



**Quantity Limit Program Summary**

**Quantity Limits**

To help with safe and effective drug use, some drugs have limits on how much of a particular drug you can get for a specific time period.

If there is medical reason why you need an amount that is greater than what is allowed, your physician can fill out a Quantity Limit prior authorization form for you and send it to Prime Therapeutics. This form can be found on the MyPrime.com website.

Note: Quantity limits apply to all available MultiSource Code (MSC) products

*Your health benefit plan may not cover certain prescription drug products or drug categories included in this document. Please consult your benefit plan materials for details about your particular benefit.*

*This document may include drugs that are not included on your plan's formulary. For drug coverage status, please consult your plan's formulary.*

| QL PROG NAME          | Target                     | GPI Name  | Quantity Limit          |
|-----------------------|----------------------------|---|-------------------------|
| Acute Migraine Agents | ELYXYB                     | CELECOXIB ORAL SOLN 120 MG/4.8ML (25 MG/ML)               | 6 Bottles Per 30 Days   |
| Acute Migraine Agents | MIGRANAL                   | DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML            | 8 mLs Per 28 Days       |
| Acute Migraine Agents | REYVOW                     | LASMIDITAN SUCCINATE TAB 100 MG                           | 8 Tablets Per 30 Days   |
| Acute Migraine Agents | REYVOW                     | LASMIDITAN SUCCINATE TAB 50 MG                            | 8 Tablets Per 30 Days   |
| Acute Migraine Agents | TRUDHESA                   | DIHYDROERGOTAMINE MESYLATE HFA NASAL AEROSOL 0.725 MG/ACT | 12 mLs Per 28 Days      |
| Acute Migraine Agents | dihydroergotamine mesylate | DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML            | 8 mLs Per 28 Days       |
| ADHD Agents           | ADDERALL                   | AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG                   | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADDERALL                   | AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG                 | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADDERALL                   | AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG                   | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADDERALL                   | AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG                   | 90 Tablets Per 30 Days  |
| ADHD Agents           | ADDERALL                   | AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG                   | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADDERALL                   | AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG                    | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADDERALL                   | AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG                  | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADDERALL XR                | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG           | 30 Capsules Per 30 Days |
| ADHD Agents           | ADDERALL XR                | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG           | 30 Capsules Per 30 Days |
| ADHD Agents           | ADDERALL XR                | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG           | 30 Capsules Per 30 Days |
| ADHD Agents           | ADDERALL XR                | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG           | 30 Capsules Per 30 Days |
| ADHD Agents           | ADDERALL XR                | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG           | 30 Capsules Per 30 Days |
| ADHD Agents           | ADDERALL XR                | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG            | 30 Capsules Per 30 Days |
| ADHD Agents           | ADHANSIA XR                | METHYLPHENIDATE HCL CAP ER 24HR 25 MG                     | 30 Capsules Per 30 Days |
| ADHD Agents           | ADHANSIA XR                | METHYLPHENIDATE HCL CAP ER 24HR 35 MG                     | 30 Capsules Per 30 Days |
| ADHD Agents           | ADHANSIA XR                | METHYLPHENIDATE HCL CAP ER 24HR 45 MG                     | 30 Capsules Per 30 Days |
| ADHD Agents           | ADHANSIA XR                | METHYLPHENIDATE HCL CAP ER 24HR 55 MG                     | 30 Capsules Per 30 Days |
| ADHD Agents           | ADHANSIA XR                | METHYLPHENIDATE HCL CAP ER 24HR 70 MG                     | 30 Capsules Per 30 Days |
| ADHD Agents           | ADHANSIA XR                | METHYLPHENIDATE HCL CAP ER 24HR 85 MG                     | 30 Capsules Per 30 Days |
| ADHD Agents           | ADZENYS XR-ODT             | AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 12.5 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents           | ADZENYS XR-ODT             | AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 15.7 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents           | ADZENYS XR-ODT             | AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 18.8 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents           | ADZENYS XR-ODT             | AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 3.1 MG    | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADZENYS XR-ODT             | AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 6.3 MG    | 60 Tablets Per 30 Days  |
| ADHD Agents           | ADZENYS XR-ODT             | AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 9.4 MG    | 30 Tablets Per 30 Days  |
| ADHD Agents           | APTENSIO XR                | METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)                | 30 Capsules Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target          | GPI Name  | Quantity Limit           |
|--------------|-----------------|---|--------------------------|
| ADHD Agents  | APTENSIO XR     | METHYLPHENIDATE HCL CAP ER 24HR 15 MG (XR)                  | 30 Capsules Per 30 Days  |
| ADHD Agents  | APTENSIO XR     | METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)                  | 30 Capsules Per 30 Days  |
| ADHD Agents  | APTENSIO XR     | METHYLPHENIDATE HCL CAP ER 24HR 30 MG (XR)                  | 30 Capsules Per 30 Days  |
| ADHD Agents  | APTENSIO XR     | METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)                  | 30 Capsules Per 30 Days  |
| ADHD Agents  | APTENSIO XR     | METHYLPHENIDATE HCL CAP ER 24HR 50 MG (XR)                  | 30 Capsules Per 30 Days  |
| ADHD Agents  | APTENSIO XR     | METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)                  | 30 Capsules Per 30 Days  |
| ADHD Agents  | AZSTARYS        | SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 26.1-5.2 MG    | 30 Capsules Per 30 Days  |
| ADHD Agents  | AZSTARYS        | SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 39.2-7.8 MG    | 30 Capsules Per 30 Days  |
| ADHD Agents  | AZSTARYS        | SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 52.3-10.4 MG   | 30 Capsules Per 30 Days  |
| ADHD Agents  | CONCERTA        | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG      | 30 Tablets Per 30 Days   |
| ADHD Agents  | CONCERTA        | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG      | 30 Tablets Per 30 Days   |
| ADHD Agents  | CONCERTA        | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG      | 60 Tablets Per 30 Days   |
| ADHD Agents  | CONCERTA        | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG      | 30 Tablets Per 30 Days   |
| ADHD Agents  | COTEMPLA XR-ODT | METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 17.3 MG | 60 Tablets Per 30 Days   |
| ADHD Agents  | COTEMPLA XR-ODT | METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 25.9 MG | 60 Tablets Per 30 Days   |
| ADHD Agents  | COTEMPLA XR-ODT | METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 8.6 MG  | 30 Tablets Per 30 Days   |
| ADHD Agents  | DAYTRANA        | METHYLPHENIDATE TD PATCH 10 MG/9HR                          | 30 Patches Per 30 Days   |
| ADHD Agents  | DAYTRANA        | METHYLPHENIDATE TD PATCH 15 MG/9HR                          | 30 Patches Per 30 Days   |
| ADHD Agents  | DAYTRANA        | METHYLPHENIDATE TD PATCH 20 MG/9HR                          | 30 Patches Per 30 Days   |
| ADHD Agents  | DAYTRANA        | METHYLPHENIDATE TD PATCH 30 MG/9HR                          | 30 Patches Per 30 Days   |
| ADHD Agents  | DESOXYN         | METHAMPHETAMINE HCL TAB 5 MG                                | 150 Tablets Per 30 Days  |
| ADHD Agents  | DEXEDRINE       | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG                 | 120 Capsules Per 30 Days |
| ADHD Agents  | DEXEDRINE       | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG                 | 120 Capsules Per 30 Days |
| ADHD Agents  | DEXEDRINE       | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG                  | 90 Capsules Per 30 Days  |
| ADHD Agents  | DYANAVAL XR     | AMPHETAMINE CHEW TAB EXTENDED RELEASE 10 MG                 | 30 Tablets Per 30 Days   |
| ADHD Agents  | DYANAVAL XR     | AMPHETAMINE CHEW TAB EXTENDED RELEASE 15 MG                 | 30 Tablets Per 30 Days   |
| ADHD Agents  | DYANAVAL XR     | AMPHETAMINE CHEW TAB EXTENDED RELEASE 20 MG                 | 30 Tablets Per 30 Days   |
| ADHD Agents  | DYANAVAL XR     | AMPHETAMINE CHEW TAB EXTENDED RELEASE 5 MG                  | 30 Tablets Per 30 Days   |
| ADHD Agents  | DYANAVAL XR     | AMPHETAMINE EXTENDED RELEASE SUSP 2.5 MG/ML                 | 240 mLs Per 30 Days      |
| ADHD Agents  | EVEKEO          | AMPHETAMINE SULFATE TAB 10 MG                               | 180 Tablets Per 30 Days  |
| ADHD Agents  | EVEKEO          | AMPHETAMINE SULFATE TAB 5 MG                                | 90 Tablets Per 30 Days   |
| ADHD Agents  | EVEKEO ODT      | AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 10 MG         | 60 Tablets Per 30 Days   |
| ADHD Agents  | EVEKEO ODT      | AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 15 MG         | 60 Tablets Per 30 Days   |
| ADHD Agents  | EVEKEO ODT      | AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 20 MG         | 60 Tablets Per 30 Days   |
| ADHD Agents  | EVEKEO ODT      | AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 5 MG          | 60 Tablets Per 30 Days   |
| ADHD Agents  | FOCALIN         | DEXMETHYLPHENIDATE HCL TAB 10 MG                            | 60 Tablets Per 30 Days   |
| ADHD Agents  | FOCALIN         | DEXMETHYLPHENIDATE HCL TAB 2.5 MG                           | 60 Tablets Per 30 Days   |
| ADHD Agents  | FOCALIN         | DEXMETHYLPHENIDATE HCL TAB 5 MG                             | 60 Tablets Per 30 Days   |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG                   | 30 Capsules Per 30 Days  |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG                   | 30 Capsules Per 30 Days  |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG                   | 30 Capsules Per 30 Days  |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG                   | 30 Capsules Per 30 Days  |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG                   | 30 Capsules Per 30 Days  |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG                   | 30 Capsules Per 30 Days  |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG                   | 30 Capsules Per 30 Days  |
| ADHD Agents  | FOCALIN XR      | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG                    | 30 Capsules Per 30 Days  |
| ADHD Agents  | INTUNIV         | GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)                | 30 Tablets Per 30 Days   |
| ADHD Agents  | INTUNIV         | GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)                | 30 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                           | GPI Name   | Quantity Limit          |
|--------------|----------------------------------|--|-------------------------|
| ADHD Agents  | INTUNIV                          | GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)             | 30 Tablets Per 30 Days  |
| ADHD Agents  | INTUNIV                          | GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)             | 30 Tablets Per 30 Days  |
| ADHD Agents  | JORNAY PM                        | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM)      | 30 Capsules Per 30 Days |
| ADHD Agents  | JORNAY PM                        | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM)       | 30 Capsules Per 30 Days |
| ADHD Agents  | JORNAY PM                        | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM)       | 30 Capsules Per 30 Days |
| ADHD Agents  | JORNAY PM                        | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM)       | 30 Capsules Per 30 Days |
| ADHD Agents  | JORNAY PM                        | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM)       | 30 Capsules Per 30 Days |
| ADHD Agents  | KAPVAY                           | CLONIDINE HCL TAB ER 12HR 0.1 MG                         | 120 Tablets Per 30 Days |
| ADHD Agents  | METHYLIN                         | METHYLPHENIDATE HCL SOLN 10 MG/5ML                       | 900 mLs Per 30 Days     |
| ADHD Agents  | METHYLIN                         | METHYLPHENIDATE HCL SOLN 5 MG/5ML                        | 450 mLs Per 30 Days     |
| ADHD Agents  | METHYLPHENIDATE HYDROCHLORIDE ER | METHYLPHENIDATE HCL TAB ER 24HR 18 MG                    | 30 Tablets Per 30 Days  |
| ADHD Agents  | METHYLPHENIDATE HYDROCHLORIDE ER | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 45 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | METHYLPHENIDATE HYDROCHLORIDE ER | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 63 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | METHYLPHENIDATE HYDROCHLORIDE ER | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | MYDAYIS                          | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG | 30 Capsules Per 30 Days |
| ADHD Agents  | MYDAYIS                          | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG   | 30 Capsules Per 30 Days |
| ADHD Agents  | MYDAYIS                          | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG | 30 Capsules Per 30 Days |
| ADHD Agents  | MYDAYIS                          | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG   | 30 Capsules Per 30 Days |
| ADHD Agents  | QELBREE                          | VILOXAZINE HCL CAP ER 24HR 100 MG                        | 30 Capsules Per 30 Days |
| ADHD Agents  | QELBREE                          | VILOXAZINE HCL CAP ER 24HR 150 MG                        | 60 Capsules Per 30 Days |
| ADHD Agents  | QELBREE                          | VILOXAZINE HCL CAP ER 24HR 200 MG                        | 90 Capsules Per 30 Days |
| ADHD Agents  | QUILLICHEW ER                    | METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 20 MG      | 30 Tablets Per 30 Days  |
| ADHD Agents  | QUILLICHEW ER                    | METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 30 MG      | 60 Tablets Per 30 Days  |
| ADHD Agents  | QUILLICHEW ER                    | METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 40 MG      | 30 Tablets Per 30 Days  |
| ADHD Agents  | QUILLIVANT XR                    | METHYLPHENIDATE HCL FOR ER SUSP 25 MG/5ML (5 MG/ML)      | 360 mLs Per 30 Days     |
| ADHD Agents  | RELEXXII                         | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | RELEXXII                         | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | RELEXXII                         | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG   | 60 Tablets Per 30 Days  |
| ADHD Agents  | RELEXXII                         | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 45 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | RELEXXII                         | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | RELEXXII                         | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 63 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | RELEXXII                         | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | RITALIN                          | METHYLPHENIDATE HCL TAB 10 MG                            | 90 Tablets Per 30 Days  |
| ADHD Agents  | RITALIN                          | METHYLPHENIDATE HCL TAB 20 MG                            | 90 Tablets Per 30 Days  |
| ADHD Agents  | RITALIN                          | METHYLPHENIDATE HCL TAB 5 MG                             | 90 Tablets Per 30 Days  |
| ADHD Agents  | RITALIN LA                       | METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)               | 30 Capsules Per 30 Days |
| ADHD Agents  | RITALIN LA                       | METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)               | 30 Capsules Per 30 Days |
| ADHD Agents  | RITALIN LA                       | METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)               | 30 Capsules Per 30 Days |
| ADHD Agents  | RITALIN LA                       | METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)               | 30 Capsules Per 30 Days |
| ADHD Agents  | STRATTERA                        | ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | STRATTERA                        | ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)                  | 30 Capsules Per 30 Days |
| ADHD Agents  | STRATTERA                        | ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | STRATTERA                        | ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | STRATTERA                        | ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | STRATTERA                        | ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| ADHD Agents  | STRATTERA                        | ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CAP 10 MG                    | 30 Capsules Per 30 Days |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CAP 20 MG                    | 30 Capsules Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                           | GPI Name   | Quantity Limit          |
|--------------|----------------------------------|--|-------------------------|
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CAP 30 MG                    | 30 Capsules Per 30 Days |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CAP 40 MG                    | 30 Capsules Per 30 Days |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CAP 50 MG                    | 30 Capsules Per 30 Days |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CAP 60 MG                    | 30 Capsules Per 30 Days |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CAP 70 MG                    | 30 Capsules Per 30 Days |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG               | 30 Tablets Per 30 Days  |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG               | 30 Tablets Per 30 Days  |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG               | 30 Tablets Per 30 Days  |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG               | 30 Tablets Per 30 Days  |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG               | 30 Tablets Per 30 Days  |
| ADHD Agents  | VYVANSE                          | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG               | 30 Tablets Per 30 Days  |
| ADHD Agents  | XELSTRYM                         | DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR                   | 30 Patches Per 30 Days  |
| ADHD Agents  | XELSTRYM                         | DEXTROAMPHETAMINE TD PATCH 18 MG/9HR                     | 30 Patches Per 30 Days  |
| ADHD Agents  | XELSTRYM                         | DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR                    | 30 Patches Per 30 Days  |
| ADHD Agents  | XELSTRYM                         | DEXTROAMPHETAMINE TD PATCH 9 MG/9HR                      | 30 Patches Per 30 Days  |
| ADHD Agents  | amphetamine sulfate              | AMPHETAMINE SULFATE TAB 10 MG                            | 180 Tablets Per 30 Days |
| ADHD Agents  | amphetamine sulfate              | AMPHETAMINE SULFATE TAB 5 MG                             | 90 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG           | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG                  | 60 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG                | 60 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG                  | 60 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG                  | 90 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG                  | 60 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG                   | 60 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine    | AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG                 | 60 Tablets Per 30 Days  |
