	300 mg/5 mg/12.5 mg tablets	1 tablet
	Amturnide (aliskiren/amlodipine/hydrochlorothiazide)	300 mg/5 mg/25 mg tablets	1 tablet

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	Amturnide (aliskiren/amlodipine/hydrochlorothiazide)	300 mg/10 mg/12.5 mg tablets	1 tablet
	Amturnide (aliskiren/amlodipine/hydrochlorothiazide)	300 mg/10 mg/25 mg tablets	1 tablet
	Tekamlo (aliskiren/amlodipine)	150 mg/5 mg tablets	1 tablet
	Tekamlo (aliskiren/amlodipine)	150 mg/10 mg tablets	1 tablet
	Tekamlo (aliskiren/amlodipine)	300 mg/5 mg tablets	1 tablet
	Tekamlo (aliskiren/amlodipine)	300 mg/10 mg tablets	1 tablet
	Tekturna (aliskiren)	150 mg tablets	1 tablet
	Tekturna (aliskiren)	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
<b>Biologic</b>	Actemra (tocilizumab)	162 mg/0.9 mL syringe	4 syringes/28 days
<b>Immunomodulators</b>	Cimzia (certolizumab)	2 x 200 mg vial, kit	4 vials (2 kit2) /28 days
<b>AR0717_r0618</b>	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
	Cosentyx (secukinumab)	150 mg/mL auto-injector (2 injectors)	1 package of 2 injectors/28 days
	Cosentyx (secukinumab)	150 mg/mL auto-injector	1 injector/28 days
	Cosentyx (secukinumab)	150 mg/mL pre-filled syringe	1 syringe/28 days
	Cosentyx (secukinumab)	300 mg/2 mL (2 x 150 mg/mL) pre-filled 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	8 syringes/28 days
	Enbrel (etanercept)	25 mg/vial kit	8 vials/28 days
	Enbrel (etanercept) mini	50 mg/mL mini injector	4 syringes/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	1 kit/180 days
	Humira (adalimumab)	40 mg/0.8 mL pen, Crohn's Starter kit	1 kit/180 days

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	Humira (adalimumab)		1 kit/180 days
		40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (3 syringes)	
	Humira (adalimumab)		1 kit/180 days
		40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (6 syringes)	
	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
	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)		2 syringes/28 days
		150 mg/1.14 mL syringe	
	Kevzara (sarilumab)		2 syringes/28 days
		200 mg/1.14 mL syringe	
	Kineret (anakinra)	100 mg syringe	30 syringes/30 days
	Olumiant (baricitinib)	2 mg tablet	30 tablets/30 days
	Orencia (abatacept)		4 syringes/28 days
		50 mg/0.4 mL (subcutaneous) prefilled syringe	
	Orencia (abatacept)		4 syringes/28 days
		87.5 mg/ 0.7 mL	
	Orencia (abatacept)	125 mg/mL (subcutaneous)	4 syringes/28 days
	Orencia (abatacept)	125 mg/mL (subcutaneous) ClickJect autoinjector	4 autoinjectors/28 days
	Otezla (apremilast)	10 mg, 20 mg & 30 mg tablet starter pack (two week)	1 starter kit (27 tablets)/180 days
	Otezla (apremilast)	10 mg, 20 mg & 30 mg tablet starter pack (two week)	1 starter kit (55 tablets)/180 days
	Otezla (apremilast)	30 mg tablet	60 tablets/30 days
	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
	Simponi (golimumab)	50 mg/0.5 mL syringe	1 syringe/28 days
	Simponi (golimumab)	100 mg/1 mL syringe	1 syringe/28 days
	Simponi (golimumab)	100 mg/1 mL syringe	1 syringe/28 days
	Stelara (ustekinumab)	45 mg/0.5 mL syringe	1 syringe/84 days
	Stelara (ustekinumab)	90 mg/1 mL syringe	1 syringe/56 days
	Taltz (ixekizumab)	80 mg/mL autoinjector	1 syringe/28 days
	Taltz (ixekizumab)	80 mg/mL prefilled syringe	1 syringe/28 days

