

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

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

Key Definitions		
CE	Coverage Exception	For Qualified Health Plans (QHP), this is a Non-Formulary drug excluded from coverage. If seeking coverage, a Coverage Exception Form must be submitted for review. The coverage exception form can be found on the link below: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSND/COMMERCIAL/NDIVLDRUG/ND_HIM_Coverage_Exception.pdf OR https://www.myprime.com/en/coverage-exception-form.html
F	Formulary Drug	A Brand Name or Generic Prescription Drug that has been determined to be safe, therapeutically effective, high quality, and cost-effective as determined by a committee of Physicians and Pharmacists based on current data.
MED	Medical Drug	A medical benefit drug that requires Prior Approval (Precertification) Precertification form for medical drugs can be found on the link below: https://www.bcbsnd.com/content/dam/bcbsnd/documents/forms/providers/precertification/outpatient-fillable.pdf
MED+	Medical Drug Available on Pharmacy Benefit	A drug that requires Prior Approval (Precertification) through the medical benefit prior authorization process but is payable under the pharmacy benefit. Prior authorization form for medical drugs can be found on the link below: https://www.bcbsnd.com/content/dam/bcbsnd/documents/forms/providers/precertification/outpatient-fillable.pdf
NF	Non-Formulary Drug	A Prescription Medication or Drug that is not a Formulary Drug
PA	Prior Approval	A drug that requires Prior Approval. Prior authorization form for pharmacy drugs can be found on the link below: https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html
QHP	Qualified Health Plan	Health Insurance Market Individual, Small Group Formulary and BlueValue Formulary

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

- **This entire list applies to the commercial population.** Unless otherwise noted, if a prior approval is granted for a commercial member, the drug will be allowed at the Formulary benefit level.
- Specific criteria must be met before medication is covered under the pharmacy benefit.
- 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.
- PA or CE, PA or PA, CE (Brand only) prior authorization form for pharmacy drugs can be found on the link below:
<https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html>
- MED prior authorization form for medical drugs can be found on the link below:
<https://www.bcbsnd.com/content/dam/bcbsnd/documents/forms/providers/precertification/outpatient-fillable.pdf>

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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2023 AND 2024
ALLERGIES	GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT	PA
	ODACTRA	DUST MITE MIXED EXTRACT	PA
	ORALAIR	MIXED GRASS POLLENS ALLERGEN EXTRACT	CE, PA
	RAGWITEK	SHORT RAGWEED POLLEN ALLERGEN EXTRACT	PA
AMYLOIDOSIS- CARDIOMYOPATHY	VYNDAMAX	TAFAMIDIS	PA
	VYNDAQEL	TAFAMIDIS	PA
AMYLOIDOSIS- POLYNEUROPATHY	AMVUTTRA	VUTRISIRAN	MED
	ONPATTRO	PATISIRAN	MED
	TEGSEDI	INOTERSEN	PA
ANTIFUNGALS (oral)	BREXAFEMME	IBREXAFUNGERP CITRATE	CE, PA
	CRESEMBA cap	ISAVUCONAZONIUM	PA
	CRESEMBA Injection	ISAVUCONAZONIUM SULF FOR IV SOL	CE, PA
	NOXAFIL packet, suspension	POSACONAZOLE packet, suspension	PA
	NOXAFIL tab	POSACONAZOLE tab	PA, CE (Brand only)
	VFEND	VORICONAZOLE	PA, CE (Brand only)
	VIVJOA	OTESECONAZOLE	CE, PA
ATOPIC DERMATITIS	ADBRY	TRALOKINUMAB-LDRM	PA
	CIBINQO	ABROCITINIB	PA, CE
	DUPIXENT	DUPILUMAB	PA
AUTOIMMUNE INFLAMMATORY DISORDERS	ABRILADA	ADALIMUMAB-AFZB	CE, PA
	ACTEMRA prefilled syringe (Self-Administered)	TOCILIZUMAB	PA
	ACTEMRA IV vial (Healthcare Administered)	TOCILIZUMAB	MED
	ADALIMUMAB-ADAZ	ADALIMUMAB-ADAZ	CE, PA
	ADALIMUMAB-ADBIM	ADALIMUMAB-ADBIM	CE, PA
	ADALIMUMAB-FKJP	ADALIMUMAB-FKJP	CE, PA
	AMJEVITA – NDCs starting with 55513-0400, 55513-0413, 55513-0411, 55513-0410	AMJEVITA – NDCs starting with 55513-0400, 55513-0413, 55513-0411, 55513-0410	PA
	AMJEVITA – all other NDC's not listed above	AMJEVITA – all other NDC's not listed above	CE, PA

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AUTOIMMUNE INFLAMMATORY DISORDERS	ARCALYST	RILONACEPT	PA
	AVSOLA	INFLIXIMAB-AXXQ	MED
	BIMZELX	BIMEKIZUMAB-BKZX	CE, PA
	CIMZIA prefilled syringe (Self-Administered)	CERTOLIZUMAB	PA
	CIMZIA lyophilized powder vial (Healthcare Administered)	CERTOLIZUMAB	MED
	COSENTYX, COSENTYX UNOREADY	SECUKINUMAB	PA
	COSENTYX IV (Healthcare Administered)	SECUKINUMAB	MED
	CYLTEZO	ADALIMUMAB-ADBIM	CE, PA
	ENBREL	ETANERCEPT	PA
	ENTYVIO IV (Healthcare Administered)	VEDOLIZUMAB	MED
	ENTYVIO pen-Injector (Self-administered)	VEDOLIZUMAB	CE, PA
	HADLIMA	ADALIMUMAB-BWWD SOLN	PA
	HULIO	ADALIMUMAB-FKJP	CE, PA
	HUMIRA	ADALIMUMAB	PA
	HYRIMOZ	ADALIMUMAB-ADAZ SOLN	CE, PA
	IDACIO	ADALIMUMAB-AACF	CE, PA
	ILARIS	CANAKINUMAB	MED
	ILUMYA	TILDRAKIZUMAB	MED
	INFLECTRA	INFLIXIMAB-DYYB	MED
	KEVZARA	SARILUMAB	PA
	KINERET	ANAKINRA	PA
	OLUMIANT	BARICITINIB	PA
	OMVOH IV vial (Healthcare Administered)	MIRIKIZUMAB-MRKZ	MED
	OMVOH auto-injector (Self-Administered)	MIRIKIZUMAB-MRKZ	CE, PA
	ORENCIA prefilled syringe or auto-injector (Self-Administered)	ABATACEPT	PA
	ORENCIA IV vial (Healthcare Administered)	ABATACEPT	MED
	OTEZLA	APREMILAST	PA
REMICADE	INFLIXIMAB	MED	