| ADHD Agents  | amphetamine/dextroamphetamine er | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine er | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG   | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine er | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine er | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG   | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine er | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine er | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | amphetamine/dextroamphetamine er | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG          | 30 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine                      | ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine                      | ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)                  | 30 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine                      | ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine                      | ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine                      | ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine                      | ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine                      | ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine hydrochloride        | ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine hydrochloride        | ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)                  | 30 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine hydrochloride        | ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| ADHD Agents  | atomoxetine hydrochloride        | ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                              | GPI Name   | Quantity Limit           |
|--------------|-------------------------------------|--|--------------------------|
| ADHD Agents  | atomoxetine hydrochloride           | ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)           | 60 Capsules Per 30 Days  |
| ADHD Agents  | atomoxetine hydrochloride           | ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)           | 30 Capsules Per 30 Days  |
| ADHD Agents  | atomoxetine hydrochloride           | ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)           | 30 Capsules Per 30 Days  |
| ADHD Agents  | clonidine hcl er                    | CLONIDINE HCL TAB ER 12HR 0.1 MG                 | 120 Tablets Per 30 Days  |
| ADHD Agents  | clonidine hydrochloride             | CLONIDINE HCL TAB ER 12HR 0.1 MG                 | 120 Tablets Per 30 Days  |
| ADHD Agents  | clonidine hydrochloride er          | CLONIDINE HCL TAB ER 12HR 0.1 MG                 | 120 Tablets Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl              | DEXMETHYLPHENIDATE HCL TAB 10 MG                 | 60 Tablets Per 30 Days   |
| ADHD Agents  | dexmethylphenidate hcl              | DEXMETHYLPHENIDATE HCL TAB 5 MG                  | 60 Tablets Per 30 Days   |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hcl er           | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG         | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride    | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride    | DEXMETHYLPHENIDATE HCL TAB 10 MG                 | 60 Tablets Per 30 Days   |
| ADHD Agents  | dexmethylphenidate hydrochloride    | DEXMETHYLPHENIDATE HCL TAB 2.5 MG                | 60 Tablets Per 30 Days   |
| ADHD Agents  | dexmethylphenidate hydrochloride    | DEXMETHYLPHENIDATE HCL TAB 5 MG                  | 60 Tablets Per 30 Days   |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG        | 30 Capsules Per 30 Days  |
| ADHD Agents  | dexmethylphenidate hydrochloride er | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG         | 30 Capsules Per 30 Days  |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML | 1800 mLs Per 30 Days     |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE TAB 10 MG              | 180 Tablets Per 30 Days  |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE TAB 15 MG              | 90 Tablets Per 30 Days   |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE TAB 2.5 MG             | 90 Tablets Per 30 Days   |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE TAB 20 MG              | 90 Tablets Per 30 Days   |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE TAB 30 MG              | 60 Tablets Per 30 Days   |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE TAB 5 MG               | 90 Tablets Per 30 Days   |
| ADHD Agents  | dextroamphetamine sulfate           | DEXTROAMPHETAMINE SULFATE TAB 7.5 MG             | 90 Tablets Per 30 Days   |
| ADHD Agents  | dextroamphetamine sulfate er        | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG      | 120 Capsules Per 30 Days |
| ADHD Agents  | dextroamphetamine sulfate er        | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG      | 120 Capsules Per 30 Days |
| ADHD Agents  | dextroamphetamine sulfate er        | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG       | 90 Capsules Per 30 Days  |
| ADHD Agents  | guanfacine er                       | GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine er                       | GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine er                       | GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine er                       | GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine hydrochloride            | GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine hydrochloride            | GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine hydrochloride            | GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine hydrochloride            | GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| ADHD Agents  | guanfacine hydrochloride er         | GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |

| QL PROG NAME | Target                           | GPI Name                                     | Quantity Limit          |
|--------------|----------------------------------|--|-------------------------|
| ADHD Agents  | guanfacine hydrochloride er      | GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV) | 30 Tablets Per 30 Days  |
| ADHD Agents  | guanfacine hydrochloride er      | GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV) | 30 Tablets Per 30 Days  |
| ADHD Agents  | guanfacine hydrochloride er      | GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV) | 30 Tablets Per 30 Days  |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CAP 10 MG        | 30 Capsules Per 30 Days |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CAP 20 MG        | 30 Capsules Per 30 Days |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CAP 30 MG        | 30 Capsules Per 30 Days |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CAP 40 MG        | 30 Capsules Per 30 Days |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CAP 50 MG        | 30 Capsules Per 30 Days |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CAP 60 MG        | 30 Capsules Per 30 Days |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CAP 70 MG        | 30 Capsules Per 30 Days |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | lisdexamfetamine dimesylate      | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG   | 30 Tablets Per 30 Days  |
| ADHD Agents  | methamphetamine hcl              | METHAMPHETAMINE HCL TAB 5 MG                 | 150 Tablets Per 30 Days |
| ADHD Agents  | methylphenidate                  | METHYLPHENIDATE TD PATCH 10 MG/9HR           | 30 Patches Per 30 Days  |
| ADHD Agents  | methylphenidate                  | METHYLPHENIDATE TD PATCH 15 MG/9HR           | 30 Patches Per 30 Days  |
| ADHD Agents  | methylphenidate                  | METHYLPHENIDATE TD PATCH 20 MG/9HR           | 30 Patches Per 30 Days  |
| ADHD Agents  | methylphenidate                  | METHYLPHENIDATE TD PATCH 30 MG/9HR           | 30 Patches Per 30 Days  |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL CHEW TAB 10 MG           | 180 Tablets Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL CHEW TAB 2.5 MG          | 90 Tablets Per 30 Days  |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL CHEW TAB 5 MG            | 90 Tablets Per 30 Days  |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL SOLN 10 MG/5ML           | 900 mLs Per 30 Days     |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL SOLN 5 MG/5ML            | 450 mLs Per 30 Days     |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL TAB 10 MG                | 90 Tablets Per 30 Days  |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL TAB 20 MG                | 90 Tablets Per 30 Days  |
| ADHD Agents  | methylphenidate hydrochloride    | METHYLPHENIDATE HCL TAB 5 MG                 | 90 Tablets Per 30 Days  |
| ADHD Agents  | methylphenidate hydrochloride cd | METHYLPHENIDATE HCL CAP ER 10 MG (CD)        | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride cd | METHYLPHENIDATE HCL CAP ER 20 MG (CD)        | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride cd | METHYLPHENIDATE HCL CAP ER 30 MG (CD)        | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride cd | METHYLPHENIDATE HCL CAP ER 50 MG (CD)        | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride cd | METHYLPHENIDATE HCL CAP ER 60 MG (CD)        | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 10 MG (CD)        | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 20 MG (CD)        | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 15 MG (XR)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 30 MG (XR)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 50 MG (XR)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)   | 30 Capsules Per 30 Days |
| ADHD Agents  | methylphenidate hydrochloride er | METHYLPHENIDATE HCL CAP ER 30 MG (CD)        | 30 Capsules Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME               | Target                                | GPI Name   | Quantity Limit           |
|----------------------------|---------------------------------------|--|--------------------------|
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL CAP ER 40 MG (CD)                        | 30 Capsules Per 30 Days  |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL CAP ER 50 MG (CD)                        | 30 Capsules Per 30 Days  |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL CAP ER 60 MG (CD)                        | 30 Capsules Per 30 Days  |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER 10 MG                             | 90 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER 20 MG                             | 90 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER 24HR 27 MG                        | 30 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER 24HR 36 MG                        | 60 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER 24HR 54 MG                        | 30 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG       | 30 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG       | 30 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG       | 60 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er      | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG       | 30 Tablets Per 30 Days   |
| ADHD Agents                | methylphenidate hydrochloride er (la) | METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA)                   | 30 Capsules Per 30 Days  |
| ADHD Agents                | procentra                             | DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML             | 1800 mLs Per 30 Days     |
| ADHD Agents                | zenzedi                               | DEXTROAMPHETAMINE SULFATE TAB 10 MG                          | 180 Tablets Per 30 Days  |
| ADHD Agents                | zenzedi                               | DEXTROAMPHETAMINE SULFATE TAB 15 MG                          | 90 Tablets Per 30 Days   |
| ADHD Agents                | zenzedi                               | DEXTROAMPHETAMINE SULFATE TAB 2.5 MG                         | 90 Tablets Per 30 Days   |
| ADHD Agents                | zenzedi                               | DEXTROAMPHETAMINE SULFATE TAB 20 MG                          | 90 Tablets Per 30 Days   |
| ADHD Agents                | zenzedi                               | DEXTROAMPHETAMINE SULFATE TAB 30 MG                          | 60 Tablets Per 30 Days   |
| ADHD Agents                | zenzedi                               | DEXTROAMPHETAMINE SULFATE TAB 5 MG                           | 90 Tablets Per 30 Days   |
| ADHD Agents                | zenzedi                               | DEXTROAMPHETAMINE SULFATE TAB 7.5 MG                         | 90 Tablets Per 30 Days   |
| Alinia                     | ALINIA                                | NITAZOXANIDE FOR SUSP 100 MG/5ML                             | 300 mLs Per 90 Days      |
| Alinia                     | ALINIA                                | NITAZOXANIDE TAB 500 MG                                      | 12 Tablets Per 90 Days   |
| Alinia                     | nitazoxanide                          | NITAZOXANIDE TAB 500 MG                                      | 12 Tablets Per 90 Days   |
| Amantadine ER              | GOCOVRI                               | AMANTADINE HCL CAP ER 24HR 137 MG (BASE EQUIVALENT)          | 60 Capsules Per 30 Days  |
| Amantadine ER              | GOCOVRI                               | AMANTADINE HCL CAP ER 24HR 68.5 MG (BASE EQUIVALENT)         | 30 Capsules Per 30 Days  |
| Amantadine ER              | OSMOLEX ER                            | AMANTADINE HCL TAB ER 24HR 129 MG (BASE EQUIVALENT)          | 30 Tablets Per 30 Days   |
| Amantadine ER              | OSMOLEX ER                            | AMANTADINE HCL TAB ER 24HR 193 MG (BASE EQUIVALENT)          | 30 Tablets Per 30 Days   |
| Amifampridine              | FIRDAPSE                              | AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT)          | 240 Tablets Per 30 Days  |
| Ampyra                     | AMPYRA                                | DALFAMPRIDINE TAB ER 12HR 10 MG                              | 60 Tablets Per 30 Days   |
| Ampyra                     | dalfampridine er                      | DALFAMPRIDINE TAB ER 12HR 10 MG                              | 60 Tablets Per 30 Days   |
| Androgen/Anabolic Steroids | ANDRODERM                             | TESTOSTERONE TD PATCH 24HR 2 MG/24HR                         | 30 Patches Per 30 Days   |
| Androgen/Anabolic Steroids | ANDRODERM                             | TESTOSTERONE TD PATCH 24HR 4 MG/24HR                         | 30 Patches Per 30 Days   |
| Androgen/Anabolic Steroids | ANDROGEL                              | TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)                  | 30 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | ANDROGEL                              | TESTOSTERONE TD GEL 25 MG/2.5GM (1%)                         | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | ANDROGEL                              | TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)                    | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | ANDROGEL                              | TESTOSTERONE TD GEL 50 MG/5GM (1%)                           | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | ANDROGEL PUMP                         | TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)                     | 2 Bottles Per 30 Days    |
| Androgen/Anabolic Steroids | AVEED                                 | TESTOSTERONE UNDECANOATE IM INJ IN OIL 750 MG/3ML (250MG/ML) | 1 Vial Per 28 Days       |
| Androgen/Anabolic Steroids | FORTESTA                              | TESTOSTERONE TD GEL 10MG/ACT (2%)                            | 2 Bottles Per 30 Days    |
| Androgen/Anabolic Steroids | JATENZO                               | TESTOSTERONE UNDECANOATE CAP 158 MG                          | 90 Capsules Per 30 Days  |
| Androgen/Anabolic Steroids | JATENZO                               | TESTOSTERONE UNDECANOATE CAP 198 MG                          | 120 Capsules Per 30 Days |
| Androgen/Anabolic Steroids | JATENZO                               | TESTOSTERONE UNDECANOATE CAP 237 MG                          | 60 Capsules Per 30 Days  |
| Androgen/Anabolic Steroids | KYZATREX                              | TESTOSTERONE UNDECANOATE CAP 100 MG                          | 60 Capsules Per 30 Days  |
| Androgen/Anabolic Steroids | KYZATREX                              | TESTOSTERONE UNDECANOATE CAP 150 MG                          | 120 Capsules Per 30 Days |
| Androgen/Anabolic Steroids | KYZATREX                              | TESTOSTERONE UNDECANOATE CAP 200 MG                          | 120 Capsules Per 30 Days |
| Androgen/Anabolic Steroids | METHITEST                             | METHYLTESTOSTERONE ORAL TAB 10 MG                            | 600 Capsules Per 30 Days |
| Androgen/Anabolic Steroids | NATESTO                               | TESTOSTERONE NASAL GEL 5.5 MG/ACT                            | 3 Pumps Per 30 Days      |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME               | Target                          | GPI Name   | Quantity Limit           |
|----------------------------|---------------------------------|--|--------------------------|
| Androgen/Anabolic Steroids | STRIANT                         | TESTOSTERONE BUCCAL MUCOADHESIVE SYSTEM 30 MG                | 60 Systems Per 30 Days   |
| Androgen/Anabolic Steroids | TESTIM                          | TESTOSTERONE TD GEL 50 MG/5GM (1%)                           | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | TESTOPEL                        | TESTOSTERONE IMPLANT PELLETS 75 MG                           | 6 Pellets Per 90 Days    |
| Androgen/Anabolic Steroids | TESTOSTERONE                    | TESTOSTERONE TD GEL 50 MG/5GM (1%)                           | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | TESTOSTERONE CYPIONATE          | TESTOSTERONE CYP IM OR SUBCUTANEOUS INJ IN OIL 200 MG/ML     | 10 mLs Per 28 Days       |
| Androgen/Anabolic Steroids | TESTOSTERONE ENANTHATE          | TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML               | 1 Vial Per 28 Days       |
| Androgen/Anabolic Steroids | TESTOSTERONE PUMP               | TESTOSTERONE TD GEL 12.5 MG/ACT (1%)                         | 4 Pumps Per 30 Days      |
| Androgen/Anabolic Steroids | TLANDO                          | TESTOSTERONE UNDECANOATE CAP 112.5 MG                        | 120 Capsules Per 30 Days |
| Androgen/Anabolic Steroids | VOGELXO                         | TESTOSTERONE TD GEL 50 MG/5GM (1%)                           | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | VOGELXO PUMP                    | TESTOSTERONE TD GEL 12.5 MG/ACT (1%)                         | 4 Pumps Per 30 Days      |
| Androgen/Anabolic Steroids | XYOSTED                         | TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 100 MG/0.5ML   | 4 Pens Per 28 Days       |
| Androgen/Anabolic Steroids | XYOSTED                         | TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 50 MG/0.5ML    | 4 Pens Per 28 Days       |
| Androgen/Anabolic Steroids | XYOSTED                         | TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 75 MG/0.5ML    | 4 Pens Per 28 Days       |
| Androgen/Anabolic Steroids | depo-testosterone               | TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML               | 1 Vial Per 28 Days       |
| Androgen/Anabolic Steroids | depo-testosterone               | TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML               | 10 mLs Per 28 Days       |
| Androgen/Anabolic Steroids | methyltestosterone              | METHYLTESTOSTERONE CAP 10 MG                                 | 600 Capsules Per 30 Days |
| Androgen/Anabolic Steroids | testosterone                    | TESTOSTERONE TD GEL 10MG/ACT (2%)                            | 2 Bottles Per 30 Days    |
| Androgen/Anabolic Steroids | testosterone                    | TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)                  | 30 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | testosterone                    | TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)                     | 2 Bottles Per 30 Days    |
| Androgen/Anabolic Steroids | testosterone                    | TESTOSTERONE TD GEL 25 MG/2.5GM (1%)                         | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | testosterone                    | TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)                    | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | testosterone                    | TESTOSTERONE TD GEL 50 MG/5GM (1%)                           | 60 Packets Per 30 Days   |
| Androgen/Anabolic Steroids | testosterone                    | TESTOSTERONE TD SOLN 30 MG/ACT                               | 2 Bottles Per 30 Days    |
| Androgen/Anabolic Steroids | testosterone cypionate          | TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML               | 1 Vial Per 28 Days       |