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	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
<b>Buprenorphine and Buprenorphine/Naloxone AR0118_0618</b>	buprenorphine <sup>ac</sup>	2 mg sublingual tablet	15 tablets/90 days
	buprenorphine <sup>ac</sup>	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)	2 mg/0.5 mg sublingual tablet <sup>ab</sup>	4 tablets/day 3 tablets/day
	Suboxone (buprenorphine/naloxone)	8 mg/2 mg sublingual tablet <sup>ab</sup>	
	Suboxone (buprenorphine/naloxone)	2 mg/0.5 mg sublingual film	4 films/day 1 film/day
	Suboxone (buprenorphine/naloxone)	4 mg/1 mg sublingual film	
	Suboxone (buprenorphine/naloxone) <sup>a</sup>	8 mg/2 mg sublingual film	2 films/day
	Suboxone (buprenorphine/naloxone)	12 mg/3 mg sublingual film	2 films/day
	Zubsolv (buprenorphine/naloxone)	0.7 mg/0.18 mg sublingual tablet	1 tablet/day 3 tablets/day
	Zubsolv (buprenorphine/naloxone)	1.4 mg/0.36 mg sublingual tablet	
	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	
<b>COX-2 AR0318</b>	Celebrex (celecoxib) <sup>a</sup>	50 mg capsule	2 capsules
	Celebrex (celecoxib) <sup>a</sup>	100 mg capsule	2 capsules
	Celebrex (celecoxib) <sup>a</sup>	200 mg capsule	2 capsules
	Celebrex (celecoxib) <sup>a</sup>	400 mg capsule	1 capsule
<b>Transmucosal Immediate Release Fentanyl (TIRF)  AR0118</b>	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) <sup>a</sup>	200 mcg lozenge	4 lozenges

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<b>Transmucosal Immediate Release Fentanyl (TIRF)</b>  <b>AR0118</b>	Actiq (fentanyl lozenge) <sup>a</sup>	400 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) <sup>a</sup>	600 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) <sup>a</sup>	800 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) <sup>a</sup>	1200 mcg lozenge	4 lozenges
	Actiq (fentanyl lozenge) <sup>a</sup>	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)
	Lazanda (fentanyl nasal spray)	100 mcg/spray	1 bottle
	Lazanda (fentanyl nasal spray)	300 mcg/spray	1 bottle
	Lazanda (fentanyl nasal spray)	400 mcg/spray	1 bottle
<b>GLP-1 Agonists AR0118</b>	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



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	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
	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
<b>Glucose Test Strips/Disks/</b>	Glucose Test Strips/Disks/Meters	Glucose test strips	204 strips/testing units/30 days
<b>Meters AR0318</b>	Glucose Test Strips/Disks/Meters	Glucose test disks	204 strips/testing units/30 days
	Glucose Test Strips/Disks/Meters	Sidekick Blood Glucose System	4 systems/30 days
<b>Hereditary</b>	Berinert (C1-esterase inhibitor)	500 units/10 mL	10 vials or 5,000 U /30 days
<b>Angioedema</b>	Cinryze (C1-esterase inhibitor)	500 units/10 mL	20 vials or 10,000 U /30 days
<b>AR0118</b>	Firazyr (icatibant)	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
<b>HoFH AR0318</b>	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

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
<b>Insomnia AR0318</b>	Ambien (zolpidem) <sup>a</sup>	5 mg tablet	1 tablet
	Ambien (zolpidem) <sup>a</sup>	10 mg tablet	1 tablet
	Ambien CR (zolpidem) <sup>a</sup>	6.25 mg extended-release tablet	1 tablet
	Ambien CR (zolpidem) <sup>a</sup>	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) <sup>a</sup>	1.75 mg sublingual tablet	1 tablet
	Intermezzo (zolpidem) <sup>a</sup>	3.5 mg sublingual tablet	1 tablet
	Lunesta (eszopiclone) <sup>a</sup>	1 mg tablet	1 tablet
	Lunesta (eszopiclone) <sup>a</sup>	2 mg tablet	1 tablet
	Lunesta (eszopiclone) <sup>a</sup>	3 mg tablet	1 tablet
	Roserem (ramelteon)	8 mg tablet	1 tablet
	Silenor (doxepin)	3 mg tablet	1 tablet
	Silenor (doxepin)	6 mg tablet	1 tablet
	Sonata (zaleplon) <sup>a</sup>	5 mg capsule	1 capsule
	Sonata (zaleplon) <sup>a</sup>	10 mg capsule	1 capsule
Zopimist (zolpidem)			
		Oral Spray 5 mg/actuation	1 canister (60 actuations)/ 30 days
<b>Kalydeco/Orkambi AR0118</b>	Kalydeco (ivacaftor)	50 mg oral granules	2 packets
		75 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
<b>Ketorolac AR0118</b>	Ketorolac <sup>a</sup>	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