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AUTOIMMUNE INFLAMMATORY DISORDERS	RENFLEXIS	INFLIXIMAB-ABDA	MED
	RIABNI	RITUXIMAB-ARRX	MED
	RINVOQ	UPADACITINIB	PA
	RITUXAN	RITUXIMAB	MED
	RITUXAN HYCELA	RITUXIMAB-HYALURONIDASE	MED
	SAPHNELO	ANIFROLUMAB-FNIA	MED
	SILIQ	BRODALUMAB	CE, PA
	SIMLANDI	ADALIMUMAB-RYVK	CE, PA
	SIMPONI (Self-Administered)	GOLIMUMAB	PA
	SIMPONI ARIA (Healthcare Administered)	GOLIMUMAB	MED
	SKYRIZI prefilled syringe or cartridge (Self-Administered)	RISANKIZUMAB-RZAA	PA
	SKYRIZI IV vial (Healthcare Administered)	RISANKIZUMAB-RZAA	MED
	SOTYKTU	DEUCRAVACITINIB	CE, PA
	STELARA prefilled syringe (Self-Administered)	USTEKINUMAB	PA
	STELARA IV vial (Healthcare Administered)	USTEKINUMAB	MED
	TALTZ	IXEKIZUMAB	PA
	TOFIDENCE	TOCILIZUMAB-BAVI	MED
	TREMFYA	GUSELKUMAB	PA
	VELSIPITY	ETRASIMOD ARGININE TAB	CE, PA
	YUFLYMA	ADALIMUMAB-AATY	CE, PA
	YUSIMRY	ADALIMUMAB-AQVH	CE, PA
XELJANZ, XELJANZ XR	TOFACITINIB	PA	
ZEPOSIA	OZANIMOD	PA	
ZYMFENTRA	INFLIXIMAB-DYYB	CE, PA	
BLOOD DISORDERS	ADVATE	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM)	PA
	ADYNOVATE	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED	PA
	AFSTYLA	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN	PA
	ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA
	ALPHANINE SD	COAGULATION FACTOR IX	PA

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BLOOD DISORDERS	ALPROLIX	COAGULATION FACTOR IX	PA
	ALTUVIIIO	ANTIHEMOPHILIC FACT RCMB	PA
	BENEFIX	COAGULATION FACTOR IX	PA
	COAGADEX	COAGULATION FACTOR X	PA
	ELOCTATE	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII FC)	PA
	ESPEROCT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI	PA
	FIBRYGA	FIBRINOGEN CONC	PA
	HEMGENIX	ETRANACOGENE DEZAPARVOVEC-DRLB	MED
	HEMLIBRA	EMICIZUMAB-KXWH	PA
	HEMOPIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	PA
	HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA
	IDELVION	COAGULATION FACTOR IX (RECOMB) (RIX-FP)	PA
	IXINITY	COAGULATION FACTOR IX (RECOMBINANT)	PA
	JIVI	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII PEG-AUCL)	PA
	KOATE	ANTIHEMOPHILIC FACTOR (HUMAN)	PA
	KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	PA
	KOGENATE FS	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII)	PA
	KOVALTRY	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM)	PA
	NOVOEIGHT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII)	PA
	NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMB)	PA
	NUWIQ	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII, SIM)	PA
	PROFILNINE	FACTOR IX COMPLEX	PA
	REBINYN	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED	PA
	RECOMBINATE	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII)	PA
	RIASTAP	FIBRINOGEN CONC (HUMAN)	PA
	RIXUBIS	COAGULATION FACTOR IX (RECOMBINANT)	PA
	ROCTAVIAN	VALOCTOCOGENE ROXAPARVOVEC-RVOX	MED
	SEVENFACT	COAGULATION FACTOR VIIA (RECOM)-JNCW	PA
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	PA	

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BLOOD DISORDERS	WILATE	ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA
	XYNTHA	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR)	PA
	XYNTHA SOLOFUSE	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR)	PA
CANCER—INJECTABLE	ABECMA	IDCABTAGENE VICLEUCEL	MED
	ADCETRIS	BRENTUXIMAB	MED
	ALIQOPA	COPANLISIB	MED
	ALYMSYS	BEVACIZUMAB	MED
	ASPARLAS	CALASPARGASE PEGOL-MKNL	MED
	AVASTIN	BEVACIZUMAB	MED
	AVZIVI	BEVACIZUMAB-TNJV	MED
	AZEDRA	IOBENGUANE	MED
	BAVENCIO	AVELUMAB	MED
	BELEODAQ	BELINOSTAT	MED
	BELRAPZO	BENDAMUSTINE	MED
	BENDAMUSTINE	BENDAMUSTINE	MED
	BENDEKA	BENDAMUSTINE	MED
	BESPONSА	INOTUZUMAB	MED
	BLINCYTO	BLINATUMOMAB	MED
	BREYANZI	LISOCABTAGENE MARALEUCEL	MED
	CARVYKTI	CILTACABTAGENE AUTOLEUCEL	MED
	COLUMVI	GLOFITAMAB-GXBM	MED
	COSELA	TRILACICLIB	MED
	CYRAMZA	RAMUCIRUMAB	MED
	DANYELZA	NAXITAMAB-GQGK	MED
	DARZALEX	DARATUMUMAB	MED
	DARZALEX FASPRO	TARATUMUMAB AND HYALURONIDASE-FIHJ	MED
	ELAHERE	MIREVETUXIMAB SORAVTANSINE-GYNX	MED
	ELREXIO	ELRANATAMAB-BCMM	MED
	ELZONRIS	TAGRAXOFUSP	MED

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CANCER—INJECTABLE	EMPLICITI	ELOTUZUMAB	MED
	ENHERTU	FAM-TRASTUZUMAB DERUXTECAN-NXKI	MED
	EPKINLY	EPCORITAMAB-BYSP	MED
	ERBITUX	CETUXIMAB	MED
	FOLOTYN	PRALATREXATE	MED
	FULPHILA	PEGFILGRASTIM-JMDB	MED
	FYLNETRA	PEGFILGRASTIM-PBBK	MED
	GAZYVA	OBINUTUZUMAB	MED
	HALAVEN	ERIBULIN MESYLATE	MED
	HEPZATO	MELPHALAN	MED
	HERCEPTIN	TRASTUZUMAB	MED
	HERCEPTIN HYLECTA	TRASTUZUMAB & HYALURONIDASE-OYSK	MED
	HERZUMA	TRASTUZUMAB-PKRB	MED
	IMFINZI	DURVALUMAB	MED
	IMJUDO	TREMELIMUMAB	MED
	ISTODAX	ROMIDEPSIN	MED
	IXEMPRA	IXABEPILONE	MED
	JEMPERLI	DOSTARLIMAB-GXLY	MED
	KADCYLA	ADO-TRASTUZUMAB EMTANSINE	MED
	KANJINTI	TRASTUZUMAB-ANNS	MED
	KEYTRUDA	PEMBROLIZUMAB	MED
	KIMMTRAK	TEBENTAFUSP-TEBN	MED
	KYMRIAH	TISAGENLECLEUCEL	MED
	KYPROLIS	CARFILZOMIB	MED
	LIBTAYO	CEMIPLIMAB-RWLC	MED
	LOQTORZI	TORIPALIMAB-TPZI	MED
	LUMOXITI	MOXETUMOMAB PASUDOTOX-TDFK	MED
	LUNSUMIO	MOSUNETUZUMAB-AXGB	MED
LUTATHERA	LUTETIUM LU 177	MED	