| Androgen/Anabolic Steroids | testosterone cypionate          | TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML               | 10 mLs Per 28 Days       |
| Androgen/Anabolic Steroids | testosterone pump               | TESTOSTERONE TD GEL 12.5 MG/ACT (1%)                         | 4 Bottles Per 30 Days    |
| Androgen/Anabolic Steroids | testosterone pump               | TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)                     | 2 Bottles Per 30 Days    |
| Androgen/Anabolic Steroids | testosterone topical solution   | TESTOSTERONE TD SOLN 30 MG/ACT                               | 2 Bottles Per 30 Days    |
| Anti-COVID 19 Agents       | LAGEVRIO                        | MOLNUPIRAVIR CAP 200 MG                                      | 40 Capsules Per 30 Days  |
| Anti-COVID 19 Agents       | PAXLOVID                        | NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK | 20 Tablets Per 30 Days   |
| Anti-COVID 19 Agents       | PAXLOVID                        | NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK | 30 Tablets Per 30 Days   |
| Antidepressants            | APLENZIN                        | BUPROPION HBR TAB ER 24HR 174 MG                             | 30 Tablets Per 30 Days   |
| Antidepressants            | APLENZIN                        | BUPROPION HBR TAB ER 24HR 348 MG                             | 30 Tablets Per 30 Days   |
| Antidepressants            | APLENZIN                        | BUPROPION HBR TAB ER 24HR 522 MG                             | 30 Tablets Per 30 Days   |
| Antidepressants            | AUVELITY                        | DEXTROMETHORPHAN HBR-BUPROPION HCL TAB ER 45-105 MG          | 60 Tablets Per 30 Days   |
| Antidepressants            | BUPROPION HYDROCHLORIDE ER (XL) | BUPROPION HCL TAB ER 24HR 450 MG                             | 30 Tablets Per 30 Days   |
| Antidepressants            | CELEXA                          | CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants            | CELEXA                          | CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants            | CELEXA                          | CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants            | CITALOPRAM HYDROBROMIDE         | CITALOPRAM HYDROBROMIDE CAP 30 MG                            | 30 Capsules Per 30 Days  |
| Antidepressants            | CYMBALTA                        | DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)    | 60 Capsules Per 30 Days  |
| Antidepressants            | CYMBALTA                        | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)    | 60 Capsules Per 30 Days  |
| Antidepressants            | CYMBALTA                        | DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)    | 60 Capsules Per 30 Days  |
| Antidepressants            | DESVENLAFAXINE ER               | DESVENLAFAXINE TAB ER 24HR 100 MG                            | 30 Tablets Per 30 Days   |
| Antidepressants            | DESVENLAFAXINE ER               | DESVENLAFAXINE TAB ER 24HR 50 MG                             | 30 Tablets Per 30 Days   |
| Antidepressants            | EFFEXOR XR                      | VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)         | 30 Capsules Per 30 Days  |
| Antidepressants            | EFFEXOR XR                      | VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)        | 30 Capsules Per 30 Days  |
| Antidepressants            | EFFEXOR XR                      | VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)          | 90 Capsules Per 30 Days  |



BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME    | Target                   | GPI Name   | Quantity Limit           |
|-----------------|--------------------------|--|--------------------------|
| Antidepressants | FETZIMA                  | LEVOMILNACIPRAN HCL CAP ER 24HR 120 MG (BASE EQUIVALENT) | 30 Capsules Per 30 Days  |
| Antidepressants | FETZIMA                  | LEVOMILNACIPRAN HCL CAP ER 24HR 20 MG (BASE EQUIVALENT)  | 30 Capsules Per 30 Days  |
| Antidepressants | FETZIMA                  | LEVOMILNACIPRAN HCL CAP ER 24HR 40 MG (BASE EQUIVALENT)  | 30 Capsules Per 30 Days  |
| Antidepressants | FETZIMA                  | LEVOMILNACIPRAN HCL CAP ER 24HR 80 MG (BASE EQUIVALENT)  | 30 Capsules Per 30 Days  |
| Antidepressants | FETZIMA TITRATION PACK   | LEVOMILNACIPRAN HCL CAP ER 24HR 20 & 40 MG THERAPY PACK  | 28 Capsules Per 180 Days |
| Antidepressants | FLUOXETINE DR            | FLUOXETINE HCL CAP DELAYED RELEASE 90 MG                 | 4 Capsules Per 28 Days   |
| Antidepressants | FLUOXETINE HYDROCHLORIDE | FLUOXETINE HCL TAB 60 MG                                 | 30 Tablets Per 30 Days   |
| Antidepressants | FORFIVO XL               | BUPROPION HCL TAB ER 24HR 450 MG                         | 30 Tablets Per 30 Days   |
| Antidepressants | LEXAPRO                  | ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)              | 30 Tablets Per 30 Days   |
| Antidepressants | LEXAPRO                  | ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)              | 30 Tablets Per 30 Days   |
| Antidepressants | LEXAPRO                  | ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants | PAXIL                    | PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)          | 900 mLs Per 30 Days      |
| Antidepressants | PAXIL                    | PAROXETINE HCL TAB 10 MG                                 | 30 Tablets Per 30 Days   |
| Antidepressants | PAXIL                    | PAROXETINE HCL TAB 20 MG                                 | 30 Tablets Per 30 Days   |
| Antidepressants | PAXIL                    | PAROXETINE HCL TAB 30 MG                                 | 60 Tablets Per 30 Days   |
| Antidepressants | PAXIL                    | PAROXETINE HCL TAB 40 MG                                 | 30 Tablets Per 30 Days   |
| Antidepressants | PAXIL CR                 | PAROXETINE HCL TAB ER 24HR 12.5 MG                       | 30 Tablets Per 30 Days   |
| Antidepressants | PAXIL CR                 | PAROXETINE HCL TAB ER 24HR 25 MG                         | 60 Tablets Per 30 Days   |
| Antidepressants | PAXIL CR                 | PAROXETINE HCL TAB ER 24HR 37.5 MG                       | 60 Tablets Per 30 Days   |
| Antidepressants | PEXEVA                   | PAROXETINE MESYLATE TAB 10 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants | PEXEVA                   | PAROXETINE MESYLATE TAB 20 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants | PEXEVA                   | PAROXETINE MESYLATE TAB 30 MG (BASE EQUIV)               | 60 Tablets Per 30 Days   |
| Antidepressants | PEXEVA                   | PAROXETINE MESYLATE TAB 40 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants | PRISTIQ                  | DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV) | 30 Tablets Per 30 Days   |
| Antidepressants | PRISTIQ                  | DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)  | 30 Tablets Per 30 Days   |
| Antidepressants | PRISTIQ                  | DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)  | 30 Tablets Per 30 Days   |
| Antidepressants | PROZAC                   | FLUOXETINE HCL CAP 10 MG                                 | 30 Capsules Per 30 Days  |
| Antidepressants | PROZAC                   | FLUOXETINE HCL CAP 20 MG                                 | 120 Capsules Per 30 Days |
| Antidepressants | PROZAC                   | FLUOXETINE HCL CAP 40 MG                                 | 60 Capsules Per 30 Days  |
| Antidepressants | REMERON                  | MIRTAZAPINE TAB 15 MG                                    | 30 Tablets Per 30 Days   |
| Antidepressants | REMERON                  | MIRTAZAPINE TAB 30 MG                                    | 30 Tablets Per 30 Days   |
| Antidepressants | REMERON SOLTAB           | MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG              | 30 Tablets Per 30 Days   |
| Antidepressants | REMERON SOLTAB           | MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG              | 30 Tablets Per 30 Days   |
| Antidepressants | REMERON SOLTAB           | MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG              | 30 Tablets Per 30 Days   |
| Antidepressants | SERTRALINE HYDROCHLORIDE | SERTRALINE HCL CAP 150 MG                                | 30 Capsules Per 30 Days  |
| Antidepressants | SERTRALINE HYDROCHLORIDE | SERTRALINE HCL CAP 200 MG                                | 30 Capsules Per 30 Days  |
| Antidepressants | TRINTELLIX               | VORTIOXETINE HBR TAB 10 MG (BASE EQUIV)                  | 30 Tablets Per 30 Days   |
| Antidepressants | TRINTELLIX               | VORTIOXETINE HBR TAB 20 MG (BASE EQUIV)                  | 30 Tablets Per 30 Days   |
| Antidepressants | TRINTELLIX               | VORTIOXETINE HBR TAB 5 MG (BASE EQUIV)                   | 30 Tablets Per 30 Days   |
| Antidepressants | VENLAFAXINE BESYLATE ER  | VENLAFAXINE BESYLATE TAB ER 24HR 112.5 MG                | 30 Tablets Per 30 Days   |
| Antidepressants | VIIBRYD                  | VILAZODONE HCL TAB 10 MG                                 | 30 Tablets Per 30 Days   |
| Antidepressants | VIIBRYD                  | VILAZODONE HCL TAB 20 MG                                 | 30 Tablets Per 30 Days   |
| Antidepressants | VIIBRYD                  | VILAZODONE HCL TAB 40 MG                                 | 30 Tablets Per 30 Days   |
| Antidepressants | VIIBRYD STARTER PACK     | VILAZODONE HCL TAB STARTER KIT 10 (7) & 20 (23) MG       | 1 Kit Per 180 Days       |
| Antidepressants | WELLBUTRIN SR            | BUPROPION HCL TAB ER 12HR 100 MG                         | 60 Tablets Per 30 Days   |
| Antidepressants | WELLBUTRIN SR            | BUPROPION HCL TAB ER 12HR 150 MG                         | 60 Tablets Per 30 Days   |
| Antidepressants | WELLBUTRIN SR            | BUPROPION HCL TAB ER 12HR 200 MG                         | 60 Tablets Per 30 Days   |
| Antidepressants | WELLBUTRIN XL            | BUPROPION HCL TAB ER 24HR 150 MG                         | 30 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME    | Target                          | GPI Name  | Quantity Limit           |
|-----------------|---------------------------------|---|--------------------------|
| Antidepressants | WELLBUTRIN XL                   | BUPROPION HCL TAB ER 24HR 300 MG                          | 30 Tablets Per 30 Days   |
| Antidepressants | ZOLOFT                          | SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML     | 300 mLs Per 30 Days      |
| Antidepressants | ZOLOFT                          | SERTRALINE HCL TAB 100 MG                                 | 60 Tablets Per 30 Days   |
| Antidepressants | ZOLOFT                          | SERTRALINE HCL TAB 25 MG                                  | 30 Tablets Per 30 Days   |
| Antidepressants | ZOLOFT                          | SERTRALINE HCL TAB 50 MG                                  | 30 Tablets Per 30 Days   |
| Antidepressants | ZURZUVAE                        | ZURANOLONE CAP 20 MG                                      | 28 Capsules Per 365 Days |
| Antidepressants | ZURZUVAE                        | ZURANOLONE CAP 25 MG                                      | 28 Capsules Per 365 Days |
| Antidepressants | ZURZUVAE                        | ZURANOLONE CAP 30 MG                                      | 14 Capsules Per 365 Days |
| Antidepressants | bupropion hcl                   | BUPROPION HCL TAB 100 MG                                  | 120 Tablets Per 30 Days  |
| Antidepressants | bupropion hcl                   | BUPROPION HCL TAB 75 MG                                   | 60 Tablets Per 30 Days   |
| Antidepressants | bupropion hydrochloride         | BUPROPION HCL TAB 100 MG                                  | 120 Tablets Per 30 Days  |
| Antidepressants | bupropion hydrochloride         | BUPROPION HCL TAB 75 MG                                   | 60 Tablets Per 30 Days   |
| Antidepressants | bupropion hydrochloride er (sr) | BUPROPION HCL TAB ER 12HR 100 MG                          | 60 Tablets Per 30 Days   |
| Antidepressants | bupropion hydrochloride er (sr) | BUPROPION HCL TAB ER 12HR 150 MG                          | 60 Tablets Per 30 Days   |
| Antidepressants | bupropion hydrochloride er (sr) | BUPROPION HCL TAB ER 12HR 200 MG                          | 60 Tablets Per 30 Days   |
| Antidepressants | bupropion hydrochloride er (xl) | BUPROPION HCL TAB ER 24HR 150 MG                          | 30 Tablets Per 30 Days   |
| Antidepressants | bupropion hydrochloride er (xl) | BUPROPION HCL TAB ER 24HR 300 MG                          | 30 Tablets Per 30 Days   |
| Antidepressants | citalopram                      | CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)            | 30 Tablets Per 30 Days   |
| Antidepressants | citalopram                      | CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)            | 30 Tablets Per 30 Days   |
| Antidepressants | citalopram hydrobromide         | CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML               | 600 mLs Per 30 Days      |
| Antidepressants | citalopram hydrobromide         | CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)            | 30 Tablets Per 30 Days   |
| Antidepressants | citalopram hydrobromide         | CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)            | 30 Tablets Per 30 Days   |
| Antidepressants | citalopram hydrobromide         | CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)            | 30 Tablets Per 30 Days   |
| Antidepressants | desvenlafaxine er               | DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)  | 30 Tablets Per 30 Days   |
| Antidepressants | desvenlafaxine er               | DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)   | 30 Tablets Per 30 Days   |
| Antidepressants | desvenlafaxine er               | DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)   | 30 Tablets Per 30 Days   |
| Antidepressants | duloxetine hcl                  | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) | 60 Capsules Per 30 Days  |
| Antidepressants | duloxetine hcl                  | DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ) | 90 Capsules Per 30 Days  |
| Antidepressants | duloxetine hydrochloride        | DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ) | 60 Capsules Per 30 Days  |
| Antidepressants | duloxetine hydrochloride        | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) | 60 Capsules Per 30 Days  |
| Antidepressants | duloxetine hydrochloride        | DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ) | 90 Capsules Per 30 Days  |
| Antidepressants | duloxetine hydrochloride        | DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ) | 60 Capsules Per 30 Days  |
| Antidepressants | escitalopram oxalate            | ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)           | 600 mLs Per 30 Days      |
| Antidepressants | escitalopram oxalate            | ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants | escitalopram oxalate            | ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)               | 30 Tablets Per 30 Days   |
| Antidepressants | escitalopram oxalate            | ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)                | 30 Tablets Per 30 Days   |
| Antidepressants | fluoxetine hydrochloride        | FLUOXETINE HCL CAP 10 MG                                  | 30 Capsules Per 30 Days  |
| Antidepressants | fluoxetine hydrochloride        | FLUOXETINE HCL CAP 20 MG                                  | 120 Capsules Per 30 Days |
| Antidepressants | fluoxetine hydrochloride        | FLUOXETINE HCL CAP 40 MG                                  | 60 Capsules Per 30 Days  |
| Antidepressants | fluoxetine hydrochloride        | FLUOXETINE HCL SOLUTION 20 MG/5ML                         | 600 mLs Per 30 Days      |
| Antidepressants | fluoxetine hydrochloride        | FLUOXETINE HCL TAB 10 MG                                  | 30 Tablets Per 30 Days   |
| Antidepressants | fluoxetine hydrochloride        | FLUOXETINE HCL TAB 20 MG                                  | 120 Tablets Per 30 Days  |
| Antidepressants | fluoxetine hydrochloride        | FLUOXETINE HCL TAB 60 MG                                  | 30 Tablets Per 30 Days   |
| Antidepressants | fluvoxamine maleate             | FLUVOXAMINE MALEATE TAB 100 MG                            | 90 Tablets Per 30 Days   |
| Antidepressants | fluvoxamine maleate             | FLUVOXAMINE MALEATE TAB 25 MG                             | 30 Tablets Per 30 Days   |
| Antidepressants | fluvoxamine maleate             | FLUVOXAMINE MALEATE TAB 50 MG                             | 30 Tablets Per 30 Days   |
| Antidepressants | fluvoxamine maleate er          | FLUVOXAMINE MALEATE CAP ER 24HR 100 MG                    | 60 Capsules Per 30 Days  |
| Antidepressants | fluvoxamine maleate er          | FLUVOXAMINE MALEATE CAP ER 24HR 150 MG                    | 60 Capsules Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME    | Target                       | GPI Name  | Quantity Limit          |
|-----------------|------------------------------|---|-------------------------|
| Antidepressants | mirtazapine                  | MIRTAZAPINE TAB 15 MG                                 | 30 Tablets Per 30 Days  |
| Antidepressants | mirtazapine                  | MIRTAZAPINE TAB 30 MG                                 | 30 Tablets Per 30 Days  |
| Antidepressants | mirtazapine                  | MIRTAZAPINE TAB 45 MG                                 | 30 Tablets Per 30 Days  |
| Antidepressants | mirtazapine                  | MIRTAZAPINE TAB 7.5 MG                                | 30 Tablets Per 30 Days  |
| Antidepressants | mirtazapine odt              | MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG           | 30 Tablets Per 30 Days  |
| Antidepressants | mirtazapine odt              | MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG           | 30 Tablets Per 30 Days  |
| Antidepressants | mirtazapine odt              | MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG           | 30 Tablets Per 30 Days  |
| Antidepressants | paroxetine hcl               | PAROXETINE HCL TAB 30 MG                              | 60 Tablets Per 30 Days  |
| Antidepressants | paroxetine hcl               | PAROXETINE HCL TAB 40 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | paroxetine hcl er            | PAROXETINE HCL TAB ER 24HR 12.5 MG                    | 30 Tablets Per 30 Days  |
| Antidepressants | paroxetine hcl er            | PAROXETINE HCL TAB ER 24HR 25 MG                      | 60 Tablets Per 30 Days  |
| Antidepressants | paroxetine hcl er            | PAROXETINE HCL TAB ER 24HR 37.5 MG                    | 60 Tablets Per 30 Days  |
| Antidepressants | paroxetine hydrochloride     | PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)       | 900 mLs Per 30 Days     |
| Antidepressants | paroxetine hydrochloride     | PAROXETINE HCL TAB 10 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | paroxetine hydrochloride     | PAROXETINE HCL TAB 20 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | paroxetine hydrochloride     | PAROXETINE HCL TAB 30 MG                              | 60 Tablets Per 30 Days  |
| Antidepressants | paroxetine hydrochloride     | PAROXETINE HCL TAB 40 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | paroxetine hydrochloride er  | PAROXETINE HCL TAB ER 24HR 12.5 MG                    | 30 Tablets Per 30 Days  |
| Antidepressants | paroxetine hydrochloride er  | PAROXETINE HCL TAB ER 24HR 25 MG                      | 60 Tablets Per 30 Days  |
| Antidepressants | paroxetine hydrochloride er  | PAROXETINE HCL TAB ER 24HR 37.5 MG                    | 60 Tablets Per 30 Days  |
| Antidepressants | sertraline hcl               | SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML | 300 mLs Per 30 Days     |
| Antidepressants | sertraline hcl               | SERTRALINE HCL TAB 50 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | sertraline hydrochloride     | SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML | 300 mLs Per 30 Days     |
| Antidepressants | sertraline hydrochloride     | SERTRALINE HCL TAB 100 MG                             | 60 Tablets Per 30 Days  |