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
<b>Low Molecular Weight Heparins (LMWH) and Arixtra AR0318</b>	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
<b>Low Molecular Weight Heparins (LMWH) and Arixtra AR0318</b>	Lovenox (enoxaparin)		
	Single-dose syringe	30 mg/ 0.3 ml <sup>a</sup>	30 syringes/90 days
	Single-dose syringe	40 mg/ 0.4 ml <sup>a</sup>	30 syringes/90 days
	Single-dose syringe	60 mg/ 0.6 ml <sup>a</sup>	30 syringes/90 days
	Single-dose syringe	80 mg/ 0.8 ml <sup>a</sup>	30 syringes/90 days
	Single-dose syringe	100 mg/ 1 ml <sup>a</sup>	30 syringes/90 days
	Single-dose syringe	120 mg/ 0.8 ml <sup>a</sup>	30 syringes/90 days
	Single-dose syringe	150 mg/ 1 ml <sup>a</sup>	30 syringes/90 days
Multiple dose vial	300 mg/ 3 ml <sup>a</sup>	10 vials/90 days	
<b>Multiple Sclerosis AR0118_r0618</b>	Aubagio (teriflunomide)	7 mg tablet	1 tablet daily
	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 <sup>a</sup>	1 syringe/day (1 box of 30 syringes/30 days)
	Copaxone (glatiramer)	40 mg/mL syringe <sup>a</sup>	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

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Glatopa (glatiramer)	20 mg/mL prefilled syringe kit	1 syringe/day (30 syringes/30 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)
	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
	Zinbryta (daclizumab)	150 mg/mL syringe	1 syringe/30 days
<b>Nasal Inhalers AR0118</b>	<b>Antihistamines</b>		
	azalastine 0.1%	137 mcg/spray (30 mL, 200 sprays)	2 bottles/30 days
	Astepro (azelastine 0.15%) <sup>a</sup>	205.5 mcg/spray (30 mL, 200 sprays)	2 bottles/30 days
	Patanase (olopatadine) <sup>a</sup>	665 mcg/spray (30.5 gm, 240 sprays)	1 bottle/30 days
	<b>Anticholinergics</b>		
	Atrovent (ipratropium 0.03%) <sup>a</sup>	21 mcg/spray (30 mL, 345 sprays)	2 bottles/30 days
	Atrovent (ipratropium 0.06%) <sup>a</sup>	42 mcg/spray (15 mL, 165 sprays)	3 bottles/30 days
	<b>Corticosteroids</b>		
	Beconase AQ (beclomethasone)	42 mcg/spray (25 gm, 180 sprays)	2 bottles/30 days

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	Flonase (fluticasone propionate) <sup>a</sup>	50 mcg/spray (16 gm, 120 sprays)	1 bottle/30 days
	Flunisolide	25 mcg/spray (25 mL, 200 sprays)	3 bottles/30 days
	Flunisolide	29 mcg/spray (25 mL, 200 sprays)	3 bottles/30 days
	Nasacort AQ (triamcinolone) <sup>a</sup>	55 mcg/spray (16.5 gm, 120 sprays)	1 bottle/30 days
	Nasonex (mometasone) <sup>a</sup>	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 (budesonde) <sup>a</sup>	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
	<b>Combinations</b>		
	Dermacinrx 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
			3 tablets
<b>Combination Gastrointestinal (GI) Protectants AR0318</b>	Duexis (ibuprofen/famotidine)	800 mg/26.6 mg 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
		50 mg tablet	1 tablet total
<b>Nuvigil/armodafinil</b>	Nuvigil/armodafinil <sup>a</sup>	150 mg tablet	(cumulative for ALL agents and strengths)
<b>Provigil/modafinil AR0318</b>	Nuvigil/armodafinil <sup>a</sup>	200 mg tablet	
	Nuvigil/armodafinil <sup>a</sup>	250 mg tablet	
	Nuvigil/armodafinil <sup>a</sup>	100 mg tablet	
	Provigil/modafinil <sup>a</sup>	200 mg tablet	
<b>Oncology Self-Aministered AR1017_r0718</b>	Afinitor (everolimus)	2.5 mg tablets	1 tablet
	Afinitor (everolimus)	5 mg tablets	1 tablet
	Afinitor (everolimus)	7.5 mg tablets	1 tablet

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	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
	Alunbrig (brigatinib)	180 mg tablet	1
	Alunbrig (brigatinib)	Starter pack	1 pack (30 tablets)/180 days
	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
	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
	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
	Cotellic (cobimetinib)	20 mg tablet	63 tablets/28 days
	Erivedge (vismodegib)	150 mg capsule	1 capsule
	Erleada (apalutamide)	60 mg tablet	4
	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) <sup>a</sup>	100 mg tablets	3 tablets
	Gleevec (imatinib) <sup>a</sup>	400 mg tablets	2 tablets
	Ibrance (palbociclib)	75 mg capsule	21 capsules/28 days
	Ibrance (palbociclib)	100 mg capsule	21 capsules/28 days

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<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Ibrance (palbociclib)	125 mg capsule	21 capsules/28 days
	Iclusig (ponatinib)	15 mg tablet	2 tablets
	Iclusig (ponatinib)	45 mg tablet	1 tablet
	Idhifa (enasibenib)	50 mg tablet	1 tablet
	Idhifa (enasibenib)	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
	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 91 tablets/28 days
	Kisqali Femara Pack (ribociclib and letrozole co-packaged)	200 mg ribociclib tablets and 2.5 mg letrozole tablets	
	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)	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
	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)	1 mg tablet	1 tablet
	Mekinist (trametinib)	2 mg tablet	1 tablet