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CANCER—INJECTABLE	LUTETIUM	OXODOTREOTIDE	MED
	MARGENZA	MARGETUXIMAB-CMKB	MED
	MONJUVI	TAFASITAMAB - CXIX	MED
	MOZOBIL	PLERIXAFOR	MED
	MVASI	BEVACIZUMAB-AWWB	MED
	NEULASTA	PEGFILGRASTIM	MED
	NEULASTA ONPRO KIT	PEGFILGRASTIM	MED
	NYVEPRIA	PEGFILGRASTIM-APGF	MED
	OGIVRI	TRASTUZUMAB-DKST	MED
	ONCASPAR	PEGASPARGASE	MED
	ONIVYDE	IRINOTECAN LIPOSOMAL	MED
	ONTRUZANT	TRASTUZUMAB-DTTB	MED
	OPDIVO	NIVOLUMAB	MED
	OPDUALAG	NIVOLUMAB-RELATLIMAB-RMBW	MED
	PADCEV	ENFORTUMAB VEDOTIN-EJFV	MED
	PERJETA	PERTUZUMAB	MED
	PHESGO	PERTUZUMAB – TRASTUZUMAB – HYALURONIDASE – ZZXF	MED
	PLERIXAFOR	PLERIXAFOR	MED
	PLUVICTO	LUTETIUM LU 177	MED
	POLIVY	POLATUZUMAB	MED
	POTELIGEO	MOGAMULIZUMAB	MED
	PRALATREXATE	PRALATREXATE	MED
	PROVENGE	SIPULEUCEL-T	MED
	RITUXAN	RITUXIMAB	MED
	ROLVEDON	EFLAPEGRASTIM-XNST	MED
	RUXIENCE	RITUXIMAB-PVVR	MED
	RYBREVANT	AMIVANTAMAB-VMJW	MED
	RYLAZE	ASPARAGINASE ERWINIA CHRYS	MED
	RYZNEUTA	EFEMALENOGRASTIM ALFA-VUXW	MED

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CANCER—INJECTABLE	SARCLISA	ISATUXIMAB-IRFC	MED
	STIMUFEND	PEGFILGRASTIM-FPGK	MED
	SYLATRON	PEGINTERFERON ALFA-2B	PA
	SYNRIBO	OMACETAXINE MEPESUCCINATE	MED
	TALVEY	TALQUETAMAB-TGVS	MED
	TECARTUS	BREXUCABTAGENE AUTOLEUCEL	MED
	TECENTRIQ	ATEZOLIZUMAB	MED
	TECVAYLI	TECLISTAMAB-CQYV	MED
	TIVDAK	TISOTUMAB VEDOTIN TFTV	MED
	TRAZIMERA	TRASTUZUMAB-QYYP	MED
	TREANDA	BENDAMUSTINE	MED
	TRODELVY	SACITUZUMAB	MED
	TRUXIMA	RITUXUMAB-ABBS	MED
	UDENYCA	PEGFILGRASTIM-CBQV	MED
	UDENYCA ONBODY	PEGFILGRASTIM-CBQV	MED
	VECTIBIX	PANITUMUMAB	MED
	VEGZELMA	BEVACIZUMAB-ADCD	MED
	VIVIMUSTA	BENDAMUSTINE	MED
	XGEVA	DENOSUMAB	MED
	YERVOY	IPILIMUMAB	MED
	YESCARTA	AXICABTAGENE CILOLEUCEL	MED
	YONDELIS	TRABECTEDIN	MED
	ZALTRAP	ZIV-AFLIBERCEPT	MED
	ZEPZELCA	LURBINECTEDIN	MED
	ZIEXTENZO	PEGFILGRASTIM-BMEZ	MED
	ZIRABEV	BEVACIZUMAB-BVZR	MED
	ZYNYZ	RETIFANLIMAB-DLWR IV	MED
	ZYNLONTA	LONCASTUXIMA TESIRINE-LPYL	MED
	AFINITOR/AFINITOR DISPERZ	EVEROLIMUS	PA

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CANCER—ORALLY ADMINISTERED	ALECENSA	ALECTINIB	PA
	ALUNBRIG	BRIGATINIB	PA
	AUGTYRO	REPOTRECTINIB	CE, PA
	AYVAKIT	AVAPRITINIB	PA
	BALVERSA	ERDAFITINIB	PA
	BESREMI	ROPEGINTERFERON ALFA-2B-NJFT	PA
	BOSULIF	BOSUTINIB	CE, PA
	BRAFTOVI	ENCORAFENIB	PA
	BRUKINSA	ZANUBRUTINIB	PA
	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
	EXKIVITY	MOBOCERTINIB SUCCINATE	PA
	FARYDAK	PANOBINOSTAT LACTATE	CE, PA
	FOTIVDA	TIVOZANIB HCL	PA
	FRUZAQLA	FRUQUINTINIB CAP	CE, PA
	GAVRETO	PRALSETINIB	PA
	GILOTRIF	AFATINIB DIMALEATE	PA
	GLEEVEC	IMATINIB MESYLATE	PA, CE (Brand only)
	HYCANTIN	TOPOTECAN	PA
	IBRANCE	PALBOCICLIB	PA
ICLUSIG	PONATINIB	PA	
IDHIFA	ENASIDENIB	PA	

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CANCER—ORALLY ADMINISTERED	IMBRUVICA	IBRUTINIB	PA
	INLYTA	AXITINIB	PA
	INQOVI	DECITABINE-CEDAZURIDINE	PA
	INREBIC	FEDRATINIB	PA
	IRESSA	GEFITINIB	PA
	JAKAFI	RUXOLITINIB	PA
	JAYPIRCA	PIRTOBRUTINIB	CE, PA
	KISQALI	RIBOCICLIB	PA
	KISQALI/FEMARA DOSE PAK	RIBOCICLIB/LETROZOLE	PA
	KOSELUGO	SELUMETINIB	PA
	KRAZATI	ADAGRASIB	PA
	LAPATINIB DITOSYLATE	LAPATINIB DITOSYLATE	PA
	LENVIMA	LENVATINIB MESYLATE	PA
	LONSURF	TRIFLURIDINE-TIPIRACIL	PA
	LORBRENA	LORLATINIB	PA
	LUMAKRAS	SOTORASIB	PA
	LYNPARZA	OLAPARIB	PA
	LYSODREN	MITOTANE	PA
	LYTGOBI	FUTIBATINIB	PA
	MATULANE	PROCARBAZINE	PA
	MEKINIST	TRAMETINIB	PA
	MEKTOVI	BINIMETINIB	PA
	NERLYNX	NERATINIB	PA
	NEXAVAR	SORAFENIB	PA
	NINLARO	IXAZOMIB	PA
	NUBEQA	DAROLUTAMIDE	PA
	ODOMZO	SONIDEGIB	PA
	ONUREG	AZACITIDINE TAB	PA
ORGOVYX	ELEXACAF-TEZACAF-IVACATOR	PA	

