

## 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

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.
NF	Non-Formulary Drug	A Prescription Medication or Drug that is not a Formulary Drug

**CONTRACEPTIVES:** Oral contraceptives, if covered, are covered for females only. Prior approval (PA) required for males. Oral contraceptives may be excluded from coverage under the drug benefit. In all cases, plan inclusions/exclusions determine specific coverage.

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

- Specific criteria must be met before medication is covered under the pharmacy benefit. 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
<b>ACNE &amp; SKIN: Prior approval (PA) required for age &gt;35</b>	ATRALIN, AVITA , RETIN-A, TRETIN-X	TRETINOIN
	DIFFERIN	ADAPALENE
	EPIDUO	ADAPALENE-BENZOYL PEROXIDE
	TAZORAC	TAZAROTENE
	VELTIN	CLINDAMYCIN-TRETINOIN
	ZIANA	CLINDAMYCIN-TRETINOIN
<b>ANTIBIOTICS</b>	ZYVOX*	LINEZOLID*
	*Initial therapy of 28 doses will be covered to ensure that therapy is not delayed while the prior approval request is being reviewed.	
<b>ANTIFUNGALS</b>	NOXAFIL	POSACONAZOLE
	VFEND	VORICONAZOLE
<b>AUTOIMMUNE INFLAMMATORY DISORDERS</b>	ACTEMRA	TOCILIZUMAB
	AMEVIVE	ALEFACEPT
	ARCALYST	RILONACEPT
	CIMZIA	CERTOLIZUMAB
	ENBREL	ETANERCEPT
	ENTYVIO	VEDOLIZUMAB
	HUMIRA	ADALIMUMAB
	ILARIS	CANAKINUMAB
	KINERET	ANAKINRA
	ORENCIA	ABATACEPT
	OTEZLA	APREMILAST
	REMICADE	INFLIXIMAB
	RITUXAN	RITUXIMAB
	SIMPONI/SIMPONI ARIA	GOLIMUMAB
	STELARA	USTEKINUMAB
XELJANZ	TOFACITINIB	
<b>CANCER—</b>	AFINITOR/AFINITOR DISPERZ	EVEROLIMUS

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<b>CATEGORY</b>	<b>BRAND DRUG NAME</b>	<b>GENERIC DRUG NAME</b>
<b>ORALLY ADMINISTERED</b>	BOSULIF	BOSUTINIB
	CAPRELSA	VANDETANIB
	COMETRIQ	CABOZANTINIB S-MAL
	ERIVEDGE	VISMODEGIB
	GILOTRIF	AFATINIB DIMALEATE
	GLEEVEC	IMATINIB MESYLATE
	HYCAMTIN	TOPOTECAN
	ICLUSIG	PONATINIB
	IMBRUVICA	IBRUTINIB
	INLYTA	AXITINIB
	IRESSA	GEFITINIB
	JAKAFI	RUXOLITINIB
	LYNPARZA	OLAPARIB
	MEKINIST	TRAMETINIB
	NEXAVAR	SORAFENIB
	POMALYST	POMALIDOMIDE
	REVLIMID	LENALIDOMIDE
	SPRYCEL	DASATINIB
	STIVARGA	REGORAFENIB
	SUTENT	SUNITINIB
	TAFINLAR	DABRAFENIB
	TARCEVA	ERLOTINIB
	TASIGNA	NILOTINIB
	THALOMID	THALIDOMIDE
	TYKERB	LAPATINIB
	VOTRIENT	PAZOPANIB
	XALKORI	CRIZOTINIB
	XELODA	CAPECITABINE
	XTANDI	ENZALUTAMIDE
	ZYKADIA	CERITINIB
	ZELBORAF	VEMURAFENIB
	ZOLINZA	VORINOSTAT
ZYDELIG	IDELALISIB	
ZYTIGA	ABIRATERONE	
<b>CANCER—INJECTABLE</b>	AVASTIN	BEVACIZUMAB
	CYRAMZA	RAMUCIRUMAB
	KADCYLA	ADO-TRASTUZUMAB EMTANSINE
	HERCEPTIN	TRASTUZUMAB
	KYPROLIS	CARFILZOMIB
	PERJETA	PERTUZUMAB
	RITUXAN	RITUXIMAB
	SYNRIBO	OMACETAXINE
	XOFIGO	RADIUM RA 223 DICHLORIDE
<b>CYSTIC FIBROSIS</b>	CAYSTON	AZTREONAM
	KALYDECO	IVACAFTOR