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	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
	Odomzo (sonidegib)	200 mg capsule	1 capsule
<b>Oncology Self-Administered AR1017_r0718</b>	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
	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
	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	



**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	Tarceva (erlotinib)	25 mg tablets	2 tablets
	Tarceva (erlotinib)	100 mg tablets	1 tablet
	Tarceva (erlotinib)	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
	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	4 tablets
	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
	Votrient (pazopanib)	200 mg tablets	4 tablets
	Xalkori (crizotinib)	200 mg capsules	2 capsules
	Xalkori (crizotinib)	250 mg capsules	2 capsules
	Yonsa (abiraterone acetate)	125 mg tablet	4 capsules
	Xtandi (enzalutamide)	40 mg capsules	4 capsules
	Zejula (niraparib)	100 mg capsules	3 capsules
<b>Oncology Self-Administered AR1017_r0718</b>	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	5 capsules
	Zytiga (abiraterone)	250 mg tablets	4 tablets
	Zytiga (abiraterone)	500 mg tablet	2 tablets
<b>Ophthalmic Prostaglandins AR1017_r1117</b>	Lumigan (bimatoprost-0.01%)	2.5 mL bottle	2.5 mL/30 days

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	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%	2.5 mL bottle	2.5 mL/30 days
	Bimatoprost-0.03%	5 mL bottle	2.5 mL/30 days
	Bimatoprost-0.03%	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)	5 mL bottle	5 mL/30 days
	Xalatan (latanoprost)	2.5 mL bottle	2.5 mL/30 days
	Zioptan (tafluprost)	0.3 mL/single-use container	1 carton of 30 single-use containers/30 days

**Opioids ER AR0118**

The following opioid ER products are subject to QL: Avinza (morphine sulfate ER), Belbuca (buprenorphine buccal film), Butrans (buprenorphine), Duragesic (fentanyl transdermal patch), Embeda (morphine/naltrexone), Exalgo (hydromorphone), Fentanyl transdermal patch, Hysingla ER (hydrocodone), Kadian (morphine sulfate), MS Contin (morphine sulfate), Opana ER/oxymorphone SR, Opana ER (oxymorphone SR, crush resistant), Oramorph SR (morphine sulfate), OxyContin (oxycodone ER), Xartemis XR (oxycodone/acetaminophen), Zohydro ER (hydrocodone), Zohydro ER Abuse Deterrent (hydrocodone ER), ConZip (tramadol SR biphasic), Morphabond ER (morphine sulfate ER), Nucynta ER (tapentadol SR), Ryzolt (tramadol), Tramadol ER (tramadol SR biphasic), Ultram ER (tramadol)

\*\*Specific Opioid ER QL information is included in the individual program document ND\_PS\_Opioids\_ER\_QL\_AR0118

**Opioids IR AR0118\_r0618**

**Narcotic Analgesics**

butorphanol	10 mg/mL nasal spray	87.5 mLs/30 days
Codeine <sup>a</sup>	15 mg tablet	6 tablets
Codeine <sup>a</sup>	30 mg tablet	6 tablets
Codeine <sup>a</sup>	60 mg tablet	6 tablets
Hydromorphone/Dilaudid <sup>a</sup>	2 mg tablet	6 tablets
Hydromorphone/Dilaudid <sup>a</sup>	4 mg tablet	6 tablets
Hydromorphone/Dilaudid <sup>a</sup>	8 mg tablet	6 tablets
Hydromorphone/Dilaudid <sup>a</sup>	1 mg/mL liquid	48 mLs
Levorphanol/Levodromoran	2 mg tablet	4 tablets
Meperidine/Demerol	50 mg tablet <sup>a</sup>	8 tablets
Meperidine/Demerol	100 mg tablet <sup>a</sup>	8 tablets