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CANCER—ORALLY ADMINISTERED	ORSERDU	ELACESTRANT HYDROCHLORIDE	CE, PA
	PEMAZYRE	PEMIGATINIB	PA
	PIQRAY	ALPELISIB	PA
	POMALYST	POMALIDOMIDE	PA
	QINLOCK	RIPRETINIB	PA
	RETEVMO	SELPERCATINIB	PA
	REVLIMID	LENALIDOMIDE	PA
	REZLIDHIA	OLUTASIDENIB	PA
	ROZLYTREK	ENTRECTINIB	PA
	RUBRACA	RUCAPARIB	CE, PA
	RYDAPT	MIDOSTAURIN	PA
	SCEMBLIX	ASCIMINIB HCL	PA
	SPRYCEL	DASATINIB	PA
	STIVARGA	REGORAFENIB	PA
	SUTENT	SUNITINIB	PA
	TABRECTA	CAPMATINIB	PA
	TAFINLAR	DABRAFENIB	PA
	TAGRISSO	OSIMERTINIB	PA
	TALZENNA	TALAZOPARIB	PA
	TARCEVA	ERLOTINIB	PA
	TARGRETIN	BEXAROTENE	PA, CE (Brand only)
	TASIGNA	NILOTINIB	PA
	TAZVERIK	TAZEMETOSTAT	PA
	TEMODAR	TEMOZOLOMIDE	PA, CE (Brand only)
	TEPMETKO	TEPOTINIB	PA
	THALOMID	THALIDOMIDE	PA
	TIBSOVO	IVOSIDENIB	PA
	TRETINOIN	TRETINOIN	PA
TRUQAP	CAPIVASERTIB	CE, PA	

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CANCER—ORALLY ADMINISTERED	TRUSELTIQ	INFIGRATINIB	PA
	TUKYSA	TUCATINIB	PA
	TURALIO	PXIDARTINIB	PA
	TYKERB	LAPATINIB	PA
	VANFLYTA	QUIZARTINIB DIHYDROCHLORIDE TAB	CE, PA
	VENCLEXTA	VENETOCLAX	PA
	VERZENIO	ABEMACICLIB	PA
	VITRAKVI	LAROTRECTINIB	PA
	VIZIMPRO	DACOITINIB	PA
	VONJO	PACRITINIB	PA
	VOTRIENT	PAZOPANIB	PA
	WELIREG	BELZUTIFAN	PA
	XALKORI	CRIZOTINIB	PA, CE
	XELODA	CAPECITABINE	PA, CE (Brand only)
	XOSPATA	GILTERITINIB	PA
	XPOVIO	SELINEXOR	PA
	XTANDI	ENZALUTAMIDE	PA
	YONSA	ABIRATERONE	PA
	ZEJULA	NIRAPARIB	PA
	ZELBORAF	VEMURAFENIB	PA
ZOLINZA	VORINOSTAT	PA	
ZYDELIG	IDELALISIB	PA	
ZYKADIA	CERITINIB	PA	
ZYTIGA	ABIRATERONE	PA	
CHOLESTEROL	EVKEEZA	EVINACUMAB-DGNB	MED
	JUXTAPID	LOMITAPIDE	PA
	LEQVIO	INCLISIRAN SODIUM	MED
	NEXLETOL	BEMPEDOIC ACID	PA
	NEXLIZET	BEMPEDOIC ACID	PA

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	VASCEPA	ICOSAPENT ETHYL	PA
CHOLESTEROL- PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS (PCSK9S)	PRALUENT	ALIROCUMAB	CE, PA
	REPATHA	EVOLOCUMAB	PA
CYSTIC FIBROSIS	KALYDECO GRANULES 5.8 MG	IVACAFTOR	CE, PA
	KALYDECO PAK, TAB, GRANULES 13.4 mg	IVACAFTOR	PA
	ORKAMBI	LUMACAFTOR-IVACAFTOR	PA
	SYMDEKO	TEZACAFTOR-IVACAFTOR	CE, PA
	TRIKAFTA	ELEXACAFTOR/ TEZACAFTOR/ IVACAFTOR AND IVACAFTOR	PA
DIABETES- CONTINUOUS GLUCOSE MONITORS & SUPPLIES AND INSULIN PUMPS	DEXCOM G5 CGM RECEIVER, TRANSMITTER, SENSOR		PA
	DEXCOM G6 CGM RECEIVER, TRANSMITTER, SENSOR		PA
	DEXCOM G7 RECEIVER		PA
	DEXCOM G7 SENSOR		PA
	FREESTYLE LIBRE READER, SENSOR		PA
	OMNIPOD 5 G6	INSULIN INFUSION DISPOSABLE PUMP	MED+
	OMNIPOD DASH	INSULIN INFUSION DISPOSABLE PUMP	MED+
	OMNIPOD CLASSIC	INSULIN INFUSION DISPOSABLE PUMP	MED+
DIABETES- DPP-4 INHIBITORS	ALOGLIPTIN	ALOGLIPTIN BENZOATE	CE, PA
	ALOGLIPTIN/METFORMIN HCL	ALOGLIPTIN-METFORMIN	CE, PA
	ALOGLIPTIN/PIOGLITAZONE	ALOGLIPTIN-PIOGLITAZONE	CE, PA
	JENTADUETO	LINAGLIPTIN-METFORMIN	CE, PA
	JENTADUETO XR	LINAGLIPTIN-METFORMIN	CE, PA
	KAZANO	ALOGLIPTIN-METFORMIN HCL	CE, PA
	KOMBIGLYZE XR	SAXAGLIPTIN-METFORMIN HCL	CE, PA
	NESINA	ALOGLIPTIN BENZOATE	CE, PA
	ONGLYZA	SAXAGLIPTIN HCL	CE, PA
	OSENI	ALOGLIPTIN-PIOGLITAZONE	CE, PA
	QTERN	DAPAGLIFLOZIN – SAXAGLIPTIN	CE, PA