| Antidepressants | sertraline hydrochloride     | SERTRALINE HCL TAB 25 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | sertraline hydrochloride     | SERTRALINE HCL TAB 50 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hcl              | VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)          | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hcl              | VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)           | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hcl              | VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)         | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hcl              | VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)           | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hcl              | VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)           | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hcl er           | VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT) | 30 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride    | VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)          | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride    | VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)           | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride    | VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)         | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride    | VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)           | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride    | VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)           | 90 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride er | VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)  | 30 Capsules Per 30 Days |
| Antidepressants | venlafaxine hydrochloride er | VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT) | 30 Capsules Per 30 Days |
| Antidepressants | venlafaxine hydrochloride er | VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)   | 90 Capsules Per 30 Days |
| Antidepressants | venlafaxine hydrochloride er | VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)  | 30 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride er | VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)  | 30 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride er | VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT) | 30 Tablets Per 30 Days  |
| Antidepressants | venlafaxine hydrochloride er | VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)   | 90 Tablets Per 30 Days  |
| Antidepressants | vilazodone hydrochloride     | VILAZODONE HCL TAB 10 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | vilazodone hydrochloride     | VILAZODONE HCL TAB 20 MG                              | 30 Tablets Per 30 Days  |
| Antidepressants | vilazodone hydrochloride     | VILAZODONE HCL TAB 40 MG                              | 30 Tablets Per 30 Days  |
| Antiemetic      | AKYNZEO                      | NETUPITANT-PALONOSETRON CAP 300-0.5 MG                | 2 Capsules Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME   | Target                    | GPI Name   | Quantity Limit           |
|----------------|---------------------------|--|--------------------------|
| Antiemetic     | ANZEMET                   | DOLASETRON MESYLATE TAB 50 MG                              | 7 Tablets Per 30 Days    |
| Antiemetic     | EMEND                     | APREPITANT CAPSULE 80 MG                                   | 4 Capsules Per 30 Days   |
| Antiemetic     | EMEND                     | APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)               | 6 Packs Per 30 Days      |
| Antiemetic     | EMEND TRIPACK             | APREPITANT CAPSULE THERAPY PACK 80 & 125 MG                | 2 Packs Per 30 Days      |
| Antiemetic     | ONDANSETRON HCL           | ONDANSETRON HCL TAB 24 MG                                  | 1 Tablet Per 30 Days     |
| Antiemetic     | SANCUSO                   | GRANISETRON TD PATCH 3.1 MG/24HR (CONTAINS 34.3 MG)        | 2 Patches Per 30 Days    |
| Antiemetic     | VARUBI                    | ROLAPITANT HCL TAB THERAPY PACK 2 X 90 MG (BASE EQUIV)     | 4 Tablets Per 30 Days    |
| Antiemetic     | ZUPLENZ                   | ONDANSETRON ORAL SOLUBLE FILM 4 MG                         | 2 Boxes Per 30 Days      |
| Antiemetic     | aprepitant                | APREPITANT CAPSULE 125 MG                                  | 2 Capsules Per 30 Days   |
| Antiemetic     | aprepitant                | APREPITANT CAPSULE 80 MG                                   | 4 Capsules Per 30 Days   |
| Antiemetic     | aprepitant                | APREPITANT CAPSULE THERAPY PACK 80 & 125 MG                | 6 Capsules Per 30 Days   |
| Antiemetic     | granisetron hydrochloride | GRANISETRON HCL TAB 1 MG                                   | 14 Tablets Per 30 Days   |
| Antiemetic     | ondansetron hcl           | ONDANSETRON HCL ORAL SOLN 4 MG/5ML                         | 2 Bottles Per 30 Days    |
| Antiemetic     | ondansetron hydrochloride | ONDANSETRON HCL ORAL SOLN 4 MG/5ML                         | 2 Bottles Per 30 Days    |
| Antiemetic     | ondansetron hydrochloride | ONDANSETRON HCL TAB 4 MG                                   | 21 Tablets Per 30 Days   |
| Antiemetic     | ondansetron hydrochloride | ONDANSETRON HCL TAB 8 MG                                   | 21 Tablets Per 30 Days   |
| Antiemetic     | ondansetron odt           | ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG                 | 21 Tablets Per 30 Days   |
| Antiemetic     | ondansetron odt           | ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG                 | 21 Tablets Per 30 Days   |
| Antifungals    | BREXAFEMME                | IBREXAFUNGERP CITRATE TAB 150 MG                           | 4 Tablets Per 90 Days    |
| Antifungals    | VIVJOA                    | OTESECONAZOLE CAP THERAPY PACK 150 MG (12 WEEKS)           | 18 Capsules Per 180 Days |
| Anti-Influenza | TAMIFLU                   | OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)               | 40 Capsules Per 120 Days |
| Anti-Influenza | TAMIFLU                   | OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)               | 20 Capsules Per 120 Days |
| Anti-Influenza | TAMIFLU                   | OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)               | 20 Capsules Per 120 Days |
| Anti-Influenza | TAMIFLU                   | OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)        | 300 mLs Per 120 Days     |
| Anti-Influenza | XOFLUZA                   | BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 40 MG (40 MG DOSE) | 2 Tablets Per 120 Days   |
| Anti-Influenza | XOFLUZA                   | BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 80 MG (80 MG DOSE) | 2 Tablets Per 120 Days   |
| Anti-Influenza | XOFLUZA                   | BALOXAVIR MARBOXIL TAB THERAPY PACK 2 X 20 MG (40 MG DOSE) | 4 Tablets Per 120 Days   |
| Anti-Influenza | XOFLUZA                   | BALOXAVIR MARBOXIL TAB THERAPY PACK 2 X 40 MG (80 MG DOSE) | 4 Tablets Per 120 Days   |
| Anti-Influenza | oseltamivir phosphate     | OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)               | 40 Capsules Per 120 Days |
| Anti-Influenza | oseltamivir phosphate     | OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)               | 20 Capsules Per 120 Days |
| Anti-Influenza | oseltamivir phosphate     | OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)               | 20 Capsules Per 120 Days |
| Anti-Influenza | oseltamivir phosphate     | OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)        | 300 mLs Per 120 Days     |
| Antiretroviral | APTIVUS                   | TIPRANAVIR CAP 250 MG                                      | 120 Capsules Per 30 Days |
| Antiretroviral | BIKTARVY                  | BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG    | 30 Tablets Per 30 Days   |
| Antiretroviral | BIKTARVY                  | BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG    | 30 Tablets Per 30 Days   |
| Antiretroviral | CIMDUO                    | LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB 300-300 MG    | 30 Tablets Per 30 Days   |
| Antiretroviral | COMBIVIR                  | LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG                       | 60 Tablets Per 30 Days   |
| Antiretroviral | COMPLERA                  | EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG   | 30 Tablets Per 30 Days   |
| Antiretroviral | DELSTRIGO                 | DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG      | 30 Tablets Per 30 Days   |
| Antiretroviral | DESCOVY                   | EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 120-15 MG | 30 Tablets Per 30 Days   |
| Antiretroviral | DESCOVY                   | EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG | 30 Tablets Per 30 Days   |
| Antiretroviral | DOVATO                    | DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)     | 30 Tablets Per 30 Days   |
| Antiretroviral | EDURANT                   | RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)                | 30 Tablets Per 30 Days   |
| Antiretroviral | EFAVIRENZ                 | EFAVIRENZ CAP 200 MG                                       | 60 Capsules Per 30 Days  |
| Antiretroviral | EFAVIRENZ                 | EFAVIRENZ CAP 50 MG  | 90 Capsules Per 30 Days  |
| Antiretroviral | EMTRIVA                   | EMTRICITABINE CAPS 200 MG                                  | 30 Capsules Per 30 Days  |
| Antiretroviral | EMTRIVA                   | EMTRICITABINE SOLN 10 MG/ML                                | 680 mLs Per 28 Days      |
| Antiretroviral | EPIVIR                    | LAMIVUDINE ORAL SOLN 10 MG/ML                              | 960 mLs Per 30 Days      |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME   | Target            | GPI Name   | Quantity Limit           |
|----------------|-------------------|--|--------------------------|
| Antiretroviral | EPIVIR            | LAMIVUDINE TAB 150 MG  | 60 Tablets Per 30 Days   |
| Antiretroviral | EPIVIR            | LAMIVUDINE TAB 300 MG  | 30 Tablets Per 30 Days   |
| Antiretroviral | EPZICOM           | ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG                   | 30 Tablets Per 30 Days   |
| Antiretroviral | EVOTAZ            | ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV)    | 30 Tablets Per 30 Days   |
| Antiretroviral | FUZEON            | ENFUVIRTIDE FOR INJ 90 MG                                    | 60 Vials Per 30 Days     |
| Antiretroviral | GENVOYA           | ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG | 30 Tablets Per 30 Days   |
| Antiretroviral | INTELENCE         | ETRAVIRINE TAB 100 MG  | 60 Tablets Per 30 Days   |
| Antiretroviral | INTELENCE         | ETRAVIRINE TAB 200 MG  | 60 Tablets Per 30 Days   |
| Antiretroviral | INTELENCE         | ETRAVIRINE TAB 25 MG   | 120 Tablets Per 30 Days  |
| Antiretroviral | ISENTRESS         | RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)           | 180 Tablets Per 30 Days  |
| Antiretroviral | ISENTRESS         | RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)            | 180 Tablets Per 30 Days  |
| Antiretroviral | ISENTRESS         | RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)    | 60 Packets Per 30 Days   |
| Antiretroviral | ISENTRESS         | RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)                | 60 Tablets Per 30 Days   |
| Antiretroviral | ISENTRESS HD      | RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)                | 60 Tablets Per 30 Days   |
| Antiretroviral | JULUCA            | DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)   | 30 Tablets Per 30 Days   |
| Antiretroviral | KALETRA           | LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)        | 480 mLs Per 30 Days      |
| Antiretroviral | KALETRA           | LOPINAVIR-RITONAVIR TAB 100-25 MG                            | 180 Tablets Per 30 Days  |
| Antiretroviral | KALETRA           | LOPINAVIR-RITONAVIR TAB 200-50 MG                            | 120 Tablets Per 30 Days  |
| Antiretroviral | LEXIVA            | FOSAMPRENAVIR CALCIUM SUSP 50 MG/ML (BASE EQUIV)             | 1800 mLs Per 30 Days     |
| Antiretroviral | LEXIVA            | FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)                | 120 Tablets Per 30 Days  |
| Antiretroviral | NEVIRAPINE        | NEVIRAPINE SUSP 50 MG/5ML                                    | 1200 mLs Per 30 Days     |
| Antiretroviral | NEVIRAPINE ER     | NEVIRAPINE TAB ER 24HR 100 MG                                | 90 Tablets Per 30 Days   |
| Antiretroviral | NORVIR            | RITONAVIR ORAL SOLN 80 MG/ML                                 | 480 mLs Per 30 Days      |
| Antiretroviral | NORVIR            | RITONAVIR POWDER PACKET 100 MG                               | 360 Packets Per 30 Days  |
| Antiretroviral | NORVIR            | RITONAVIR TAB 100 MG   | 360 Tablets Per 30 Days  |
| Antiretroviral | ODEFSEY           | EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG      | 30 Tablets Per 30 Days   |
| Antiretroviral | PIFELTRO          | DORAVIRINE TAB 100 MG  | 30 Tablets Per 30 Days   |
| Antiretroviral | PREZCOBIX         | DARUNAVIR-COBICISTAT TAB 800-150 MG                          | 30 Tablets Per 30 Days   |
| Antiretroviral | PREZISTA          | DARUNAVIR ORAL SUSP 100 MG/ML                                | 400 mLs Per 30 Days      |
| Antiretroviral | PREZISTA          | DARUNAVIR TAB 150 MG   | 180 Tablets Per 30 Days  |
| Antiretroviral | PREZISTA          | DARUNAVIR TAB 600 MG   | 60 Tablets Per 30 Days   |
| Antiretroviral | PREZISTA          | DARUNAVIR TAB 75 MG  | 300 Tablets Per 30 Days  |
| Antiretroviral | PREZISTA          | DARUNAVIR TAB 800 MG   | 30 Tablets Per 30 Days   |
| Antiretroviral | RELENZA DISKHALER | ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT           | 40 Blisters Per 120 Days |
| Antiretroviral | RETROVIR          | ZIDOVUDINE CAP 100 MG  | 180 Capsules Per 30 Days |
| Antiretroviral | RETROVIR          | ZIDOVUDINE SYRUP 10 MG/ML                                    | 1920 mLs Per 30 Days     |
| Antiretroviral | REYATAZ           | ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days  |
| Antiretroviral | REYATAZ           | ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days  |
| Antiretroviral | REYATAZ           | ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV)     | 240 Packets Per 30 Days  |
| Antiretroviral | RUKOBIA           | FOSTEMSAVIR TROMETHAMINE TAB ER 12HR 600 MG                  | 60 Tablets Per 30 Days   |
| Antiretroviral | SELZENTRY         | MARAVIROC ORAL SOLN 20 MG/ML                                 | 1840 mLs Per 30 Days     |
| Antiretroviral | SELZENTRY         | MARAVIROC TAB 150 MG   | 60 Tablets Per 30 Days   |
| Antiretroviral | SELZENTRY         | MARAVIROC TAB 25 MG  | 240 Tablets Per 30 Days  |
| Antiretroviral | SELZENTRY         | MARAVIROC TAB 300 MG   | 120 Tablets Per 30 Days  |
| Antiretroviral | SELZENTRY         | MARAVIROC TAB 75 MG  | 60 Tablets Per 30 Days   |
| Antiretroviral | STAVUDINE         | STAVUDINE CAP 15 MG  | 60 Capsules Per 30 Days  |
| Antiretroviral | STAVUDINE         | STAVUDINE CAP 20 MG  | 60 Capsules Per 30 Days  |
| Antiretroviral | STAVUDINE         | STAVUDINE CAP 30 MG  | 60 Capsules Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME   | Target  | GPI Name   | Quantity Limit          |
|----------------|---|--|-------------------------|
| Antiretroviral | STAVUDINE   | STAVUDINE CAP 40 MG  | 60 Capsules Per 30 Days |
| Antiretroviral | STRIBILD  | ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG | 30 Tablets Per 30 Days  |
| Antiretroviral | SUNLENCA  | LENACAPAVIR SODIUM TAB THERAPY PACK 4 X 300 MG               | 4 Tablets Per 365 Days  |
| Antiretroviral | SUNLENCA  | LENACAPAVIR SODIUM TAB THERAPY PACK 5 X 300 MG               | 5 Tablets Per 365 Days  |
| Antiretroviral | SUSTIVA   | EFAVIRENZ CAP 200 MG   | 60 Capsules Per 30 Days |
| Antiretroviral | SUSTIVA   | EFAVIRENZ CAP 50 MG  | 90 Capsules Per 30 Days |
| Antiretroviral | SUSTIVA   | EFAVIRENZ TAB 600 MG   | 30 Tablets Per 30 Days  |
| Antiretroviral | SYMFI   | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG         | 30 Tablets Per 30 Days  |
| Antiretroviral | SYMFI LO  | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG         | 30 Tablets Per 30 Days  |
| Antiretroviral | SYMTUZA   | DARUNAVIR-COBIC-EMTRICITAB-TENOFOV AF TAB 800-150-200-10 MG  | 30 Tablets Per 30 Days  |
| Antiretroviral | TIVICAY   | DOLUTEGRAVIR SODIUM TAB 10 MG (BASE EQUIV)                   | 240 Tablets Per 30 Days |
| Antiretroviral | TIVICAY   | DOLUTEGRAVIR SODIUM TAB 25 MG (BASE EQUIV)                   | 60 Tablets Per 30 Days  |
| Antiretroviral | TIVICAY   | DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)                   | 60 Tablets Per 30 Days  |
| Antiretroviral | TIVICAY PD  | DOLUTEGRAVIR SODIUM TAB FOR ORAL SUSP 5 MG (BASE EQUIV)      | 360 Tablets Per 30 Days |
| Antiretroviral | TRIUMEQ   | ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG           | 30 Tablets Per 30 Days  |
| Antiretroviral | TRIUMEQ PD  | ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB FOR ORAL SUS 60-5-30 MG | 180 Tablets Per 30 Days |
| Antiretroviral | TRIZIVIR  | ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TAB 300-150-300 MG    | 60 Tablets Per 30 Days  |
| Antiretroviral | TRUVADA   | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG   | 30 Tablets Per 30 Days  |
| Antiretroviral | TRUVADA   | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG   | 30 Tablets Per 30 Days  |
| Antiretroviral | TRUVADA   | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG   | 30 Tablets Per 30 Days  |
| Antiretroviral | TRUVADA   | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG   | 30 Tablets Per 30 Days  |
| Antiretroviral | TYBOST  | COBICISTAT TAB 150 MG  | 30 Tablets Per 30 Days  |
| Antiretroviral | VIRACEPT  | NELFINAVIR MESYLATE TAB 250 MG                               | 270 Tablets Per 30 Days |
| Antiretroviral | VIRACEPT  | NELFINAVIR MESYLATE TAB 625 MG                               | 120 Tablets Per 30 Days |
| Antiretroviral | VIRAMUNE XR   | NEVIRAPINE TAB ER 24HR 400 MG                                | 30 Tablets Per 30 Days  |
| Antiretroviral | VIREAD  | TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM           | 240 Grams Per 30 Days   |
| Antiretroviral | VIREAD  | TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG                     | 30 Tablets Per 30 Days  |
| Antiretroviral | VIREAD  | TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG                     | 30 Tablets Per 30 Days  |
| Antiretroviral | VIREAD  | TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG                     | 30 Tablets Per 30 Days  |
| Antiretroviral | VIREAD  | TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG                     | 30 Tablets Per 30 Days  |
| Antiretroviral | ZIAGEN  | ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)                  | 960 mLs Per 30 Days     |
| Antiretroviral | ZIAGEN  | ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)                     | 60 Tablets Per 30 Days  |
| Antiretroviral | abacavir  | ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)                  | 960 mLs Per 30 Days     |
| Antiretroviral | abacavir  | ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)                     | 60 Tablets Per 30 Days  |
| Antiretroviral | abacavir sulfate                                      | ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)                     | 60 Tablets Per 30 Days  |
| Antiretroviral | abacavir sulfate/lamivudine                           | ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG                   | 30 Tablets Per 30 Days  |
| Antiretroviral | atazanavir  | ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| Antiretroviral | atazanavir  | ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| Antiretroviral | atazanavir sulfate                                    | ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| Antiretroviral | atazanavir sulfate                                    | ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)                   | 60 Capsules Per 30 Days |
| Antiretroviral | atazanavir sulfate                                    | ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| Antiretroviral | darunavir   | DARUNAVIR TAB 600 MG   | 60 Tablets Per 30 Days  |
| Antiretroviral | darunavir   | DARUNAVIR TAB 800 MG   | 30 Tablets Per 30 Days  |
| Antiretroviral | efavirenz   | EFAVIRENZ TAB 600 MG   | 30 Tablets Per 30 Days  |
| Antiretroviral | efavirenz/emtricitabine/tenofovir disoproxil fumarate | EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG      | 30 Tablets Per 30 Days  |
| Antiretroviral | efavirenz/lamivudine/tenofovir disoproxil fumarate    | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG         | 30 Tablets Per 30 Days  |
| Antiretroviral | efavirenz/lamivudine/tenofovir disoproxil fumarate    | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG         | 30 Tablets Per 30 Days  |
| Antiretroviral | emtricitabine   | EMTRICITABINE CAPS 200 MG                                    | 30 Capsules Per 30 Days |

| QL PROG NAME            | Target                                      | GPI Name  | Quantity Limit           |
|-------------------------|---|---|--------------------------|
| Antiretroviral          | emtricitabine/tenofovir disoproxil          | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG  | 30 Tablets Per 30 Days   |
| Antiretroviral          | emtricitabine/tenofovir disoproxil fumarate | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG  | 30 Tablets Per 30 Days   |