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Meperidine/Demerol	50 mg/5 mL solution	80 mLs
	Methadone/Dolophine/Methadose <sup>a</sup>	5 mg tablet	3 tablets
	Methadone/Dolophine/Methadose <sup>a</sup>	10 mg tablet	3 tablets
	Methadone/Dolophine/Methadose <sup>a</sup>	40 mg soluble tablet	3 tablets
	Methadone/Dolophine/Methadose <sup>a</sup>	5 mg/5mL solution	30 mLs
	Methadone/Dolophine/Methadose <sup>a</sup>	10 mg/5 mL solution	15 mLs
	Methadone/Dolophine/Methadose <sup>a</sup>	10 mg/mL concentrate	3 mLs
	Morphine	15 mg tablet	8 tablets
	Morphine	30 mg tablet	6 tablets
	Morphine	10 mg/5 mL solution <sup>a</sup>	90 mLs
	Morphine	20 mg/5 mL solution <sup>a</sup>	45 mLs
	Morphine	20 mg/mL concentrate <sup>a</sup>	9 mLs
	Oxycodone/OxyIR/Roxyicodone intensol	5 mg capsule <sup>a</sup>	12 capsules
	Oxycodone/OxyIR/Roxyicodone intensol	5 mg tablet <sup>a</sup>	12 tablets
	Oxycodone/OxyIR/Roxyicodone intensol	10 mg tablet <sup>a</sup>	6 tablets
	Oxycodone/OxyIR/Roxyicodone intensol	15 mg tablet <sup>a</sup>	6 tablets
	Oxycodone/OxyIR/Roxyicodone intensol	20 mg tablet	6 tablets
	Oxycodone/OxyIR/Roxyicodone intensol	30 mg tablet <sup>a</sup>	6 tablets
	Oxycodone/OxyIR/Roxyicodone intensol	5 mg/5mL solution <sup>a</sup>	180 mLs
	Oxycodone/OxyIR/Roxyicodone intensol	20 mg/mL concentrate <sup>a</sup>	9 mLs
	Roxybond (oxycodone)	15 mg tablet	6 tablets
	Roxybond (oxycodone)	30 mg tablet	6 tablets
	Oxecta, Oxaydo (oxycodone)	5 mg tablet	6 tablets
	Oxecta, Oxaydo (oxycodone)	7.5 mg tablet	6 tablets
	Oxymorphone/Opana <sup>a</sup>	5 mg tablet	6 tablets
	Oxymorphone/Opana <sup>a</sup>	10 mg tablet	6 tablets
	<b>Tramadol, Tapentadol</b>		
	Nucynta (tapentadol)	50 mg tablet	6 tablets
	Nucynta (tapentadol)	75 mg tablet	6 tablets
	Nucynta (tapentadol)	100 mg tablet	6 tablets
	Rybix ODT (tramadol)	50 mg orally disintegrating tablet	8 tablets
	Ultram (tramadol) <sup>a</sup>	50 mg tablet	8 tablets

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<b>Oral Inhalers</b>	<b>Anticholinergics</b>		
<b>AR0118_r0518</b>	Atrovent HFA (ipratropium)	17 mcg/actuation (12.9 gm, 200 actuations)	2 canisters/month
	Combivent <sup>b</sup> (ipratropium/albuterol)	18 mcg/90 mcg/actuation (14.7gm, 200 actuations)	2 canisters/month
	Combivent Respimat (ipratropium/albuterol)	20 mcg/100 mcg/actuation (4.0 gm, 120 actuations)	2 canisters/month
	Incruse Ellipta (umeclidinium)	62.5 mcg/blister	30 blisters/month

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	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
<b>Short-Acting Beta Agonists</b>			
	Maxair <sup>b</sup> (pirbuterol)	200 mcg/actuation (14 gm, 400 actuations)	1 canister/month
	ProAir HFA (albuterol sulfate)	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
	Ventolin HFA (albuterol sulfate)	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
<b>Long-Acting Beta Agonists</b>			
	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
<b>Corticosteroids/Corticosteroid Combinations</b>			
	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

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	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
<b>Oral Inhalers</b>	Alvesco (ciclesonide)	80 mcg/actuation (6.1 gm, 60 actuations)	1 canister/month
<b>AR0118_r0518</b>	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

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	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) 100 mcg/62.5 mcg/25 mcg (30 inhalations)	1 canister/month
	Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)		1 inhaler/month
	<b>Anticholinergic/Long-Acting Beta Agonist Combination</b>		
	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

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	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
<b>PAH (pulmonary arterial hypertension) AR0417_r1117</b>	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
	Adempas (riociguat)	2.5 mg tablet	3 tablets
	Letairis (ambrisentan)	5 mg tablet	1 tablet
	Letairis (ambrisentan)	10 mg tablet	1 tablet
	Opsumit (macitentan)	10 mg tablet	1 tablet
	Revatio (sildenafil) <sup>a</sup>	20 mg tablet	3 tablets
	Revatio (sildenafil)	10 mg/mL suspension	2 bottles (224 mL)/30 days
	Tracleer (bosentan)	32 mg	4 tablets
	Tracleer (bosentan)	62.5 mg tablet	2 tablets
	Tracleer (bosentan)	125 mg tablet	2 tablets
	Tyvaso (inhaled treprostinil)	0.6 mg/mL system starter kit 0.6 mg/mL system refill kit	1 kit/180 days
	Tyvaso (inhaled treprostinil)		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	9 packages of 30 ampules/30 days
	Ventavis (iloprost)	20 mcg/mL	9 packages of 30 ampules/30 days
	Uptravi (selexipag)	Titration pack	1 pack/180 days
	Uptravi (selexipag)	200 mcg tablet	2 tablets
	Uptravi (selexipag)	400 mcg tablet	2 tablets
	Uptravi (selexipag)	600 mcg tablet	2 tablets
	Uptravi (selexipag)	800 mcg tablet	2 tablets