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	TRADJENTA	LINAGLIPTIN	CE, PA
	ZITUVIO	SITAGLIPTIN TAB	CE, PA
DIABETES- GLP1 AGENTS	ADLYXIN	LIXISENATIDE	CE, PA
	BYDUREON BCISE	EXENATIDE	CE, PA
	BYDUREON PEN	EXENATIDE	CE, PA
	BYETTA	EXENATIDE	CE, PA
	MOUNJARO	TIRZEPATIDE	PA
	OZEMPIC	SEMAGLUTIDE	PA
	RYBELSUS	SEMAGLUTIDE	PA
	TRULICITY	DULAGLUTIDE	PA
	VICTOZA	LIRAGLUTIDE	CE, PA
DIABETES- SGLT2 INHIBITORS	INPEFA	SOTAGLIFLOZIN	CE, PA
	INVOKAMET/ INVOKAMET XR	CANAGLIFLOZIN – METFORMIN	CE, PA
	INVOKANA	CANAGLIFLOZIN	CE, PA
	QTERN	DAPAGLIFLOZIN – SAXAGLIPTIN	CE, PA
	SEGLUROMET	ERTUGLIFLOZIN – METFORMIN	CE, PA
	STEGLATRO	ERTUGLIFLOZIN L-PYROGLUTAMIC ACID	CE, PA
	STEGLUJAN	ERTUGLIFLOZIN – SITAGLIPTIN	CE, PA
ENZYME DEFICIENCIES	ALDURAZYME	LARONIDASE SOLN	MED
	BRINEURA	CERLIPONASE ALFA	MED
	CARBAGLU	CARGLUMIC ACID	PA, CE (Brand only)
	CERDELGA	ELIGLUSTAT TARTRATE	PA
	CEREZYME	IMIGLUCERASE	MED
	ELAPRASE	IDURSULFASE	MED
	ELELYSO	TALIGLUCERASE ALFA	MED
	ELFABRIO	PEGUNIGALSIDASE ALFA-IWXJ	MED
	FABRAZYME	AGALSIDASE BETA	MED
	GALAFOLD	MIGALASTAT	PA
JAVYGTOR	SAPROPTERIN	PA	

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ENZYME DEFICIENCIES	KANUMA	SEBELIPASE ALFA	MED
	KUVAN	SAPROPTERIN	PA, CE (Brand only)
	LAMZEDE	VELMANASE ALFA-TYCV	MED
	LUMIZYME	ALGLUCOSIDASE ALFA	MED
	MEPSEVII	VESTRONIDASE ALFA	MED
	NAGLAZYME	GALSULFASE	MED
	NEXVIAZYME	AVALGLUCOSIDASE ALFA	MED
	OPFOLDA	MIGLUSTAT	MED or CE, PA
	PALYNZIQ	PEGVALIASE-PQPZ	PA
	POMBILITI	CIPAGLUCOSIDASE ALFA-ATGA	MED
	SAPROPTERIN DIHYDROCHLORIDE	SAPROPTERIN DIHYDROCHLORIDE	PA
	STRENSIQ	ASFOTASE ALFA	PA
	VIMIZIM	ELOSULFASE ALFA	MED
	VPRIV	VELAGLUCERASE ALFA	MED
	XENPOZYME	OLIPUDASE ALFA-RPCP	MED
	YARGESA	MIGLUSTAT	CE, PA
ZAVESCA	MIGLUSTAT	PA, CE (Brand only)	
GONADOTROPIN RELEASING HORMONE (GnRH)	SUPPRELIN LA	HISTRELIN ACETATE (CPP) IMPLANT	MED
	TRIPTODUR	TRIPTORELIN	MED
	VANTAS	HISTRELIN ACETATE IMPLANT	MED
	ORLISSA	ELAGOLIX	PA
GROWTH HORMONES	GENOTROPIN	SOMATROPIN	PA
	HUMATROPE	SOMATROPIN	CE, PA
	NGENLA	SOMATROGON-GHLA SOLUTION PEN-INJECTOR	CE, PA
	NORDITROPIN	SOMATROPIN	PA
	NUTROPIN/NUTROPIN AQ	SOMATROPIN	CE, PA
	OMNITROPE	SOMATROPIN	PA
	SAIZEN	SOMATROPIN	CE, PA
	SAIZENPREP RECONSTITUTIONKIT	SOMATROPIN	CE, PA

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GROWTH HORMONES	SEROSTIM	SOMATROPIN	CE, PA
	SKYTROFA	LONAPEGSSOMATROPIN-TCGD	PA
	SOGROYA	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR	CE, PA
	ZOMACTON	SOMATROPIN	CE, PA
	ZORBTIVE	SOMATROPIN	CE, PA
HEPATITIS C	EPCLUSA	SOFOSBUVIR-VELPATASVIR 200-50 MG	PA
	EPCLUSA	SOFOSBUVIR-VELPATASVIR 400-100 MG	CE, PA
	EPCLUSA PELLETT PACK	SOFOSBUVIR-VELPATASVIR	PA
	HARVONI	LEDIPASVIR-SOFOSBUVIR	PA
	LEDIPASVIR/SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR	PA
	MAVYRET	GLECAPREVIR-PIBRENTASVIR	PA
	SOFOSBUVIR/VELPATASVIR	SOFOSBUVIR-VELPATASVIR	PA
	SOVALDI	SOFOSBUVIR	PA
	VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	PA
	ZEPATIER	ELBASVIR-GRAZOPREVIR	CE, PA
HEREDITARY ANGIOEDEMA (HAE)	BERINERT	C1 ESTERASE INHIBITOR (HUMAN)	MED
	CINRYZE	C1 ESTERASE INHIBITOR (HUMAN)	MED
	FIRAZYR	ICATIBANT ACETATE	PA
	HAEGARDA	C1 ESTERASE INHIBITOR	PA
	KALBITOR	ECALLANTIDE	MED
	ORLADEYO	BEROTRALSTAT	CE, PA
	RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	MED
	SAJAZIR	ICATIBANT ACETATE	PA
	TAKHZYRO	LANADELUMAB	PA
HUNTINGTON'S DISEASE	AUSTEDO	DEUTETRABENAZINE	PA
	AUSTEDO XR	DEUTETRABENAZINE	CE, PA
	XENAZINE	TETRABENAZINE	PA, CE (Brand only)
IDIOPATHIC IMMUNE THROMBOCYTOPENIC PURPURA (ITP)	ALVAIZ	ELTROMBOPAG CHOLINE	CE, PA
	DOPTELET	AVATROMBOPAG MALEATE	CE, PA