| Antiretroviral          | emtricitabine/tenofovir disoproxil fumarate | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG  | 30 Tablets Per 30 Days   |
| Antiretroviral          | emtricitabine/tenofovir disoproxil fumarate | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG  | 30 Tablets Per 30 Days   |
| Antiretroviral          | etravirine                                  | ETRAVIRINE TAB 100 MG                                       | 60 Tablets Per 30 Days   |
| Antiretroviral          | etravirine                                  | ETRAVIRINE TAB 200 MG                                       | 60 Tablets Per 30 Days   |
| Antiretroviral          | fosamprenavir calcium                       | FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)               | 120 Tablets Per 30 Days  |
| Antiretroviral          | lamivudine                                  | LAMIVUDINE ORAL SOLN 10 MG/ML                               | 960 mLs Per 30 Days      |
| Antiretroviral          | lamivudine                                  | LAMIVUDINE TAB 150 MG                                       | 60 Tablets Per 30 Days   |
| Antiretroviral          | lamivudine                                  | LAMIVUDINE TAB 300 MG                                       | 30 Tablets Per 30 Days   |
| Antiretroviral          | lamivudine/zidovudine                       | LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG                        | 60 Tablets Per 30 Days   |
| Antiretroviral          | lopinavir/ritonavir                         | LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)       | 480 mLs Per 30 Days      |
| Antiretroviral          | lopinavir/ritonavir                         | LOPINAVIR-RITONAVIR TAB 100-25 MG                           | 180 Tablets Per 30 Days  |
| Antiretroviral          | lopinavir/ritonavir                         | LOPINAVIR-RITONAVIR TAB 200-50 MG                           | 120 Tablets Per 30 Days  |
| Antiretroviral          | maraviroc                                   | MARAVIROC TAB 150 MG  | 60 Tablets Per 30 Days   |
| Antiretroviral          | maraviroc                                   | MARAVIROC TAB 300 MG  | 120 Tablets Per 30 Days  |
| Antiretroviral          | nevirapine                                  | NEVIRAPINE TAB 200 MG                                       | 60 Tablets Per 30 Days   |
| Antiretroviral          | nevirapine er                               | NEVIRAPINE TAB ER 24HR 400 MG                               | 30 Tablets Per 30 Days   |
| Antiretroviral          | ritonavir                                   | RITONAVIR TAB 100 MG  | 360 Tablets Per 30 Days  |
| Antiretroviral          | tenofovir disoproxil fumarate               | TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG                    | 30 Tablets Per 30 Days   |
| Antiretroviral          | zidovudine                                  | ZIDOVUDINE CAP 100 MG                                       | 180 Capsules Per 30 Days |
| Antiretroviral          | zidovudine                                  | ZIDOVUDINE SYRUP 10 MG/ML                                   | 1920 mLs Per 30 Days     |
| Antiretroviral          | zidovudine                                  | ZIDOVUDINE TAB 300 MG                                       | 60 Tablets Per 30 Days   |
| Arikayce                | ARIKAYCE                                    | AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ) | 28 Vials Per 28 Days     |
| ATTR Amyloidosis        | TEGSEDI                                     | INOTERSEN SOD SUBCUTANEOUS PREF SYR 284 MG/1.5ML (BASE EQ)  | 4 Syringes Per 28 Days   |
| ATTR Amyloidosis        | VYNDAMAX                                    | TAFAMIDIS CAP 61 MG   | 30 Capsules Per 30 Days  |
| ATTR Amyloidosis        | VYNDAQEL                                    | TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG                     | 120 Capsules Per 30 Days |
| ATTR Amyloidosis        | WAINUA                                      | EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 45 MG/0.8ML   | 1 Pen Per 30 Days        |
| Atypical Antipsychotics | ABILIFY                                     | ARIPIRAZOLE TAB 10 MG                                       | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY                                     | ARIPIRAZOLE TAB 15 MG                                       | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY                                     | ARIPIRAZOLE TAB 2 MG  | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY                                     | ARIPIRAZOLE TAB 20 MG                                       | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY                                     | ARIPIRAZOLE TAB 30 MG                                       | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY                                     | ARIPIRAZOLE TAB 5 MG  | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE                              | ARIPIRAZOLE TAB 10 MG WITH SENSOR                           | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE                              | ARIPIRAZOLE TAB 15 MG WITH SENSOR                           | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE                              | ARIPIRAZOLE TAB 2 MG WITH SENSOR                            | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE                              | ARIPIRAZOLE TAB 20 MG WITH SENSOR                           | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE                              | ARIPIRAZOLE TAB 30 MG WITH SENSOR                           | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE                              | ARIPIRAZOLE TAB 5 MG WITH SENSOR                            | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE MAINTENANCE KIT              | ARIPIRAZOLE TAB 10 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE MAINTENANCE KIT              | ARIPIRAZOLE TAB 15 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE MAINTENANCE KIT              | ARIPIRAZOLE TAB 2 MG WITH SENSOR&STRIPS (FOR POD) MAINT PAK | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE MAINTENANCE KIT              | ARIPIRAZOLE TAB 20 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE MAINTENANCE KIT              | ARIPIRAZOLE TAB 30 MG WITH SENSOR&STRIPS(FOR POD) MAINT PAK | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE MAINTENANCE KIT              | ARIPIRAZOLE TAB 5 MG WITH SENSOR&STRIPS (FOR POD) MAINT PAK | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE STARTER KIT                  | ARIPIRAZOLE TAB 10 MG WITH SENSOR, STRIPS & POD STARTER PAK | 30 Tablets Per 30 Days   |
| Atypical Antipsychotics | ABILIFY MYCITE STARTER KIT                  | ARIPIRAZOLE TAB 15 MG WITH SENSOR, STRIPS & POD STARTER PAK | 30 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME            | Target                     | GPI Name  | Quantity Limit          |
|-------------------------|----------------------------|---|-------------------------|
| Atypical Antipsychotics | ABILIFY MYCITE STARTER KIT | ARIPIRAZOLE TAB 2 MG WITH SENSOR, STRIPS & POD STARTER PAK  | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ABILIFY MYCITE STARTER KIT | ARIPIRAZOLE TAB 20 MG WITH SENSOR, STRIPS & POD STARTER PAK | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ABILIFY MYCITE STARTER KIT | ARIPIRAZOLE TAB 30 MG WITH SENSOR, STRIPS & POD STARTER PAK | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ABILIFY MYCITE STARTER KIT | ARIPIRAZOLE TAB 5 MG WITH SENSOR, STRIPS & POD STARTER PAK  | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | CAPLYTA                    | LUMATEPERONE TOSYLATE CAP 10.5 MG                           | 30 Capsules Per 30 Days |
| Atypical Antipsychotics | CAPLYTA                    | LUMATEPERONE TOSYLATE CAP 21 MG                             | 30 Capsules Per 30 Days |
| Atypical Antipsychotics | CAPLYTA                    | LUMATEPERONE TOSYLATE CAP 42 MG                             | 30 Capsules Per 30 Days |
| Atypical Antipsychotics | CLOZAPINE ODT              | CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG                 | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | CLOZARIL                   | CLOZAPINE TAB 100 MG  | 270 Tablets Per 30 Days |
| Atypical Antipsychotics | CLOZARIL                   | CLOZAPINE TAB 200 MG  | 120 Tablets Per 30 Days |
| Atypical Antipsychotics | CLOZARIL                   | CLOZAPINE TAB 25 MG   | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | CLOZARIL                   | CLOZAPINE TAB 50 MG   | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT                     | ILOPERIDONE TAB 1 MG  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT                     | ILOPERIDONE TAB 10 MG                                       | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT                     | ILOPERIDONE TAB 12 MG                                       | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT                     | ILOPERIDONE TAB 2 MG  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT                     | ILOPERIDONE TAB 4 MG  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT                     | ILOPERIDONE TAB 6 MG  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT                     | ILOPERIDONE TAB 8 MG  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | FANAPT TITRATION PACK      | ILOPERIDONE TAB 1 MG & 2 MG & 4 MG & 6 MG TITRATION PAK     | 1 Pack Per 180 Days     |
| Atypical Antipsychotics | GEODON                     | ZIPRASIDONE HCL CAP 20 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics | GEODON                     | ZIPRASIDONE HCL CAP 40 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics | GEODON                     | ZIPRASIDONE HCL CAP 60 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics | GEODON                     | ZIPRASIDONE HCL CAP 80 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics | INVEGA                     | PALIPERIDONE TAB ER 24HR 1.5 MG                             | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | INVEGA                     | PALIPERIDONE TAB ER 24HR 3 MG                               | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | INVEGA                     | PALIPERIDONE TAB ER 24HR 6 MG                               | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | INVEGA                     | PALIPERIDONE TAB ER 24HR 9 MG                               | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LATUDA                     | LURASIDONE HCL TAB 120 MG                                   | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LATUDA                     | LURASIDONE HCL TAB 20 MG                                    | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LATUDA                     | LURASIDONE HCL TAB 40 MG                                    | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LATUDA                     | LURASIDONE HCL TAB 60 MG                                    | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LATUDA                     | LURASIDONE HCL TAB 80 MG                                    | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | LYBALVI                    | OLANZAPINE-SAMIDORPHAN L-MALATE TAB 10-10 MG                | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LYBALVI                    | OLANZAPINE-SAMIDORPHAN L-MALATE TAB 15-10 MG                | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LYBALVI                    | OLANZAPINE-SAMIDORPHAN L-MALATE TAB 20-10 MG                | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | LYBALVI                    | OLANZAPINE-SAMIDORPHAN L-MALATE TAB 5-10 MG                 | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | QUETIAPINE FUMARATE        | QUETIAPINE FUMARATE TAB 150 MG                              | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | REXULTI                    | BREXPIRAZOLE TAB 0.25 MG                                    | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | REXULTI                    | BREXPIRAZOLE TAB 0.5 MG                                     | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | REXULTI                    | BREXPIRAZOLE TAB 1 MG                                       | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | REXULTI                    | BREXPIRAZOLE TAB 2 MG                                       | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | REXULTI                    | BREXPIRAZOLE TAB 3 MG                                       | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | REXULTI                    | BREXPIRAZOLE TAB 4 MG                                       | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | RISPERDAL                  | RISPERIDONE SOLN 1 MG/ML                                    | 480 mLs Per 30 Days     |
| Atypical Antipsychotics | RISPERDAL                  | RISPERIDONE TAB 0.5 MG                                      | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | RISPERDAL                  | RISPERIDONE TAB 1 MG  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | RISPERDAL                  | RISPERIDONE TAB 2 MG  | 60 Tablets Per 30 Days  |



BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME            | Target               | GPI Name   | Quantity Limit          |
|-------------------------|----------------------|--|-------------------------|
| Atypical Antipsychotics | RISPERDAL            | RISPERIDONE TAB 3 MG                                   | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | RISPERDAL            | RISPERIDONE TAB 4 MG                                   | 120 Tablets Per 30 Days |
| Atypical Antipsychotics | RISPERIDONE ODT      | RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG          | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SAPHRIS              | ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)            | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SAPHRIS              | ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)           | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SAPHRIS              | ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)             | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SECUADO              | ASENAPINE TD PATCH 24 HR 3.8 MG/24HR                   | 30 Patches Per 30 Days  |
| Atypical Antipsychotics | SECUADO              | ASENAPINE TD PATCH 24 HR 5.7 MG/24HR                   | 30 Patches Per 30 Days  |
| Atypical Antipsychotics | SECUADO              | ASENAPINE TD PATCH 24 HR 7.6 MG/24HR                   | 30 Patches Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL             | QUETIAPINE FUMARATE TAB 100 MG                         | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL             | QUETIAPINE FUMARATE TAB 200 MG                         | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL             | QUETIAPINE FUMARATE TAB 25 MG                          | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL             | QUETIAPINE FUMARATE TAB 300 MG                         | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL             | QUETIAPINE FUMARATE TAB 400 MG                         | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL             | QUETIAPINE FUMARATE TAB 50 MG                          | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL XR          | QUETIAPINE FUMARATE TAB ER 24HR 150 MG                 | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL XR          | QUETIAPINE FUMARATE TAB ER 24HR 200 MG                 | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL XR          | QUETIAPINE FUMARATE TAB ER 24HR 300 MG                 | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL XR          | QUETIAPINE FUMARATE TAB ER 24HR 400 MG                 | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | SEROQUEL XR          | QUETIAPINE FUMARATE TAB ER 24HR 50 MG                  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | VERSACLOZ            | CLOZAPINE SUSP 50 MG/ML                                | 540 mLs Per 30 Days     |
| Atypical Antipsychotics | VRAYLAR              | CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)           | 30 Capsules Per 30 Days |
| Atypical Antipsychotics | VRAYLAR              | CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)             | 30 Capsules Per 30 Days |
| Atypical Antipsychotics | VRAYLAR              | CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)           | 30 Capsules Per 30 Days |
| Atypical Antipsychotics | VRAYLAR              | CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)             | 30 Capsules Per 30 Days |
| Atypical Antipsychotics | VRAYLAR              | CARIPRAZINE HCL CAP THERAPY PACK 1.5 MG (1) & 3 MG (6) | 7 Capsules Per 180 Days |
| Atypical Antipsychotics | ZYPREXA              | OLANZAPINE TAB 10 MG                                   | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA              | OLANZAPINE TAB 15 MG                                   | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA              | OLANZAPINE TAB 2.5 MG                                  | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA              | OLANZAPINE TAB 20 MG                                   | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA              | OLANZAPINE TAB 5 MG                                    | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA              | OLANZAPINE TAB 7.5 MG                                  | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA ZYDIS        | OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG             | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA ZYDIS        | OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG             | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA ZYDIS        | OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG             | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | ZYPREXA ZYDIS        | OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG              | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole         | ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML                     | 900 mLs Per 30 Days     |
| Atypical Antipsychotics | aripiprazole         | ARIPIPRAZOLE TAB 10 MG                                 | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole         | ARIPIPRAZOLE TAB 15 MG                                 | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole         | ARIPIPRAZOLE TAB 2 MG                                  | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole         | ARIPIPRAZOLE TAB 20 MG                                 | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole         | ARIPIPRAZOLE TAB 30 MG                                 | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole         | ARIPIPRAZOLE TAB 5 MG                                  | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole odt     | ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 10 MG           | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | aripiprazole odt     | ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 15 MG           | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | asenapine maleate sl | ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)            | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | asenapine maleate sl | ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)           | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | asenapine maleate sl | ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)             | 60 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME            | Target                   | GPI Name                                     | Quantity Limit          |
|-------------------------|--------------------------|--|-------------------------|
| Atypical Antipsychotics | clozapine                | CLOZAPINE TAB 100 MG                         | 270 Tablets Per 30 Days |
| Atypical Antipsychotics | clozapine                | CLOZAPINE TAB 200 MG                         | 120 Tablets Per 30 Days |
| Atypical Antipsychotics | clozapine                | CLOZAPINE TAB 25 MG                          | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | clozapine                | CLOZAPINE TAB 50 MG                          | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | clozapine odt            | CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG   | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | clozapine odt            | CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG   | 180 Tablets Per 30 Days |
| Atypical Antipsychotics | clozapine odt            | CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG   | 120 Tablets Per 30 Days |