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	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
<b>Pain Medications (Combination Products) AR0118_r0618</b>	<b>Ibuprofen Combinations</b> Oxycodone/Ibuprofen	5 mg/400 mg tablet	4 tablets
	Reprexain, Ibudone (hydrocodone/ibuprofen) <sup>a</sup>	5 mg/200 mg tablet	5 tablets
	Reprexain, Ibudone (hydrocodone/ibuprofen) <sup>a</sup>	10 mg/200 mg tablet	5 tablets
	Vicoprofen (hydrocodone/ibuprofen) <sup>a</sup>	7.5 mg/200 mg tablet	5 tablets
	<b>Tramadol Combinations</b> Ultracet (tramadol/acetaminophen) <sup>a</sup>	37.5 mg/325 mg tablet	8 tablets
<b>Pain Medications (Combination Products) AR0118_r0618</b>	<b>Aspirin Combinations</b> oxycodone/aspirin	4.8355 mg/325 mg tablet	12 tablets
	Dihydrocodeine compound, Synalgos-DC (aspirin/caffeine/dihydrocodeine)	356.4 mg/30 mg/16 mg capsule	12 capsules
	<b>Acetaminophen/Oxycodone Combinations</b> Magnacet (oxycodone/acetaminophen)	5 mg/400 mg tablet	10 tablets
	Magnacet (oxycodone/acetaminophen)	7.5 mg/400 mg tablet	8 tablets
	Magnacet (oxycodone/acetaminophen)	10 mg/400 mg tablet	6 tablets
	Percocet, Endocet (oxycodone/acetaminophen) <sup>a</sup>	2.5 mg/325 mg tablet <sup>c</sup>	12 tablets
	Percocet, Endocet (oxycodone/acetaminophen) <sup>a</sup>	5 mg/325 mg tablet	12 tablets
	Percocet, Endocet (oxycodone/acetaminophen) <sup>a</sup>	7.5 mg/325 mg tablet	8 tablets
	Percocet, Endocet (oxycodone/acetaminophen) <sup>a</sup>	7.5 mg/500 mg tablet	8 tablets
	Percocet, Endocet (oxycodone/acetaminophen) <sup>a</sup>	10 mg/325 mg tablet	6 tablets
	Percocet, Endocet (oxycodone/acetaminophen) <sup>a</sup>	10 mg/650 mg tablet	6 tablets
	Primlev (oxycodone/acetaminophen)	5 mg/300 mg tablet	12 tablets
	Primlev (oxycodone/acetaminophen)	7.5 mg/300 mg tablet	8 tablets
	Primlev (oxycodone/acetaminophen)	10 mg/300 mg tablet	6 tablets
	Nalocet (oxycodone/acetaminophen)	2.5 mg/300 mg tablet	12 tablets
	Roxicet (oxycodone/acetaminophen)	5 mg/500 mg tablet	8 tablets
	Roxicet (oxycodone/acetaminophen) <sup>a</sup>	5 mg/325 mg/5 mL solution	60 mLs