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IDIOPATHIC IMMUNE THROMBOCYTOPENIC PURPURA (ITP)	MULPLETA	LUSUTROMBOPG	PA
	NPLATE	ROMIPLOSTIM	MED
	PROMACTA	ELTROMBOPAG	PA
	TAVALISSE	FOSTAMATINIB	PA
IMMUNE GLOBULIN	ASCENIV	IMMUNE GLOBULIN (HUMAN)-SLRA IV	MED
	ALYGLO	IMMUNE GLOBULIN (IV)	MED
	BIVIGAM	IMMUNE GLOBULIN (HUMAN) IV	MED
	CUTAQUIG	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED
	CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED
	FLEBOGAMMA DIF	IMMUNE GLOBULIN (HUMAN) IV	MED
	GAMMAGARD LIQUID	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED
	GAMMAGARD S/D	IMMUNE GLOBULIN (HUMAN) IV	MED
	GAMMAKED	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED
	GAMMAPLEX	IMMUNE GLOBULIN (HUMAN) IV	MED
	GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED
	HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED
	HYQVIA	IMMUNE GLOBULIN-HYALURONIDASE	MED
	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	MED
	PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS IV	MED
	PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	MED
XEMBIFY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED	
INSULIN	ADMELOG	INSULIN LISPRO	CE, PA
	ADMELOG SOLOSTAR	INSULIN LISPRO	CE, PA
	AFREZZA	INSULIN REGULAR (HUMAN) INHALATION POWDER	CE, PA
	APIDRA	INSULIN GLULISINE	CE, PA
	APIDRA SOLOSTAR	INSULIN GLULISINE	CE, PA
	HUMALOG JUNIOR KWIKPEN (0.5 UNIT DIAL)	INSULIN LISPRO (HUMAN) SOLN	CE, PA
	HUMALOG MIX, HUMALOG MIX KWIKPEN	INSULIN LISPRO PROTAMINE & LISPRO	CE, PA
	HUMALOG TEMPO	INSULIN LISPRO SOLN PEN-INJ W/TRANSMITTER PORT	CE, PA

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INSULIN	HUMALOG, HUMALOG KWIKPEN (1 UNIT DIAL)	INSULIN LISPRO (HUMAN) SOLN	CE, PA
	HUMULIN N, HUMULIN N KWIKPEN	INSULIN NPH (HUMAN) (ISOPHANE)	PA
	HUMULIN R	INSULIN REGULAR (HUMAN) 100 UNIT/ML	PA
	INSULIN ASPART, INSULIN ASPART FLEXPEN, INSULIN ASPART PENFILL	INSULIN ASPART	PA
	INSULIN ASPART PROTAMINE/ INSULIN ASPART, INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN	INSULIN ASPART PROTAMINE/ INSULIN ASPART	PA
	INSULIN GLARGINE, INSULIN GLARGINE SOLOSTAR	INSULIN GLARGINE	CE, PA
	INSULIN LISPRO JUNIOR KWIKPEN (0.5 UNIT DIAL)	INSULIN LISPRO	CE, PA
	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	INSULIN LISPRO PROTAMINE/INSULIN LISPRO	CE, PA
	INSULIN LISPRO, INSULIN LISPRO KWIKPEN (1 UNIT DIAL)	INSULIN LISPRO	CE, PA
	LANTUS, LANTUS SOLOSTAR	INSULIN GLARGINE	CE, PA
	LYUMJEV TEMPO PEN	INSULIN LISPRO-AABC SOLN PEN-INJ W/TRANSMIT PORT	CE, PA
	LYUMJEV, LYUMJEV KWIKPEN	INSULIN LISPRO	CE, PA
	REZVOGLAR KWIKPEN	INSULIN GLARGINE-AGLR SOLN PEN-INJECTOR	CE, PA
	SEMGLEE (ONLY NDCs 49502-0196-71, 49502-0196-75, 49502-0195-80)	INSULIN GLARGINE	CE, PA
LUNG DISORDERS	ADVAIR DISKUS (Brand only)	FLUTICASONE/SALMETEROL	CE (Brand only)
	ALVESCO	CICLESONIDE	CE
	ARALAST NP	ALPHA1-PROTEINASE INHIBITOR	MED
	CINQAIR	RESLIZUMAB	MED
	ESBRIET	PIRFENIDONE	PA
	FASENRA prefilled autoinjector pen (Self-Administered)	BENRALIZUMAB	PA
	FASENRA prefilled syringe (Healthcare Administered)	BENRALIZUMAB	MED
	FLOVENT DISKUS	FLUTICASONE	CE
	FLOVENT HFA	FLUTICASONE	CE
	GLASSIA	ALPHA1-PROTEINASE INHIBITOR	MED
	NUCALA autoinjector or prefilled syringe (Self-Administered)	MEPOLIZUMAB	PA

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LUNG DISORDERS	NUCALA vial (Healthcare Administered)	MEPOLIZUMAB	MED
	OFEV	NINTEDANIB	PA
	PIRFENIDONE	PIRFENIDONE	PA
	PROLASTIN-C	ALPHA1-PROTEINASE INHIBITOR	MED
	TEZSPIRE (Self-Administered)	TEZEPELUMAB-EKKO	PA
	TEZSPIRE (Healthcare Administered)	TEZEPELUMAB-EKKO	MED
	XOLAIR prefilled syringe, auto-injector (Self-Administered)	OMALIZUMAB	PA
	XOLAIR vial (Healthcare Administered)	OMALIZUMAB	MED
	ZEMAIRA	ALPHA1-PROTEINASE INHIBITOR	MED
	BENLYSTA auto-injector or prefilled syringe (Self-Administered)	BELIMUMAB	PA
	BENLYSTA (IV) vial (Healthcare Administered)	BELIMUMAB	MED
	LUPKYNIS	VOCLOSPORIN	PA
MIGRAINE	AIMOVIG	ERENUMAB	PA
	AJOVY	FREMANEZUMAB	PA
	DIHYDROERGOTAMINE NASAL SPRAY	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY	CE, PA
	ELYXYB ORAL SOLUTION	CELECOXIB ORAL SOLUTION	CE, PA
	EMGALITY	GALCANEZUMAB	PA
	MIGRANAL	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY	CE, PA
	NURTEC	RIMEGEPANT SULFATE	PA
	QULIPTA	ATOGEANT	PA
	REYVOW	LASMIDITAN SUCCINATE	PA
	TRUDHESA	DIHYDROERGOTAMINE MESYLATE	CE, PA
	UBRELVY	UBROGEPANT	PA
	VYEPTI	EPTINEZUMAB-JJMR	MED
ZAVZPRET	ZAVEGEPANT	CE, PA	
MULTIPLE SCLEROSIS	AMPYRA	DALFAMPRIDINE	PA, CE (Brand only)
	AUBAGIO	TERIFLUNOMIDE	PA, CE (Brand only)
	AVONEX	INTERFERON β-1a	PA