| Atypical Antipsychotics | clozapine odt            | CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG    | 270 Tablets Per 30 Days |
| Atypical Antipsychotics | lurasidone hydrochloride | LURASIDONE HCL TAB 120 MG                    | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | lurasidone hydrochloride | LURASIDONE HCL TAB 20 MG                     | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | lurasidone hydrochloride | LURASIDONE HCL TAB 40 MG                     | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | lurasidone hydrochloride | LURASIDONE HCL TAB 60 MG                     | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | lurasidone hydrochloride | LURASIDONE HCL TAB 80 MG                     | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine               | OLANZAPINE TAB 10 MG                         | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine               | OLANZAPINE TAB 15 MG                         | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine               | OLANZAPINE TAB 2.5 MG                        | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine               | OLANZAPINE TAB 20 MG                         | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine               | OLANZAPINE TAB 5 MG                          | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine               | OLANZAPINE TAB 7.5 MG                        | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine odt           | OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG   | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine odt           | OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG   | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine odt           | OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG   | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | olanzapine odt           | OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG    | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | paliperidone er          | PALIPERIDONE TAB ER 24HR 1.5 MG              | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | paliperidone er          | PALIPERIDONE TAB ER 24HR 3 MG                | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | paliperidone er          | PALIPERIDONE TAB ER 24HR 6 MG                | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | paliperidone er          | PALIPERIDONE TAB ER 24HR 9 MG                | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate      | QUETIAPINE FUMARATE TAB 100 MG               | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate      | QUETIAPINE FUMARATE TAB 200 MG               | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate      | QUETIAPINE FUMARATE TAB 25 MG                | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate      | QUETIAPINE FUMARATE TAB 300 MG               | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate      | QUETIAPINE FUMARATE TAB 400 MG               | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate      | QUETIAPINE FUMARATE TAB 50 MG                | 90 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate er   | QUETIAPINE FUMARATE TAB ER 24HR 150 MG       | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate er   | QUETIAPINE FUMARATE TAB ER 24HR 200 MG       | 30 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate er   | QUETIAPINE FUMARATE TAB ER 24HR 300 MG       | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate er   | QUETIAPINE FUMARATE TAB ER 24HR 400 MG       | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | quetiapine fumarate er   | QUETIAPINE FUMARATE TAB ER 24HR 50 MG        | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone              | RISPERIDONE SOLN 1 MG/ML                     | 480 mLs Per 30 Days     |
| Atypical Antipsychotics | risperidone              | RISPERIDONE TAB 0.25 MG                      | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone              | RISPERIDONE TAB 0.5 MG                       | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone              | RISPERIDONE TAB 1 MG                         | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone              | RISPERIDONE TAB 2 MG                         | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone              | RISPERIDONE TAB 3 MG                         | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone              | RISPERIDONE TAB 4 MG                         | 120 Tablets Per 30 Days |
| Atypical Antipsychotics | risperidone odt          | RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone odt          | RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG   | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics | risperidone odt          | RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG   | 60 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                                 | Target                    | GPI Name  | Quantity Limit          |
|--|---------------------------|---|-------------------------|
| Atypical Antipsychotics                      | risperidone odt           | RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG                  | 60 Tablets Per 30 Days  |
| Atypical Antipsychotics                      | risperidone odt           | RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG                  | 120 Tablets Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hcl           | ZIPRASIDONE HCL CAP 20 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hcl           | ZIPRASIDONE HCL CAP 40 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hcl           | ZIPRASIDONE HCL CAP 60 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hcl           | ZIPRASIDONE HCL CAP 80 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hydrochloride | ZIPRASIDONE HCL CAP 20 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hydrochloride | ZIPRASIDONE HCL CAP 40 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hydrochloride | ZIPRASIDONE HCL CAP 60 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics                      | ziprasidone hydrochloride | ZIPRASIDONE HCL CAP 80 MG                                   | 60 Capsules Per 30 Days |
| Atypical Antipsychotics Extended Maintenance | ABILIFY ASIMTUFII         | ARIPIRAZOLE IM ER SUSP PREFILLED SYRINGE 720 MG/2.4ML       | 1 Syringe Per 56 Days   |
| Atypical Antipsychotics Extended Maintenance | ABILIFY ASIMTUFII         | ARIPIRAZOLE IM ER SUSP PREFILLED SYRINGE 960 MG/3.2ML       | 1 Syringe Per 56 Days   |
| Atypical Antipsychotics Extended Maintenance | ABILIFY MAINTENA          | ARIPIRAZOLE IM FOR ER SUSP PREFILLED SYRINGE 300 MG         | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | ABILIFY MAINTENA          | ARIPIRAZOLE IM FOR ER SUSP PREFILLED SYRINGE 400 MG         | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | ABILIFY MAINTENA          | ARIPIRAZOLE IM FOR EXTENDED RELEASE SUSP 300 MG             | 1 Vial Per 28 Days      |
| Atypical Antipsychotics Extended Maintenance | ABILIFY MAINTENA          | ARIPIRAZOLE IM FOR EXTENDED RELEASE SUSP 400 MG             | 1 Vial Per 28 Days      |
| Atypical Antipsychotics Extended Maintenance | ARISTADA                  | ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 1064 MG/3.9ML | 1 Syringe Per 56 Days   |
| Atypical Antipsychotics Extended Maintenance | ARISTADA                  | ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 441 MG/1.6ML  | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | ARISTADA                  | ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 662 MG/2.4ML  | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | ARISTADA                  | ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 882 MG/3.2ML  | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | ARISTADA INITIO           | ARIPIRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 675 MG/2.4ML  | 1 Kit Per 180 Days      |
| Atypical Antipsychotics Extended Maintenance | INVEGA HAFYERA            | PALIPERIDONE PALMITATE ER SUSP PREF SYR 1,092 MG/3.5ML      | 1 Syringe Per 180 Days  |
| Atypical Antipsychotics Extended Maintenance | INVEGA HAFYERA            | PALIPERIDONE PALMITATE ER SUSP PREF SYR 1,560 MG/5ML        | 1 Syringe Per 180 Days  |
| Atypical Antipsychotics Extended Maintenance | INVEGA SUSTENNA           | PALIPERIDONE PALMITATE ER SUSP PREF SYR 117 MG/0.75ML       | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA SUSTENNA           | PALIPERIDONE PALMITATE ER SUSP PREF SYR 156 MG/ML           | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA SUSTENNA           | PALIPERIDONE PALMITATE ER SUSP PREF SYR 234 MG/1.5ML        | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA SUSTENNA           | PALIPERIDONE PALMITATE ER SUSP PREF SYR 39 MG/0.25ML        | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA SUSTENNA           | PALIPERIDONE PALMITATE ER SUSP PREF SYR 78 MG/0.5ML         | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA TRINZA             | PALIPERIDONE PALMITATE ER SUSP PREF SYR 273 MG/0.88ML       | 1 Syringe Per 90 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA TRINZA             | PALIPERIDONE PALMITATE ER SUSP PREF SYR 410 MG/1.32ML       | 1 Syringe Per 90 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA TRINZA             | PALIPERIDONE PALMITATE ER SUSP PREF SYR 546 MG/1.75ML       | 1 Syringe Per 90 Days   |
| Atypical Antipsychotics Extended Maintenance | INVEGA TRINZA             | PALIPERIDONE PALMITATE ER SUSP PREF SYR 819 MG/2.63ML       | 1 Syringe Per 90 Days   |
| Atypical Antipsychotics Extended Maintenance | PERSERIS                  | RISPERIDONE SUBCUTANEOUS FOR ER SUSP PREFILLED SYR 120 MG   | 1 Kit Per 30 Days       |
| Atypical Antipsychotics Extended Maintenance | PERSERIS                  | RISPERIDONE SUBCUTANEOUS FOR ER SUSP PREFILLED SYR 90 MG    | 1 Kit Per 30 Days       |
| Atypical Antipsychotics Extended Maintenance | RISPERDAL CONSTA          | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 12.5 MG   | 2 Vials Per 28 Days     |
| Atypical Antipsychotics Extended Maintenance | RISPERDAL CONSTA          | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 25 MG     | 2 Vials Per 28 Days     |
| Atypical Antipsychotics Extended Maintenance | RISPERDAL CONSTA          | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 37.5 MG   | 2 Vials Per 28 Days     |
| Atypical Antipsychotics Extended Maintenance | RISPERDAL CONSTA          | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 50 MG     | 2 Vials Per 28 Days     |
| Atypical Antipsychotics Extended Maintenance | RYKINDO                   | RISPERIDONE FOR IM EXTENDED RELEASE SUSPENSION 25 MG        | 2 Vials Per 28 Days     |
| Atypical Antipsychotics Extended Maintenance | RYKINDO                   | RISPERIDONE FOR IM EXTENDED RELEASE SUSPENSION 37.5 MG      | 2 Vials Per 28 Days     |
| Atypical Antipsychotics Extended Maintenance | RYKINDO                   | RISPERIDONE FOR IM EXTENDED RELEASE SUSPENSION 50 MG        | 2 Vials Per 28 Days     |
| Atypical Antipsychotics Extended Maintenance | UZEDY                     | RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 100 MG/0.28ML     | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | UZEDY                     | RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 125 MG/0.35ML     | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | UZEDY                     | RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 150 MG/0.42ML     | 1 Syringe Per 56 Days   |
| Atypical Antipsychotics Extended Maintenance | UZEDY                     | RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 200 MG/0.56ML     | 1 Syringe Per 56 Days   |
| Atypical Antipsychotics Extended Maintenance | UZEDY                     | RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 250 MG/0.7ML      | 1 Syringe Per 56 Days   |
| Atypical Antipsychotics Extended Maintenance | UZEDY                     | RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 50 MG/0.14ML      | 1 Syringe Per 28 Days   |
| Atypical Antipsychotics Extended Maintenance | UZEDY                     | RISPERIDONE SUBCUTANEOUS ER SUSP PREF SYR 75 MG/0.21ML      | 1 Syringe Per 28 Days   |

| QL PROG NAME                                 | Target                                    | GPI Name   | Quantity Limit           |
|--|---|--|--------------------------|
| Atypical Antipsychotics Extended Maintenance | ZYPREXA RELPREVV                          | OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 210 MG (BASE EQ) | 2 Vials Per 28 Days      |
| Atypical Antipsychotics Extended Maintenance | ZYPREXA RELPREVV                          | OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 300 MG (BASE EQ) | 2 Vials Per 28 Days      |
| Atypical Antipsychotics Extended Maintenance | ZYPREXA RELPREVV                          | OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 405 MG (BASE EQ) | 1 Vial Per 28 Days       |
| Atypical Antipsychotics Extended Maintenance | risperidone er                            | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 12.5 MG    | 2 Vials Per 28 Days      |
| Atypical Antipsychotics Extended Maintenance | risperidone er                            | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 25 MG      | 2 Vials Per 28 Days      |
| Atypical Antipsychotics Extended Maintenance | risperidone er                            | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 37.5 MG    | 2 Vials Per 28 Days      |
| Atypical Antipsychotics Extended Maintenance | risperidone er                            | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 50 MG      | 2 Vials Per 28 Days      |
| Bempedoic Acid                               | NEXLETOL                                  | BEMPEDOIC ACID TAB 180 MG                                    | 30 Tablets Per 30 Days   |
| Bempedoic Acid                               | NEXLIZET                                  | BEMPEDOIC ACID-EZETIMIBE TAB 180-10 MG                       | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators                    | ABRILADA                                  | ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 20 MG/0.4ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | ABRILADA                                  | ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 40 MG/0.8ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | ABRILADA 1-PEN KIT                        | ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | ABRILADA 2-PEN KIT                        | ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | ACTEMRA                                   | TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML | 4 Injections Per 28 Days |
| Biologic Immunomodulators                    | ACTEMRA ACTPEN                            | TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML     | 4 Injections Per 28 Days |
| Biologic Immunomodulators                    | ADALIMUMAB-AACF (2 PEN)                   | ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | ADALIMUMAB-ADAZ                           | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML               | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | ADALIMUMAB-ADAZ                           | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML           | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | ADALIMUMAB-ADBM                           | ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | ADALIMUMAB-ADBM                           | ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | ADALIMUMAB-ADBM                           | ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | ADALIMUMAB-ADBM                           | ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | ADALIMUMAB-ADBM CROHNS/UC/HS STARTER      | ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML                | 6 Pens Per 180 Days      |
| Biologic Immunomodulators                    | ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER | ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML                | 4 Pens Per 180 Days      |
| Biologic Immunomodulators                    | ADALIMUMAB-FKJP                           | ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | ADALIMUMAB-FKJP                           | ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | ADALIMUMAB-FKJP                           | ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML               | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.8ML               | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML               | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 10 MG/0.2ML           | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML           | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.4ML           | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML           | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | AMJEVITA                                  | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.8ML           | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | BIMZELX                                   | BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML   | 2 Pens Per 56 Days       |
| Biologic Immunomodulators                    | BIMZELX                                   | BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML   | 2 Syringes Per 56 Days   |
| Biologic Immunomodulators                    | CIMZIA                                    | CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 2 X 200 MG/ML       | 2 Kits Per 28 Days       |
| Biologic Immunomodulators                    | CIMZIA STARTER KIT                        | CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 6 X 200 MG/ML       | 3 Kits Per 180 Days      |
| Biologic Immunomodulators                    | COSENTYX                                  | SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)    | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | COSENTYX                                  | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML    | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators                    | COSENTYX                                  | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML  | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators                    | COSENTYX SENSOREADY PEN                   | SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)    | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | COSENTYX SENSOREADY PEN                   | SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML        | 1 Pen Per 28 Days        |
| Biologic Immunomodulators                    | COSENTYX UNOREADY                         | SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML       | 1 Pen Per 28 Days        |
| Biologic Immunomodulators                    | CYLTEZO                                   | ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators                    | CYLTEZO                                   | ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators                    | CYLTEZO                                   | ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML            | 2 Syringes Per 28 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME              | Target  | GPI Name   | Quantity Limit          |
|---------------------------|---|--|-------------------------|
| Biologic Immunomodulators | CYLTEZO   | ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 40 MG/0.8ML           | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS            | ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.8ML               | 6 Pens Per 180 Days     |
| Biologic Immunomodulators | CYLTEZO STARTER PACKAGE FOR PSORIASIS                       | ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.8ML               | 4 Pens Per 180 Days     |
| Biologic Immunomodulators | ENBREL  | ETANERCEPT FOR SUBCUTANEOUS INJ 25 MG                        | 8 Vials Per 28 Days     |
| Biologic Immunomodulators | ENBREL  | ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML                      | 8 Vials Per 28 Days     |
| Biologic Immunomodulators | ENBREL  | ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML   | 4 Syringes Per 28 Days  |
| Biologic Immunomodulators | ENBREL  | ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML      | 4 Syringes Per 28 Days  |
| Biologic Immunomodulators | ENBREL MINI   | ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML          | 4 CARTS Per 28 Days     |
| Biologic Immunomodulators | ENBREL SURECLICK  | ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML      | 4 Pens Per 28 Days      |
