

**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
ACNE & SKIN: Prior approval (PA) required for age >40	ATRALIN, AVITA , RETIN-A, TRETIN-X	TRETINOIN
	DERMAPAK PLUS	TRETINOIN-ZINC OXIDE
	DIFFERIN	ADAPALENE
	EPIDUO	ADAPALENE-BENZOYL PEROXIDE
	FABIOR	TAZAROTENE
	TAZORAC	TAZAROTENE
	VELTIN	CLINDAMYCIN-TRETINOIN
	ZIANA	CLINDAMYCIN-TRETINOIN
ANTIBIOTICS	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.	
ANTIFUNGALS	NOXAFIL	POSACONAZOLE
	VFEND	VORICONAZOLE
AUTOIMMUNE INFLAMMATORY DISORDERS	ACTEMRA	TOCILIZUMAB
	AMEVIVE	ALEFACEPT
	ARCALYST	RILONACEPT
	CIMZIA	CERTOLIZUMAB
	COSENTYX	SECUKINUMAB
	ENBREL	ETANERCEPT
	ENTYVIO	VEDOLIZUMAB
	HUMIRA	ADALIMUMAB
	ILARIS	CANAKINUMAB
	KINERET	ANAKINRA
	ORENCIA	ABATACEPT
	OTEZLA	APREMILAST
	REMICADE	INFLIXIMAB
RITUXAN	RITUXIMAB	

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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME
	SIMPONI/SIMPONI ARIA	GOLIMUMAB
	STELARA	USTEKINUMAB
	TALTZ	IXEKIZUMAB
	XELJANZ, XELJANZ XR	TOFACITINIB
CANCER— ORALLY ADMINISTERED	ALECENSA	ALECTINIB
	AFINITOR/AFINITOR DISPERZ	EVEROLIMUS
	BOSULIF	BOSUTINIB
	CAPRELSA	VANDETANIB
	CABOMETYX	CABOZANTINIB
	COMETRIQ	CABOZANTINIB S-MAL
	COTELLIC	COBIMETINIB
	ERIVEDGE	VISMODEGIB
	FARYDAK	PANOBINOSTAT LACTATE
	GILOTRIF	AFATINIB DIMALEATE
	GLEEVEC	IMATINIB MESYLATE
	HYCAMTIN	TOPOTECAN
	IBRANCE	PALBOCICLIB
	ICLUSIG	PONATINIB
	IMBRUVICA	IBRUTINIB
	INLYTA	AXITINIB
	IRESSA	GEFITINIB
	JAKAFI	RUXOLITINIB
	KISQALI	RIBOCICLIB
	LENVIMA	LENVATINIB MESYLATE
	LONSURF	TRIFLURIDINE-TIPIRACIL
	LYNPARZA	OLAPARIB
	MEKINIST	TRAMETINIB
	NEXAVAR	SORAFENIB
	NINLARO	IXAZOMIB
	ODOMZO	SONIDEGIB
	POMALYST	POMALIDOMIDE
	REVLIMID	LENALIDOMIDE
	RUBRACA	RUCAPARIB
	SPRYCEL	DASATINIB
	STIVARGA	REGORAFENIB
	SUTENT	SUNITINIB
	TAFINLAR	DABRAFENIB
TAGRISSO	OSIMERTINIB	
TARCEVA	ERLOTINIB	
TARGRETIN	BEXAROTENE	
TASIGNA	NILOTINIB	
TEMODAR	TEMOZOLOMIDE	
THALOMID	THALIDOMIDE	
TYKERB	LAPATINIB	
VENCLEXTA	VENETOCLAX	