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MULTIPLE SCLEROSIS	BACLOFEN	BACLOFEN SUSP 25 MG/5ML	CE, PA
	BAFIERTAM	MONOMETHYL FUMARATE	CE, PA
	BETASERON	INTERFERON β -1b	PA
	BRIUMVI	UBLITUXIMAB-XIYY	MED
	COPAXONE	GLATIRAMER	PA, CE (Brand only)
	EXTAVIA	INTERFERON β -1b	PA
	FLEQSUVY	BACLOFEN	CE, PA
	GILENYA	FINGOLIMOD	PA
	GLATOPA	GLATIRAMER	PA, CE (Brand only)
	KESIMPTA	OFATUMUMAB	PA
	LEMTRADA	ALEMTUZUMAB	MED
	LYVISPAH GRANULES PACKET	BACLOFEN GRANULES PACKET	CE, PA
	MAVENCLAD	CLADRIBINE	PA
	MAYZENT	SIPONIMOD	PA
	OCREVUS	OCRELIZUMAB	MED
	OZOBAX	BACLOFEN	CE, PA
	PLEGRIDY	PEGINTERFERON BETA-1A	PA
	PONVORY	PONESIMOD	CE, PA
	REBIF	INTERFERON β -1a	PA
	TASCENSO ODT	FINGOLIMOD LAURYL	CE, PA
	TECFIDERA	DIMETHYL FUMARATE	PA, CE (Brand only)
	TYRUKO	NATALIZUMAB-SZTN	MED
TYSABRI	NATALIZUMAB	MED	
VUMERITY	DIROXIMEL FUMARATE	PA	
ZEPOSIA	OZANIMOD	PA	
OSTEOPOROSIS	EVENITY	ROMOSOZUMAB	MED
	FORTEO	TERIPARATIDE	PA
	PROLIA	DENOSUMAB	MED
	TERIPARATIDE	TERIPARATIDE (RECOMBINANT)	PA

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	TYMLOS	ABALOPARATIDE	PA
PULMONARY HYPERTENSION	ADCIRCA	TADALAFIL	PA, CE (Brand only)
	ADEMPAS	RIOCIGUAT	PA
	ALYQ	TADALAFIL	PA
	FLOLAN	EPOPROSTENOL	MED
	LETAIRIS	AMBRISENTAN	PA
	LIQREV	SILDENAFIL CITRATE ORAL SUSP	CE, PA
	OPSUMIT	MACITENTAN	PA
	ORENITRAM	TREPROSTINIL	PA
	REMODULIN	TREPROSTINIL	MED
	REVATIO	SILDENAFIL	PA, CE (Brand only)
	TADLIQ	TADALAFIL	CE, PA
	TRACLEER	BOSENTAN	PA
	TYVASO	TREPROSTINOL	PA
	UPTRAVI	SELEXIPAG	PA
	UPTRAVI (Healthcare Administered)	SELEXIPAG	MED
	VELETRI	EPOPROSTENOL	MED
VENTAVIS	ILOPROST	PA	
SICKLE CELL DISEASE	ADAKVEO	CRIZANLIZUMAB-TMCA	MED
	ENDARI	GLUTAMINE	PA
	OXBRYTA	VOXELOTOR	PA
SLEEP-WAKE DISORDERS	HETLIOZ/ HETLIOZ LQ	TASIMELTEON	PA
	LUMRYZ	SODIUM OXYBATEFOR ORAL ER SUSP	CE, PA
	SUNOSI	SOLRIAMFETOL HCL	PA
	TASIMELTEON	TASIMELTEON	PA
	WAKIX	PITOLISANT	CE, PA
	XYREM	SODIUM OXYBATE	CE, PA
	XYWAV	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES	PA
SPINAL MUSCULAR ATROPHY (SMA)	SPINRAZA	NUSINERSEN	MED

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	ZOLGENSMA	ONASEMNOGENE	MED
TOPICAL ACNE & SKIN: Prior approval (PA) required for age >40	ADAPALENE/BENZOYL PEROXIDE	ADAPALENE-BENZOYL PEROXIDE	CE, PA
	AKLIEF	TRIFAROTENE	CE, PA
	ALTRENO	TRETINOIN	CE, PA
	ARAZLO	TAZAROTENE	PA, CE (Brand only)
	ATRALIN	TRETINOIN	CE, PA
	AVITA	TRETINOIN	PA
	CABTREO	ADAPALENE-BENZOYL PEROXIDE-CLINDAMYCIN	CE, PA
	DIFFERIN	ADAPALENE	CE, PA
	EPIDUO	ADAPALENE-BENZOYL PEROXIDE	CE, PA
	EPIDUO FORTE	ADAPALENE-BENZOYL PEROXIDE	CE, PA
	FABIOR	TAZAROTENE	PA, CE (Brand only)
	RETIN-A, RETIN-A MICRO	TRETINOIN	PA, CE (Brand only)
	TAZORAC	TAZAROTENE	PA, CE (Brand only)
	TRETINOIN MICROSPHERE	TRETINOIN MICROSPHERE GEL 0.08%	CE, PA
	TWYNEO	TRETINOIN-BENZOYL PEROXIDE	CE, PA
TOXINS	BOTOX	ONABOTULINUM TOXIN A	MED
	DAXXIFY	DAXIBOTULINUMTOXINA-LANM	MED
	DYSPOORT	ABOBOTULINUM TOXIN	MED
	MYOBLOC	RIMABOTULINUM TOXIN B	MED
	XEOMIN	INCOBOTULINUM TOXIN A	MED
VISCOSUPPLEMENTS	DUROLANE	SODIUM HYALURONATE	MED
	EUFLEXXA	SODIUM HYALURONATE	MED
	GEL-ONE	CROSS-LINKED HYALURONATE	MED
	GELSYN-3	SODIUM HYALURONATE	MED
	GENVISC 850	SODIUM HYALURONATE	MED
	HYALGAN	SODIUM HYALURONATE	MED
	HYMOVIS	HYALURONAN	MED
	MONOVISC	HYALURON	MED

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VISCOSUPPLEMENTS	ORTHOVISC	HYALURONAN	MED
	SUPARTZ FX	SODIUM HYALURONATE	MED
	SYNOJOYNT	SODIUM HYALURONATE	MED
	SYNVISC	HYLAN INTRA-ARTICULAR	MED
	SYNVISC-ONE	HYLAN INTRA-ARTICULAR	MED
	TRILURON	SODIUM HYALURONATE	MED
	TRIVISC	SODIUM HYALURONATE	MED
	VISCO-3	SODIUM HYALURONATE	MED
OTHERS	ADZYNMA	ADAMTS13 RECOMBINANT-KRHN	MED
	BRENZAVVY	BEXAGLIFLOZIN TAB	CE, PA
	ADSTILADRIN	NADOFARAGENE FIRADENOV-VNCG	MED
	AKEEGA	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE	CE, PA
	APHEXDA	MOTIXAFORTIDE ACETATE	MED
	CAMZYOS	MAVACAMTEN	PA
	CASGEVY	EXAGAMGLOGENE AUTOTEMCEL	MED
	CORLANOR	IVABRADINE HCL	PA
	CORTROPHIN	CORTICOTROPIN INJ GEL 80 UN	CE, PA
	CRYSVITA	BUROSUMAB -TWZA	MED
	EMFLAZA	DEFLAZACORT	CE, PA
	EMPAVELI	PEGCETACOPLAN	PA
	ENJAYMO	SUTIMLIMAB-JOME	MED
	ENSPRYNG	SATRALIZUMAB-MWGE	PA
	EPIDIOLEX	CANNABIDIOL SOLN	PA
	EVRYSDI	RISDIPLAM	PA
	FIRDAPSE	AMIFAMPRIDINE	PA
	FILSPARI	SPARSENTAN	PA
	FUROSCIX	FUROSEMIDE SUBCUTANEOUS	PA
	GAMIFANT	EMAPALUMAB-LZSG	MED
GIVLAARI	GIVOSIRAN SODIUM	MED	