| Biologic Immunomodulators | ENTYVIO   | VEDOLIZUMAB SOLN PEN-INJECTOR 108 MG/0.68ML                  | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HADLIMA   | ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.4ML           | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HADLIMA   | ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.8ML           | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HADLIMA PUSHTOUCH   | ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.4ML               | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HADLIMA PUSHTOUCH   | ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.8ML               | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HULIO   | ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HULIO   | ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML            | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HULIO   | ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML            | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HUMIRA  | ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML                 | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HUMIRA  | ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML                 | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HUMIRA  | ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML                 | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HUMIRA  | ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML                 | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK                | ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML                 | 1 Kit Per 180 Days      |
| Biologic Immunomodulators | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK                | ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML & 40 MG/0.4ML   | 1 Kit Per 180 Days      |
| Biologic Immunomodulators | HUMIRA PEN  | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.4ML                      | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HUMIRA PEN  | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML                      | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HUMIRA PEN  | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML                      | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HUMIRA PEN-CD/UC/HS STARTER                                 | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML                      | 1 Kit Per 180 Days      |
| Biologic Immunomodulators | HUMIRA PEN-CD/UC/HS STARTER                                 | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML                      | 1 Kit Per 180 Days      |
| Biologic Immunomodulators | HUMIRA PEN-PEDIATRIC UC STARTER PACK                        | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML                      | 1 Kit Per 28 Days       |
| Biologic Immunomodulators | HUMIRA PEN-PS/UV STARTER                                    | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML                      | 1 Kit Per 180 Days      |
| Biologic Immunomodulators | HUMIRA PEN-PS/UV STARTER                                    | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML        | 1 Kit Per 180 Days      |
| Biologic Immunomodulators | HYRIMOZ   | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML               | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HYRIMOZ   | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.8ML               | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HYRIMOZ   | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML               | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | HYRIMOZ   | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML           | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HYRIMOZ   | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML           | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HYRIMOZ   | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML           | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HYRIMOZ   | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.8ML           | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML               | 3 Pens Per 180 Days     |
| Biologic Immunomodulators | HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK              | ADALIMUMAB-ADAZ SOLN PREFILLED SYR 80 MG/0.8ML & 40 MG/0.4ML | 2 Syringes Per 180 Days |
| Biologic Immunomodulators | HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK               | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 80 MG/0.8ML           | 3 Syringes Per 180 Days |
| Biologic Immunomodulators | HYRIMOZ PLAQUE PSORIASIS STARTER PACK                       | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML & 40 MG/0.4ML | 3 Pens Per 180 Days     |
| Biologic Immunomodulators | HYRIMOZ SENSOREADY PENS                                     | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML               | 1 Kit Per 180 Days      |
| Biologic Immunomodulators | HYRIMOZ SENSOREADY PENS                                     | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML               | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | IDACIO (2 PEN)  | ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML                | 2 Pens Per 28 Days      |
| Biologic Immunomodulators | IDACIO (2 SYRINGE)  | ADALIMUMAB-AACF PREFILLED SYRINGE KIT 40 MG/0.8ML            | 2 Syringes Per 28 Days  |
| Biologic Immunomodulators | IDACIO STARTER PACKAGE FOR CROHNS DISEASE                   | ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML                | 6 Pens Per 180 Days     |
| Biologic Immunomodulators | IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS                 | ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML                | 4 Pens Per 180 Days     |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME              | Target                   | GPI Name   | Quantity Limit           |
|---------------------------|--------------------------|--|--------------------------|
| Biologic Immunomodulators | KEVZARA                  | SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/1.14ML  | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators | KEVZARA                  | SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML  | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators | KEVZARA                  | SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML  | 2 Pens Per 28 Days       |
| Biologic Immunomodulators | KEVZARA                  | SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML  | 2 Pens Per 28 Days       |
| Biologic Immunomodulators | KINERET                  | ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML   | 28 Syringes Per 30 Days  |
| Biologic Immunomodulators | LITFULO                  | RITLACITINIB TOSYLATE CAP 50 MG (BASE EQUIV)                 | 28 Capsules Per 28 Days  |
| Biologic Immunomodulators | OLUMIANT                 | BARICITINIB TAB 1 MG   | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | OLUMIANT                 | BARICITINIB TAB 2 MG   | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | OLUMIANT                 | BARICITINIB TAB 4 MG   | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | OMVOH                    | MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML   | 2 Pens Per 28 Days       |
| Biologic Immunomodulators | ORENCIA                  | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML      | 4 Syringes Per 28 Days   |
| Biologic Immunomodulators | ORENCIA                  | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML    | 4 Syringes Per 28 Days   |
| Biologic Immunomodulators | ORENCIA                  | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML  | 4 Syringes Per 28 Days   |
| Biologic Immunomodulators | ORENCIA CLICKJECT        | ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML          | 4 Syringes Per 28 Days   |
| Biologic Immunomodulators | RINVOQ                   | UPADACITINIB TAB ER 24HR 15 MG                               | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | RINVOQ                   | UPADACITINIB TAB ER 24HR 30 MG                               | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | RINVOQ                   | UPADACITINIB TAB ER 24HR 45 MG                               | 84 Tablets Per 365 Days  |
| Biologic Immunomodulators | SILIQ                    | BRODALUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 210 MG/1.5ML  | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators | SIMPONI                  | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML          | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators | SIMPONI                  | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML        | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators | SIMPONI                  | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML      | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators | SIMPONI                  | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML    | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators | SKYRIZI                  | RISANKIZUMAB-RZAA SOL PREFILLED SYRINGE 2 X 75 MG/0.83ML KIT | 1 Box Per 84 Days        |
| Biologic Immunomodulators | SKYRIZI                  | RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML           | 1 Syringe Per 84 Days    |
| Biologic Immunomodulators | SKYRIZI                  | RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML   | 1 CART Per 56 Days       |
| Biologic Immunomodulators | SKYRIZI                  | RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML   | 1 CART Per 56 Days       |
| Biologic Immunomodulators | SKYRIZI PEN              | RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML               | 1 Pen Per 84 Days        |
| Biologic Immunomodulators | SOTYKTU                  | DEUCRAVACITINIB TAB 6 MG                                     | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | STELARA                  | USTEKINUMAB INJ 45 MG/0.5ML                                  | 1 Vial Per 84 Days       |
| Biologic Immunomodulators | STELARA                  | USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML               | 1 Syringe Per 84 Days    |
| Biologic Immunomodulators | STELARA                  | USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML                  | 1 Syringe Per 56 Days    |
| Biologic Immunomodulators | TALTZ                    | IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG/ML          | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators | TALTZ                    | IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG/ML      | 1 Syringe Per 28 Days    |
| Biologic Immunomodulators | TREMFYA                  | GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML                       | 1 Pen Per 56 Days        |
| Biologic Immunomodulators | TREMFYA                  | GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML                  | 1 Syringe Per 56 Days    |
| Biologic Immunomodulators | VELSIPITY                | ETRASIMOD ARGININE TAB 2 MG                                  | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | XELJANZ                  | TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)      | 240 mLs Per 30 Days      |
| Biologic Immunomodulators | XELJANZ                  | TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)              | 240 Tablets Per 365 Days |
| Biologic Immunomodulators | XELJANZ                  | TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)               | 60 Tablets Per 30 Days   |
| Biologic Immunomodulators | XELJANZ XR               | TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)      | 30 Tablets Per 30 Days   |
| Biologic Immunomodulators | XELJANZ XR               | TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)      | 120 Tablets Per 365 Days |
| Biologic Immunomodulators | YUFLYMA                  | ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators | YUFLYMA 1-PEN KIT        | ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators | YUFLYMA 2-PEN KIT        | ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML                | 2 Pens Per 28 Days       |
| Biologic Immunomodulators | YUFLYMA 2-SYRINGE KIT    | ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML            | 2 Syringes Per 28 Days   |
| Biologic Immunomodulators | YUFLYMA CD/UC/HS STARTER | ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML                | 1 Kit Per 180 Days       |
| Biologic Immunomodulators | YUSIMRY                  | ADALIMUMAB-AQVH SOLN PEN-INJECTOR 40 MG/0.8ML                | 2 Pens Per 28 Days       |
| Bonjesta Diclegis         | BONJESTA                 | DOXYLAMINE-PYRIDOXINE TAB ER 20-20 MG                        | 60 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                    | Target   | GPI Name  | Quantity Limit          |
|---------------------------------|--|---|-------------------------|
| Bonjesta Diclegis               | DICLEGIS   | DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG            | 120 Tablets Per 30 Days |
| Bonjesta Diclegis               | doxylamine succinate/pyridoxine hydrochloride      | DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG            | 120 Tablets Per 30 Days |
| Buprenorphine Opioid Dependence | SUBOXONE   | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)   | 60 Films Per 30 Days    |
| Buprenorphine Opioid Dependence | SUBOXONE   | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)  | 120 Films Per 30 Days   |
| Buprenorphine Opioid Dependence | SUBOXONE   | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)    | 60 Films Per 30 Days    |
| Buprenorphine Opioid Dependence | SUBOXONE   | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)    | 60 Films Per 30 Days    |
| Buprenorphine Opioid Dependence | ZUBSOLV  | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)   | 30 Tablets Per 30 Days  |
| Buprenorphine Opioid Dependence | ZUBSOLV  | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)   | 90 Tablets Per 30 Days  |
| Buprenorphine Opioid Dependence | ZUBSOLV  | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)   | 30 Tablets Per 30 Days  |
| Buprenorphine Opioid Dependence | ZUBSOLV  | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)   | 30 Tablets Per 30 Days  |
| Buprenorphine Opioid Dependence | ZUBSOLV  | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)    | 30 Tablets Per 30 Days  |
| Buprenorphine Opioid Dependence | ZUBSOLV  | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)    | 60 Tablets Per 30 Days  |
| Buprenorphine Opioid Dependence | buprenorphine hcl                                  | BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)                    | 6 Tablets Per 90 Days   |
| Buprenorphine Opioid Dependence | buprenorphine hcl                                  | BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)                    | 6 Tablets Per 90 Days   |
| Buprenorphine Opioid Dependence | buprenorphine hcl/naloxone hcl                     | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)   | 120 Tablets Per 30 Days |
| Buprenorphine Opioid Dependence | buprenorphine hcl/naloxone hcl                     | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)     | 90 Tablets Per 30 Days  |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride                        | BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)                    | 6 Tablets Per 90 Days   |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride                        | BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)                    | 6 Tablets Per 90 Days   |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride/naloxone hydrochloride | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)   | 60 Films Per 30 Days    |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride/naloxone hydrochloride | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)  | 120 Films Per 30 Days   |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride/naloxone hydrochloride | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)    | 60 Films Per 30 Days    |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride/naloxone hydrochloride | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)    | 60 Films Per 30 Days    |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride/naloxone hydrochloride | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)   | 120 Tablets Per 30 Days |
| Buprenorphine Opioid Dependence | buprenorphine hydrochloride/naloxone hydrochloride | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)     | 90 Tablets Per 30 Days  |
| Cablivi                         | CABLIVI  | CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG                           | 58 Vials Per 365 Days   |
| Camzyos                         | CAMZYOS  | MAVACAMTEN CAP 10 MG  | 30 Capsules Per 30 Days |
| Camzyos                         | CAMZYOS  | MAVACAMTEN CAP 15 MG  | 30 Capsules Per 30 Days |
| Camzyos                         | CAMZYOS  | MAVACAMTEN CAP 2.5 MG   | 30 Capsules Per 30 Days |
| Camzyos                         | CAMZYOS  | MAVACAMTEN CAP 5 MG   | 30 Capsules Per 30 Days |
| CFTR                            | KALYDECO   | IVACAFTOR PACKET 13.4 MG                                      | 60 Packets Per 30 Days  |
| CFTR                            | KALYDECO   | IVACAFTOR PACKET 25 MG  | 60 Packets Per 30 Days  |
| CFTR                            | KALYDECO   | IVACAFTOR PACKET 5.8 MG                                       | 60 Packets Per 30 Days  |
| CFTR                            | KALYDECO   | IVACAFTOR PACKET 50 MG  | 60 Packets Per 30 Days  |
| CFTR                            | KALYDECO   | IVACAFTOR PACKET 75 MG  | 60 Packets Per 30 Days  |
| CFTR                            | KALYDECO   | IVACAFTOR TAB 150 MG  | 60 Tablets Per 30 Days  |
| CFTR                            | ORKAMBI  | LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG               | 60 Packets Per 30 Days  |
| CFTR                            | ORKAMBI  | LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG               | 60 Packets Per 30 Days  |
| CFTR                            | ORKAMBI  | LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG                 | 60 Packets Per 30 Days  |
| CFTR                            | ORKAMBI  | LUMACAFTOR-IVACAFTOR TAB 100-125 MG                           | 120 Tablets Per 30 Days |
| CFTR                            | ORKAMBI  | LUMACAFTOR-IVACAFTOR TAB 200-125 MG                           | 120 Tablets Per 30 Days |
| CFTR                            | SYMDEKO  | TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK   | 60 Tablets Per 30 Days  |
| CFTR                            | SYMDEKO  | TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK      | 60 Tablets Per 30 Days  |
| CFTR                            | TRIKAFTA   | ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAFTOR 150 MG TBPK  | 90 Tablets Per 30 Days  |
| CFTR                            | TRIKAFTA   | ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAF 75MG THPK GRAN  | 56 Packets Per 28 Days  |
| CFTR                            | TRIKAFTA   | ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK  | 90 Tablets Per 30 Days  |
| CFTR                            | TRIKAFTA   | ELEXACAF-TEZACAF-IVACAF 80-40-60 MG & IVACAF 59.5MG THPK GRAN | 56 Packets Per 28 Days  |
| CGM                             | DEXCOM G6 RECEIVER                                 | *CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***                  | 1 RECEIV Per 365 Days   |
| CGM                             | DEXCOM G6 SENSOR                                   | *CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***                    | 3 SENSRS Per 30 Days    |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME        | Target   | GPI Name  | Quantity Limit                  |
|---------------------|--|---|---------------------------------|
| CGM                 | DEXCOM G6 TRANSMITTER                                    | *CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER***             | 1 TRAN Per 84 Days              |
| CGM                 | DEXCOM G7 RECEIVER                                       | *CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***                | 1 RECEIV Per 365 Days           |
| CGM                 | DEXCOM G7 SENSOR   | *CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***                  | 3 SENSRS Per 30 Days            |
| CGM                 | FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM    | *CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***                | 1 READER Per 365 Days           |
| CGM                 | FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM    | *CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***                  | 2 SENSRS Per 28 Days            |