**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
	<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>		
	Tylox (oxycodone/acetaminophen) <sup>a</sup>	5 mg/500 mg capsule	8 capsules
	Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	8 tablets
	<b>Acetaminophen/Codeine Combinations</b>		
	Capital and Codeine (acetaminophen/codeine)	120 mg/12 mg/5 mL suspension	90 mLs
	Acetaminophen/codeine	120 mg/12 mg/5 mL solution <sup>a</sup>	90 mLs
	Cocet (acetaminophen/codeine)	650 mg/30 mg tablet	6 tablets
	Cocet Plus (acetaminophen/codeine)	650 mg/60 mg tablet	6 tablets
	Tylenol w/Codeine (acetaminophen/codeine) <sup>a</sup>	300 mg/15 mg tablet	12 tablets
	Tylenol w/Codeine (acetaminophen/codeine) <sup>a</sup>	300 mg/30 mg tablet	12 tablets
	Tylenol w/Codeine (acetaminophen/codeine) <sup>a</sup>	300 mg/60 mg tablet	6 tablets
	<b>Acetaminophen/Hydrocodone Combinations</b>		
	Hycet (hydrocodone/acetaminophen) <sup>a</sup>	7.5 mg/325 mg/15 mL solution	120 mLs
	Hydrocodone/acetaminophen	2.5 mg/325 mg tablet <sup>a</sup>	12 tablets
	Hydrocodone/acetaminophen	2.5 mg/500 mg tablet <sup>a</sup>	8 tablets
	Lorcet, Lorcet Plus (hydrocodone/acetaminophen) <sup>a</sup>	7.5 mg/650 mg tablet	6 tablets
	Lorcet, Lorcet Plus (hydrocodone/acetaminophen) <sup>a</sup>	10 mg/650 mg tablet	6 tablets
<b>Pain Medications (Combination Products) AR0118_r0618</b>	Lortab (hydrocodone/acetaminophen) <sup>a</sup>	5 mg/500 mg tablet	8 tablets
	Lortab (hydrocodone/acetaminophen) <sup>a</sup>	7.5 mg/500 mg tablet	6 tablets
	Lortab (hydrocodone/acetaminophen) <sup>a</sup>	10 mg/500 mg tablet	6 tablets
	Maxidone (hydrocodone/acetaminophen) <sup>a</sup>	10 mg/750 mg tablet	5 tablets
	Norco (hydrocodone/acetaminophen) <sup>a</sup>	5 mg/325 mg tablet	12 tablets
	Norco (hydrocodone/acetaminophen) <sup>a</sup>	7.5 mg/325 mg tablet	6 tablets
	Norco (hydrocodone/acetaminophen) <sup>a</sup>	10 mg/325 mg tablet	6 tablets
	Stagesic, Hydrogesic, Polygesic (hydrocodone/ acetaminophen) <sup>a</sup>	5 mg/500 mg capsule	8 capsules
	(hydrocodone/acetaminophen) <sup>ad</sup>	7.5 mg/750 mg tablet	5 tablets
	(hydrocodone/acetaminophen) <sup>ad</sup>	10 mg/660 mg tablet	6 tablets
	Xodol (hydrocodone/acetaminophen) <sup>a</sup>	5 mg/300 mg tablet	12 tablets

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	Xodol (hydrocodone/acetaminophen) <sup>a</sup>	7.5 mg/300 mg tablet	6 tablets
	Xodol (hydrocodone/acetaminophen) <sup>a</sup>	10 mg/300 mg tablet	6 tablets
	hydrocodone/acetaminophen	10 mg/325 mg/15 mL solution	90 mLs
	Zolvit/Lortab (hydrocodone/acetaminophen)	10 mg/300 mg/15 mL solution	67.5 mLs
	Zydone (hydrocodone/acetaminophen)	5 mg/400 mg tablet	8 tablets
	Zydone (hydrocodone/acetaminophen)	7.5 mg/400 mg tablet	6 tablets
	Zydone (hydrocodone/acetaminophen)	10 mg/400 mg tablet	6 tablets
	<b>Acetaminophen Combinations, Other</b>		
	Trezix (acetaminophen/caffeine/dihydrocodeine) <sup>a</sup>	320.5 mg/30 mg/16 mg capsule	10 capsules
		356.4 mg/30 mg/16 mg capsule	10 capsules
	Trezix (acetaminophen/caffeine/dihydrocodeine) Acetaminophen/Caffeine/Dihydrocodeine	325 mg/30 mg/16 mg tablet	10 tablets
	Panlor SS, ZerLor	712.8 mg/60 mg/32 mg tablet	5 tablets
	Talacen (pentazocine/acetaminophen) <sup>a</sup>	25 mg/650 mg tablet	6 tablets
	Allzital (butalbital/acetaminophen)	25 mg/325 mg tablet	12 tablets
<b>Pain Medications (Combination Products) AR0118_r0618</b>	<b>Butalbital Combinations</b>		
	Butalbital Compound (butalbital/aspirin/caffeine) <sup>a</sup>	50 mg/325 mg/40 mg tablet	6 tablets
	Butalbital Compound (butalbital/aspirin/caffeine) <sup>a</sup>	50 mg/325 mg/40 mg capsule	6 capsules
		50 mg/325 mg tablet	6 tablets
	Butalbital/Acetaminophen <sup>a</sup>	50 mg/650 mg tablet	6 tablets
	Dolgic Plus (butalbital/acetaminophen/caffeine)	50 mg/750 mg/40 mg tablet	5 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) <sup>a</sup>	50 mg/325 mg/40 mg tablet	6 tablets
		50 mg/500 mg/40 mg capsule	6 capsules
	Esgic-Plus (butalbital/acetaminophen/caffeine) <sup>a</sup>	50 mg/500 mg/40 mg tablet	6 tablets
	Esgic-Plus (butalbital/acetaminophen/caffeine) <sup>a</sup>		
		50 mg/325 mg/40 mg/30 mg capsule	6 capsules
	butalbital/acetaminophen/caffeine/codeine		
	Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine) <sup>a</sup>	50 mg/300 mg/40 mg/30 mg capsule	6 capsules