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	VOTRIENT	PAZOPANIB
	XALKORI	CRIZOTINIB
	XELODA	CAPECITABINE
	XTANDI	ENZALUTAMIDE
	ZELBORAF	VEMURAFENIB
	ZOLINZA	VORINOSTAT
	ZYDELIG	IDELALISIB
	ZYKADIA	CERITINIB
	ZYTIGA	ABIRATERONE
CANCER—INJECTABLE	AVASTIN	BEVACIZUMAB
	KADCYLA	ADO-TRASTUZUMAB EMTANSINE
	HERCEPTIN	TRASTUZUMAB
	KYPROLIS	CARFILZOMIB
	PERJETA	PERTUZUMAB
	RITUXAN	RITUXIMAB
	SYNRIBO	OMACETAXINE
	XOFIGO	RADIUM RA 223 DICHLORIDE
CYSTIC FIBROSIS	CAYSTON	AZTREONAM
	KALYDECO	IVACAFTOR
	ORKAMBI	LUMACAF TOR-IVACAFTOR
ENZYME DEFICIENCIES	CARBAGLU	CARGLUMIC ACID
	ELELYSO	TALIGLUCERASE ALFA
	KUVAN	SAPROPTERIN
	LUMIZYME, MYOZYME	ALGLUCOSIDASE ALFA
	STRENSIQ	ASFOTASE ALFA
	VIMIZIM	ELOSULFASE ALFA
	VPRIV	VELAGLUCERASE ALFA
GROWTH HORMONES	GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN/NUTROPIN AQ, OMNITROPE, SAIZEN, SEROSTIM, TEV- TROPIN, ZORBTIVE	SOMATROPIN
	INCRELEX	MECASERMIN
HEPATITIS C	OLYSIO	SIMEPRIVIR
	HARVONI	LEDIPASVIR-SOFOSBUVIR
	SOVALDI	SOFOSBUVIR
	EPCLUSA	SOFOSBUVIR-VELPATASVIR
	ZEPATIER	ELBASVIR-GRAZOPRE VIR
HEREDITARY ANGIOEDEMA (HAE)	BERINERT	C1 ESTERASE INHIBITOR (HUMAN)
	CINRYZE	C1 ESTERASE INHIBITOR (HUMAN)
	FIRAZYR	ICATIBANT ACETATE
	KALBITOR	ECALLANTIDE
	RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)
IDIOPATHIC IMMUNE THROM-BOCYTOPENIC PURPURA (ITP)	NPLATE	ROMIPLOSTIM
	PROMACTA	ELTROMBOPAG
INSULIN	AFREZZA	INSULIN, INHALED

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	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
LUNG DISORDERS	ACTIMMUNE	INTERFERON GAMMA-1B
	ARALAST NP, PROLASTIN-C, ZEMAIRA	ALPHA1-PROTEINASE INHIBITOR
	CINQAIR	RESILIZUMAB
	ESBRIET	PIRFENIDONE
	GLASSIA	ALPHA1-PROTEINASE INHIBITOR
	NUCALA	MEPOLIZUMAB
	OFEV	NINTEDANIB
	XOLAIR	OMALIZUMAB
MULTIPLE SCLEROSIS	AUBAGIO	TERIFLUNOMIDE
	AVONEX	INTERFERON β -1a
	BETASERON	INTERFERON β -1b
	COPAXONE	GLATIRAMER
	EXTAVIA	INTERFERON β -1b
	GILENYA	FINGOLIMOD
	GLATOPA	GLATIRAMER
	LEMTRADA	ALEMTUZUMAB
	PLEGRIDY	PEGINTERFERON BETA-1A
	REBIF	INTERFERON β -1a
	TECFIDERA	DIMETHYL FUMARATE
	TYSABRI	NATALIZUMAB
ZINBRYTA	DACLIZUMAB	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS (PCSK9S)	PRALUENT	ALIROCUMAB
	REPATHA	EVOLOCUMAB
PULMONARY HYPERTENSION	ADCIRCA	TADALAFIL
	ADEMPAS	RIOCIGUAT
	FLOLAN	EPOPROSTENOL
	LETAIRIS	AMBRISENTAN
	OPSUMIT	MACITENTAN
	ORENITRAM	TREPROSTINIL
	REMODULIN	TREPROSTINIL
	REVATIO	SILDENAFIL
	TRACLEER	BOSENTAN
	TYVASO	TREPOSTINOL
	UPTRAVI	SELEXIPAG
	VELETRI	EPOPROSTENOL
	VENTAVIS	ILOPROST

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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME
OTHERS	BENLYSTA	BELIMUMAB
	CERDELGA	ELIGLUSTAT TARTRATE
	CEREZYME	IMIGLUCERASE
	DUPIXENT	DUPILUMAB
	EMFLAZA	DEFLAZACORT
	FORTEO	TERIPARATIDE
	GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT
	HETLIOZ	TASIMELTEON
	INJECTAFER	FERRIC CARBOXYMALTOSE
	JUXTAPID	LOMITAPIDE
	NORTHERA	DROXIDOPA
	OCALIVA	OBETICHOLIC ACID
	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
	SPINRAZA	NUSINERSEN
	SYNAGIS	PALIVIZUMAB IM SOLUTION
SUPPRELIN LA	HISTRELIN ACETATE	
XENAZINE	TETRABENAZINE	

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



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, 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, 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:
 - Qualified sign language interpreters
 - 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 1-800-342-4718 (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, 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)

You can file a grievance in person or by mail, fax, or email. 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 1-800-342-4718 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-342-4718 (TTY: 1-800-366-6888 oder 711).

繁體中文 (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 1-800-342-4718 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-342-4718 (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 1-800-342-4718 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-342-4718 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-342-4718 (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 1-800-342-4718 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-342-4718 (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。1-800-342-4718 (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 1-800-342-4718 (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 1-800-342-4718 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-342-4718 (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 1-800-342-4718 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-800-342-4718 (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, kojí' hódíílnih 1-800-342-4718 (TTY: 1-800-366-6888 éí doodagó 711.)