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<b>ENZYME DEFICIENCIES</b>	CARBAGLU	CARGLUMIC ACID
	ELELYSO	TALIGLUCERASE ALFA
	KUVAN	SAPROPTERIN
	LUMIZYME, MYOZYME	ALGLUCOSIDASE ALFA
	ORFADIN	NITISINONE
	SUCRAID	SACROSIDASE
	VIMIZIM	ELOSULFASE ALFA
	VPRIV	VELAGLUCERASE ALFA
	ZAVESCA	MIGLUSTAT
<b>GROWTH HORMONES</b>	GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN/NUTROPIN AQ, OMNITROPE, SAIZEN, SEROSTIM, TEV- TROPIN, ZORBTIVE	SOMATROPIN
	INCRELEX	MECASERMIN
<b>HEPATITIS C</b>	OLYSIO	SIMEPRIVIR
	HARVONI	LEDIPASVIR-SOFOSBUVIR
	SOVALDI	SOFOSBUVIR
	VIEKIRA	RITONAVIR-DASABUVIR-PARITAPREVIR- OMBITASVIR
<b>HEREDITARY ANGIOEDEMA (HAE)</b>	BERINERT	C1 ESTERASE INHIBITOR (HUMAN)
	CINRYZE	C1 ESTERASE INHIBITOR (HUMAN)
	FIRAZYR	ICATIBANT ACETATE
	KALBITOR	ECALLANTIDE
	RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)
<b>IDIOPATHIC IMMUNE THROMBOCYTOPENIC PURPURA (ITP)</b>	NPLATE	ROMIPLOSTIM
	PROMACTA	ELTROMBOPAG
<b>INSULIN</b>	APIDRA	INSULIN GLULISINE
	HUMALOG 50/50	INSULIN LISPRO
	HUMALOG 75/25	INSULIN LISPRO
	HUMALOG	INSULIN LISPRO
	HUMULIN 70/30	REGULAR INSULIN; ISOPHANE INSULIN (NPH)
	HUMULIN N	ISOPHANE INSULIN (NPH)
	HUMULIN R	REGULAR INSULIN
	HUMULIN R U-500	REGULAR INSULIN
<b>LUNG DISORDERS</b>	ACTIMMUNE	INTERFERON GAMMA-1B
	ARALAST NP, PROLASTIN-C, ZEMAIRA	ALPHA1-PROTEINASE INHIBITOR
	ESBRIET	PIRFENIDONE
	GLASSIA	ALPHA1-PROTEINASE INHIBITOR
	OFEV	NINTEDANIB
	XOLAIR	OMALIZUMAB
<b>MEN'S HEALTH: PA required for females.</b>	AVODART	DUTASTERIDE CAP
	ELIGARD	LEUPROLIDE ACETATE SUBCUTANEOUS INJ KIT
	PROSCAR	FINASTERIDE TAB 5 MG
	STRIANT	TESTOSTERONE BUCCAL
	VANTAS	HISTRELIN ACETATE IMPLANT KIT
<b>MULTIPLE SCLEROSIS</b>	AUBAGIO	TERIFLUNOMIDE

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	AVONEX	INTERFERON $\beta$ -1a
	BETASERON	INTERFERON $\beta$ -1b
	COPAXONE	GLATIRAMER
	EXTAVIA	INTERFERON $\beta$ -1b
	GILENYA	FINGOLIMOD
	PLEGRIDY	PEGINTERFERON BETA-1A
	REBIF	INTERFERON $\beta$ -1a
	TECFIDERA	DIMETHYL FUMARATE
	TYSABRI	NATALIZUMAB
<b>PULMONARY HYPERTENSION</b>	ADCIRCA	TADALAFIL
	ADEMPAS	RIOCIGUAT
	FLOLAN	EPOPROSTENOL
	LETAIRIS	AMBRISENTAN
	OPSUMIT	MACITENTAN
	ORENITRAM	TREPROSTINIL
	REMODULIN	TREPROSTINIL
	REVATIO	SILDENAFIL
	TRACLEER	BOSENTAN
	TYVASO	TREPOSTINOL
	VELETRI	EPOPROSTENOL
	VENTAVIS	ILOPROST
<b>OTHERS</b>	APOKYN	APOMORPHINE
	BANZEL	RUFINAMIDE
	BENLYSTA	BELIMUMAB
	CERDELGA	ELIGLUSTAT TARTRATE
	CEREZYME	IMIGLUCERASE
	CHENODAL	CHENODIOL
	FORTEO	TERIPARATIDE
	GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT
	HETLIOZ	TASIMELTEON
	INJECTAFER	FERRIC CARBOXYMALTOSE
	JETREA	OCRIPLASMIN
	JUXTAPID	LOMITAPIDE
	ORALAIR	MIXED GRASS POLLENS ALLERGEN EXTRACT
	H P ACTHAR GEL	CORTICOTROPIN INJ GEL
	RAGWITEK	SHORT RAGWEED POLLEN ALLERGEN EXTRACT
	RELISTOR	METHYLNALTREXONE
	RITUXAN	RITUXIMAB
	SAMSCA	TOLVAPTAN
	SENSIPAR	CINACALCET
	SYNAGIS	PALIVIZUMAB IM SOLUTION
SUPPRELIN LA	HISTRELIN ACETATE	
XENAZINE	TETRABENAZINE	

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<b>Drugs with Benefit Quantity Limits:</b> The following list represents the drugs subject to a limited dispensing amount.			
<b>ANTIBIOTICS</b>			
<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>FORMULARY STATUS</b>	<b>Quantity Limit</b>
ZYVOX	LINEZOLID	F	Initial therapy of 28 doses will be covered to ensure that therapy is not delayed while the prior approval request is being reviewed.
<b>MULTIPLE SCLEROSIS</b>			
<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>FORMULARY STATUS</b>	<b>Quantity Limit</b>
AMPYRA	DALFAMPRIDINE	NF	2 tabs/day
<b>ERECTILE DYSFUNCTION, ORAL</b>		<b>Daily and as-needed use prescriptions are not allowed concomitantly</b>	
<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>FORMULARY STATUS</b>	<b>Quantity Limit</b>
CIALIS 10 mg, 20 mg	TADALAFIL	NF	<b>A Combined Total of 18 tablets per 90 Days</b> A member can receive <b>up to</b> a combined total of 18 tablets per 90 days. The claims system <b>will not allow</b> any quantity >18 in <b>any</b> 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