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine) <sup>a</sup>	50 mg/325 mg/40 mg/30 mg capsule	6 capsules
	Orbivan (butalbital/acetaminophen/caffeine) <sup>a</sup>	50 mg/300 mg/40 mg capsule	6 capsules
	Bupap/Orbivan CF (butalbital/acetaminophen) <sup>a</sup>	50 mg/300 mg tablet	6 tablets
	Phrenilin Forte (butalbital/acetaminophen)	50 mg/650 mg capsule	6 capsules
	pentazocine/naloxone	50 mg/0.5 mg tablet	12 tablets
<b>PPIs AR0717</b>	Aciphex (rabeprazole)	20 mg delayed-release tablets <sup>a</sup>	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) <sup>a</sup>	20 mg delayed-release capsules	1 capsule
	Nexium (esomeprazole) <sup>a</sup>	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 <sup>a</sup>	1 capsule
	Prevacid (lansoprazole)	30 mg delayed-release capsules <sup>a</sup>	1 capsule
	Prevacid (lansoprazole)	15 mg delayed-release orally disintegrating tablet <sup>a</sup>	1 tablet
	Prevacid (lansoprazole)	30 mg delayed-release orally disintegrating tablet <sup>a</sup>	1 tablet
	Prilosec (omeprazole)	10 mg delayed-release capsules <sup>a</sup>	1 capsule
	Prilosec (omeprazole)	20 mg delayed-release capsules <sup>a</sup>	1 capsule
	Prilosec (omeprazole)	40 mg delayed-release capsules <sup>a</sup>	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 <sup>a</sup>	1 tablet
	Protonix (pantoprazole)	40 mg delayed-release tablets <sup>a</sup>	1 tablet

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

<b>Program</b>	<b>Target Drug</b>	<b>Dosage/Strength</b>	<b>Quantity Limit (Units/Day or as noted)</b>
<i>NOTE: a = generic available and included in quantity limit program b- brand not available</i>			
	Zegerid (omeprazole/sodium bicarbonate)	20 mg immediate-release capsules <sup>a</sup>	1 capsule
	Zegerid (omeprazole/sodium bicarbonate)	40 mg immediate-release capsules <sup>a</sup>	1 capsule
	Zegerid (omeprazole/sodium bicarbonate)	20 mg powder for oral suspension (packets) <sup>a</sup>	1 packet
	Zegerid (omeprazole/sodium bicarbonate)	40 mg powder for oral suspension (packets) <sup>a</sup>	1 packet
<b>Parathyroid Hormone Analog</b>	Forteo (teriparatide)	250 mcg/mL injection	1 pen (2.4 ml)/28 days
<b>AR1017</b>	Tymlos (abaloparatide)	2000 mcg/mL injection	1 pen (1.56 ml)/30 days
<b>Topical NSAIDs</b>	Flector (diclofenac epolamine)	180 gram topical patch (1.3% in aqueous base)	60 patches/30 days
<b>AR0118</b>	Pennsaid (diclofenac sodium) <sup>a</sup>	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) <sup>a</sup>	1% topical gel	1000 grams (10 tubes)/30 days
	a - brand and generics included in quantity limit program		
<b>Triptans AR0318</b>	The following triptans are subject to QL: Amerge (naratriptan) Tablets, Axert (almotriptan) Tablets, Frova (frovatriptan) Tablets, Imitrex (sumatriptan) Injection, Sumatriptan Injection, Imitrex, Sumatriptan (sumatriptan) Nasal Spray, Imitrex (sumatriptan) Tablets, Maxalt (rizatriptan) MLT Tablets, Maxalt (rizatriptan) Tablets, Onzetra (sumatriptan), Relpax (eletriptan) Tablets, Sumatriptan Injection, Sumavel DosePro (sumatriptan) Injection, Treximet (sumatriptan/naproxen) Tablets, Zecuity (sumatriptan) Iontophoretic Transdermal System, Zembrace, Zomig (zolmitriptan) Nasal Spray, Zomig (zolmitriptan) Tablets, Zomig (zolmitriptan) ZMT Tablets. **Specific Triptan QL information is included in the individual program document ND_PS_Triptans_ST_QL_AR0318		
<b>VMAT Inhibitors</b>	Austedo (deutetrabenazine)	6 mg	2 tablets
<b>AR0118</b>	Austedo (deutetrabenazine)	9 mg	4 tablets
	Austedo (deutetrabenazine)	12 mg	4 tablets
	Ingrezza (valbenzaine)	40 mg	1 capsule
	Ingrezza (valbenzaine)	80 mg	1 capsule
	Xenazine (tetrabenazine)	12.5 mg tablet	8 tablets
	Xenazine (tetrabenazine)	25 mg tablet	4 tablets

**BlueCross BlueShield of North Dakota Quantity Limit Program Criteria**

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
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<b>Insulin Combination AR0118</b>	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