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OTHERS	H P ACTHAR GEL	CORTICOTROPIN INJ GEL	PA
	INGREZZA	VALBENZAZINE	PA
	ISTURISA	OSILODROSTAT PHOSPHATE	PA
	LEQEMBI	LECANEMAB	MED
	LYFGENIA	LOVOTIBEGLOGENE AUTOTEMCEL	MED
	VIOKACE	PANCRELIPASE (LIP-PROT-AMYL)	CE, PA
	OGSIVEO	NIROGACESTAT HYDROBROMIDE	CE, PA
	JYNARQUE	TOLVAPTAN	PA
	PERTZYE	PANCRELIPASE (LIP-PROT-AMYL)	CE, PA
	PANCREAZE	PANCRELIPASE (LIP-PROT-AMYL)	CE, PA
	KORLYM	MIFEPRISTONE (HYPERGLYCEMIA)	PA
	MIFEPREX	MIFEPRISTONE	CE, PA
	KRYSTEXXA	PEGLOTICASE	MED
	LUXTURNA	VORETIGENE	MED
	MACI	AUTOLOGOUS CULTURED CHONDROCYTE ON COLLAGEN MEMBRANE SHEET	MED
	MYALEPT	METRELEPTIN	PA
	MYFEMBREE	RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE	PA
	NORTHERA	DROXIDOPA	CE, PA
	OCALIVA	OBETICHOLIC ACID	PA
	OJJAARA	MOMELOTINIB DIHYDROCHLORIDE	CE, PA
	ORIAHNN	RELUGOLIX	PA
	OXERVATE	CENEGERMIN-BKBJ	PA
	OXLUMO	LUMASIRAN	MED
	PROCYSBI	CYSTEAMINE BITARTRATE	CE, PA
	PYRUKYND	MITAPIVAT	PA
	QUTENZA	CAPSAICIN PATCH	MED
	RADICAVA	EDARAVONE	MED
RADICAVA ORS	EDARAVONE	PA	
REBLOZYL	LUSPATERCEPT-AAMT	MED	

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Restricted Use List – Prior Approval**

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2023 AND 2024
OTHERS			
	RECORLEV	LEVOKETOCONAZOLE	CE, PA
	RELYVRIO	SODIUM PHENYLBUTYRATE-TAURURSODIOL	PA
	RETHYMIC	ALLOGENEIC PROCESSED THYMUS TISSUE-AGDC	MED
	REZUROCK	BELUMOSUDIL MESYLATE	PA
	RUZURGI	AMIFAMPRIDINE	PA
	RYPLAZIM	PLASMINOGEN, HUMAN-TVMH	MED
	RYSTIGGO	ROZANOLIXIZUMAB-NOLI	MED
	SAMSCA	TOLVAPTAN	PA
	SENSIPAR	CINACALCET	PA, CE (Brand only)
	SKYSONA	ELIVALDOGENE AUTOTEMCEL	MED
	SOLIRIS	ECULIZUMAB	MED
	SPEVIGO	SPE SOLIMAB	MED
	SPRAVATO	ESKETAMINE	MED or CE, PA
	SYLVANT	SILTUXIMAB	MED
	SYNAGIS	PALIVIZUMAB IM SOLUTION	MED
	TARPEYO	BUDESONIDE DR	CE, PA
	IWILFIN	EFLORNITHINE HCL TAB	CE, PA
	WAINUA	EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ	CE, PA
	TEPEZZA	TEPROTUMUMAB-TRBW	MED
	TOLVAPTAN	TOLVAPTAN	PA
	TZIELD	TEPLIZUMAB-MZWV	MED
	ULTOMIRIS	RAVUILIZUMAB	MED
	UPLIZNA	INEBILIZUMAB	MED
	VEOPOZ	POZELIMAB-BBFG	MED
	VYJUVEK	BEREMAGENE GEPERPAVEC-SVDT	MED
	VYVGART	EFGARTIGIMOD ALFA-FCAB	MED
	VYVGART HYTRULO	EFGARTIGIMOD ALFA-HYALURONIDASE-QVFC	MED
XERMELO	TELOTRISTAT	PA	

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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2023 AND 2024
OTHERS	XIAFLEX	COLLAGENASE	MED
	ZINPLAVA	BEZLOTOXUMAB	MED
	ZOKINVY	LONAFARNIB	PA
	ZYNTEGLO	BETIBEGLOGENE AUTOTEMCEL	MED

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2023 AND 2024
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
	BENZPHETAMINE	BENZPHETAMINE	BENEFIT EXCLUSION
	CONTRAVE	NALTREXONE/BUPROPION	BENEFIT EXCLUSION
	DIETHYLPROPION	DIETHYLPROPION	BENEFIT EXCLUSION
	IMCIVREE	SETMELANOTIDE	BENEFIT EXCLUSION
	LOMAIRA	PHENTERMINE	BENEFIT EXCLUSION
	QSYMIA	PHENTERMINE/TOPIRAMATE	BENEFIT EXCLUSION
	PHENDIMETRAZINE	PHENDIMETRAZINE	BENEFIT EXCLUSION
	SAXENDA	LIRAGLUTIDE	BENEFIT EXCLUSION
	XENICAL	ORLISTAT	BENEFIT EXCLUSION
	WEGOVY	SEMAGLUTIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	BENEFIT EXCLUSION
ZEPBOUND	TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	BENEFIT EXCLUSION	

*Not all benefit plans cover Weight Loss medications. Please contact a Member Services representative for specific coverage information.

**Blue Cross Blue Shield of North Dakota
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Drugs with Benefit Quantity Limits: The following list represents the drugs subject to a limited dispensing amount.				
SEXUAL 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	
ADDYI	FLIBANSERIN	NF	1 tab/day	
VYLEESI (Injectable)	BREMELANOTID	NF	6 doses/30 days	

**Medications used to treat sexual 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, kojí' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)