| CGM                 | FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | *CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***                | 1 READER Per 365 Days           |
| CGM                 | FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | *CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***                  | 2 SENSRS Per 28 Days            |
| CGM                 | FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM       | *CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***                | 1 READER Per 365 Days           |
| CGM                 | FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM       | *CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***                  | 2 SENSRS Per 28 Days            |
| CGM                 | FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM           | *CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***                | 1 READER Per 365 Days           |
| CGRP                | AIMOVIG  | ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML     | 1 Injection Device Per 28 Days  |
| CGRP                | AIMOVIG  | ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML      | 1 Injection Device Per 28 Days  |
| CGRP                | AJOVY  | FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN AUTO-INJ 225 MG/1.5ML   | 3 Injection Devices Per 84 Days |
| CGRP                | AJOVY  | FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN PREF SYR 225 MG/1.5ML   | 3 Syringes Per 84 Days          |
| CGRP                | EMGALITY   | GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ML | 1 Injection Device Per 28 Days  |
| CGRP                | EMGALITY   | GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ML | 9 Syringes Per 180 Days         |
| CGRP                | EMGALITY   | GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ML | 1 Injection Device Per 28 Days  |
| CGRP                | NURTEC   | RIMEGEPANT SULFATE TAB DISINT 75 MG                         | 16 Tablets Per 30 Days          |
| CGRP                | QULIPTA  | ATOGEANT TAB 10 MG  | 30 Tablets Per 30 Days          |
| CGRP                | QULIPTA  | ATOGEANT TAB 30 MG  | 30 Tablets Per 30 Days          |
| CGRP                | QULIPTA  | ATOGEANT TAB 60 MG  | 30 Tablets Per 30 Days          |
| CGRP                | UBRELVY  | UBROGEPANT TAB 100 MG                                       | 16 Tablets Per 30 Days          |
| CGRP                | UBRELVY  | UBROGEPANT TAB 50 MG  | 16 Tablets Per 30 Days          |
| CGRP                | ZAVZPRET   | ZAVEGEPANT HCL NASAL SPRAY 10 MG/ACT                        | 8 Units Per 30 Days             |
| Cibinqo             | CIBINQO  | ABROCITINIB TAB 100 MG                                      | 30 Tablets Per 30 Days          |
| Cibinqo             | CIBINQO  | ABROCITINIB TAB 200 MG                                      | 30 Tablets Per 30 Days          |
| Cibinqo             | CIBINQO  | ABROCITINIB TAB 50 MG                                       | 30 Tablets Per 30 Days          |
| CMV                 | LIVTENCITY   | MARIBAVIR TAB 200 MG  | 120 Tablets Per 30 Days         |
| CMV                 | PREVYMIS   | LETERMOVIR TAB 240 MG                                       | 200 Tablets Per 365 Days        |
| CMV                 | PREVYMIS   | LETERMOVIR TAB 480 MG                                       | 200 Tablets Per 365 Days        |
| Constipation Agents | AMITIZA  | LUBIPROSTONE CAP 24 MCG                                     | 60 Capsules Per 30 Days         |
| Constipation Agents | AMITIZA  | LUBIPROSTONE CAP 8 MCG                                      | 120 Capsules Per 30 Days        |
| Constipation Agents | IBSRELA  | TENAPANOR HCL TAB 50 MG                                     | 60 Tablets Per 30 Days          |
| Constipation Agents | LINZESS  | LINACLOTIDE CAP 145 MCG                                     | 30 Capsules Per 30 Days         |
| Constipation Agents | LINZESS  | LINACLOTIDE CAP 290 MCG                                     | 30 Capsules Per 30 Days         |
| Constipation Agents | LINZESS  | LINACLOTIDE CAP 72 MCG                                      | 30 Capsules Per 30 Days         |
| Constipation Agents | MOTTEGRITY   | PRUCALOPRIDE SUCCINATE TAB 1 MG (BASE EQUIVALENT)           | 30 Tablets Per 30 Days          |
| Constipation Agents | MOTTEGRITY   | PRUCALOPRIDE SUCCINATE TAB 2 MG (BASE EQUIVALENT)           | 30 Tablets Per 30 Days          |
| Constipation Agents | MOVANTIK   | NALOXEGOL OXALATE TAB 12.5 MG (BASE EQUIVALENT)             | 30 Tablets Per 30 Days          |
| Constipation Agents | MOVANTIK   | NALOXEGOL OXALATE TAB 25 MG (BASE EQUIVALENT)               | 30 Tablets Per 30 Days          |
| Constipation Agents | RELISTOR   | METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)         | 30 Syringes Per 30 Days         |
| Constipation Agents | RELISTOR   | METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)         | 60 Vials Per 30 Days            |
| Constipation Agents | RELISTOR   | METHYLNALTREXONE BROMIDE INJ 8 MG/0.4ML (20 MG/ML)          | 30 Syringes Per 30 Days         |
| Constipation Agents | RELISTOR   | METHYLNALTREXONE BROMIDE TAB 150 MG                         | 90 Tablets Per 30 Days          |
| Constipation Agents | SYMPROIC   | NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT)           | 30 Tablets Per 30 Days          |
| Constipation Agents | TRULANCE   | PLECANATIDE TAB 3 MG  | 30 Tablets Per 30 Days          |
| Constipation Agents | ZELNORM  | TEGASEROD MALEATE TAB 6 MG (BASE EQUIVALENT)                | 60 Tablets Per 30 Days          |
| Constipation Agents | lubiprostone   | LUBIPROSTONE CAP 24 MCG                                     | 60 Capsules Per 30 Days         |



BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME        | Target                             | GPI Name  | Quantity Limit           |
|---------------------|------------------------------------|---|--------------------------|
| Constipation Agents | lubiprostone                       | LUBIPROSTONE CAP 8 MCG                            | 120 Capsules Per 30 Days |
| Daybue              | DAYBUE                             | TROFINETIDE ORAL SOLN 200 MG/ML                   | 8 Bottles Per 30 Days    |
| DPP-4 Inhibitors    | ALOGLIPTIN                         | ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)      | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN                         | ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)        | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN                         | ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)      | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/METFORMIN HCL           | ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG          | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/METFORMIN HYDROCHLORIDE | ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG         | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/PIOGLITAZONE            | ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG            | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/PIOGLITAZONE            | ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG            | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/PIOGLITAZONE            | ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG            | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/PIOGLITAZONE            | ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG              | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/PIOGLITAZONE            | ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG              | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ALOGLIPTIN/PIOGLITAZONE            | ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG              | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUMET                            | SITAGLIPTIN-METFORMIN HCL TAB 50-1000 MG          | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUMET                            | SITAGLIPTIN-METFORMIN HCL TAB 50-500 MG           | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUMET XR                         | SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 100-1000 MG | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUMET XR                         | SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-1000 MG  | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUMET XR                         | SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-500 MG   | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUVIA                            | SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)     | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUVIA                            | SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)      | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JANUVIA                            | SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)      | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JENTADUETO                         | LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG         | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JENTADUETO                         | LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG          | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JENTADUETO                         | LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG          | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JENTADUETO XR                      | LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | JENTADUETO XR                      | LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG   | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | KAZANO                             | ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG         | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | KAZANO                             | ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG          | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | KOMBIGLYZE XR                      | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG | 60 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | KOMBIGLYZE XR                      | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG   | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | KOMBIGLYZE XR                      | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG    | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | NESINA                             | ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)      | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | NESINA                             | ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)        | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | NESINA                             | ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)      | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ONGLYZA                            | SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)           | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ONGLYZA                            | SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)             | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | OSENI                              | ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG            | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | OSENI                              | ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG            | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | OSENI                              | ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG            | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | OSENI                              | ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG              | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | OSENI                              | ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG              | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | OSENI                              | ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG              | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | TRADJENTA                          | LINAGLIPTIN TAB 5 MG                              | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ZITUVIO                            | SITAGLIPTIN TAB 100 MG                            | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ZITUVIO                            | SITAGLIPTIN TAB 25 MG                             | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | ZITUVIO                            | SITAGLIPTIN TAB 50 MG                             | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | saxagliptin hydrochloride          | SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)           | 30 Tablets Per 30 Days   |
| DPP-4 Inhibitors    | saxagliptin hydrochloride          | SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)             | 30 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME       | Target   | GPI Name   | Quantity Limit          |
|--------------------|--|--|-------------------------|
| DPP-4 Inhibitors   | saxagliptin hydrochloride/metformin hydrochloride er | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG            | 60 Tablets Per 30 Days  |
| DPP-4 Inhibitors   | saxagliptin hydrochloride/metformin hydrochloride er | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG              | 30 Tablets Per 30 Days  |
| DPP-4 Inhibitors   | saxagliptin hydrochloride/metformin hydrochloride er | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG               | 30 Tablets Per 30 Days  |
| Egrifta            | EGRIFTA SV   | TESAMORELIN ACETATE FOR INJ 2 MG (BASE EQUIV)                | 30 Vials Per 30 Days    |
| Elagolix/Relugolix | MYFEMBREE  | RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5 MG    | 30 Tablets Per 30 Days  |
| Elagolix/Relugolix | ORIAHNN  | ELAGOLIX-ESTRAD-NORETH 300-1-0.5MG & ELAGOLIX 300MG CAP PACK | 56 Capsules Per 28 Days |
| Elagolix/Relugolix | ORLISSA  | ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)                      | 30 Tablets Per 30 Days  |
| Elagolix/Relugolix | ORLISSA  | ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)                      | 60 Tablets Per 30 Days  |
| Emflaza            | EMFLAZA  | DEFLAZACORT TAB 18 MG  | 30 Tablets Per 30 Days  |
| Emflaza            | EMFLAZA  | DEFLAZACORT TAB 6 MG   | 60 Tablets Per 30 Days  |
| Emflaza            | deflazacort  | DEFLAZACORT TAB 18 MG  | 30 Tablets Per 30 Days  |
| Emflaza            | deflazacort  | DEFLAZACORT TAB 6 MG   | 60 Tablets Per 30 Days  |
| Empaveli           | EMPAVELI   | PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML)      | 8 Vials Per 28 Days     |
| Enspryng           | ENSPRYNG   | SATRALIZUMAB-MWGE SUBCUTANEOUS SOLN PREF SYRINGE 120 MG/ML   | 1 Syringe Per 28 Days   |
| Ergotamine         | CAFERGOT   | ERGOTAMINE W/ CAFFEINE TAB 1-100 MG                          | 40 Tablets Per 28 Days  |
| Ergotamine         | D.H.E. 45  | DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML                       | 24 Ampules Per 28 Days  |
| Ergotamine         | ERGOMAR  | ERGOTAMINE TARTRATE SL TAB 2 MG                              | 20 Tablets Per 28 Days  |
| Ergotamine         | dihydroergotamine mesylate                           | DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML                       | 24 Ampules Per 28 Days  |
| Ergotamine         | ergotamine tartrate/caffeine                         | ERGOTAMINE W/ CAFFEINE TAB 1-100 MG                          | 40 Tablets Per 28 Days  |
| Esketamine         | SPRAVATO 56MG DOSE                                   | ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE PACK) | 16 Packs Per 28 Days    |
| Esketamine         | SPRAVATO 84MG DOSE                                   | ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE PACK) | 24 Packs Per 28 Days    |
| Filspari           | FILSPARI   | SPARSENTAN TAB 200 MG  | 30 Tablets Per 30 Days  |
| Filspari           | FILSPARI   | SPARSENTAN TAB 400 MG  | 30 Tablets Per 30 Days  |
| Fintepla           | FINTEPLA   | FENFLURAMINE HCL ORAL SOLN 2.2 MG/ML                         | 360 mLs Per 30 Days     |
| Furoscix           | FUROSCIX   | FUROSEMIDE SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML             | 8 Kits Per 180 Days     |
| Gabapentin ER      | GRALISE  | GABAPENTIN (ONCE-DAILY) TAB 300 MG                           | 30 Tablets Per 30 Days  |
| Gabapentin ER      | GRALISE  | GABAPENTIN (ONCE-DAILY) TAB 450 MG                           | 30 Tablets Per 30 Days  |
| Gabapentin ER      | GRALISE  | GABAPENTIN (ONCE-DAILY) TAB 600 MG                           | 90 Tablets Per 30 Days  |
| Gabapentin ER      | GRALISE  | GABAPENTIN (ONCE-DAILY) TAB 750 MG                           | 30 Tablets Per 30 Days  |
| Gabapentin ER      | GRALISE  | GABAPENTIN (ONCE-DAILY) TAB 900 MG                           | 60 Tablets Per 30 Days  |
| Gabapentin ER      | HORIZANT   | GABAPENTIN ENACARBIL TAB ER 300 MG                           | 60 Tablets Per 30 Days  |
| Gabapentin ER      | HORIZANT   | GABAPENTIN ENACARBIL TAB ER 600 MG                           | 60 Tablets Per 30 Days  |
| Gabapentin ER      | gabapentin   | GABAPENTIN (ONCE-DAILY) TAB 300 MG                           | 30 Tablets Per 30 Days  |
| Gabapentin ER      | gabapentin   | GABAPENTIN (ONCE-DAILY) TAB 600 MG                           | 90 Tablets Per 30 Days  |
| Galafold           | GALAFOLD   | MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT)                  | 14 Capsules Per 28 Days |
| GLP-1              | ADLYXIN  | LIXISENATIDE SOLN PEN-INJECTOR 20 MCG/0.2ML (100 MCG/ML)     | 2 Pens Per 28 Days      |
| GLP-1              | ADLYXIN STARTER PACK                                 | LIXISENATIDE PEN-INJ STARTER KIT 10 MCG/0.2ML & 20 MCG/0.2ML | 2 Pens Per 180 Days     |
| GLP-1              | BYDUREON BCISE                                       | EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML    | 4 Pens Per 28 Days      |
| GLP-1              | BYETTA   | EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML                    | 1 Pen Per 30 Days       |
| GLP-1              | BYETTA   | EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML                     | 1 Pen Per 30 Days       |
| GLP-1              | MOUNJARO   | TIRZEPATIDE SOLN PEN-INJECTOR 10 MG/0.5ML                    | 4 Pens Per 28 Days      |
| GLP-1              | MOUNJARO   | TIRZEPATIDE SOLN PEN-INJECTOR 12.5 MG/0.5ML                  | 4 Pens Per 28 Days      |
| GLP-1              | MOUNJARO   | TIRZEPATIDE SOLN PEN-INJECTOR 15 MG/0.5ML                    | 4 Pens Per 28 Days      |
| GLP-1              | MOUNJARO   | TIRZEPATIDE SOLN PEN-INJECTOR 2.5 MG/0.5ML                   | 4 Pens Per 28 Days      |
| GLP-1              | MOUNJARO   | TIRZEPATIDE SOLN PEN-INJECTOR 5 MG/0.5ML                     | 4 Pens Per 28 Days      |
| GLP-1              | MOUNJARO   | TIRZEPATIDE SOLN PEN-INJECTOR 7.5 MG/0.5ML                   | 4 Pens Per 28 Days      |
| GLP-1              | OZEMPIC  | SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/1.5ML)    | 1 Pen Per 28 Days       |
| GLP-1              | OZEMPIC  | SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML)      | 1 Pen Per 28 Days       |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                         | Target                                | GPI Name   | Quantity Limit          |
|--------------------------------------|---------------------------------------|--|-------------------------|
| GLP-1                                | OZEMPIC                               | SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)              | 1 Pen Per 28 Days       |
| GLP-1                                | OZEMPIC                               | SEMAGLUTIDE SOLN PEN-INJ 2 MG/DOSE (8 MG/3ML)              | 1 Pen Per 28 Days       |
| GLP-1                                | RYBELSUS                              | SEMAGLUTIDE TAB 14 MG                                      | 30 Tablets Per 30 Days  |
| GLP-1                                | RYBELSUS                              | SEMAGLUTIDE TAB 3 MG                                       | 30 Tablets Per 180 Days |
| GLP-1                                | RYBELSUS                              | SEMAGLUTIDE TAB 7 MG                                       | 30 Tablets Per 30 Days  |
| GLP-1                                | TRULICITY                             | DULAGLUTIDE SOLN PEN-INJECTOR 0.75 MG/0.5ML                | 4 Pens Per 28 Days      |
| GLP-1                                | TRULICITY                             | DULAGLUTIDE SOLN PEN-INJECTOR 1.5 MG/0.5ML                 | 4 Pens Per 28 Days      |
| GLP-1                                | TRULICITY                             | DULAGLUTIDE SOLN PEN-INJECTOR 3 MG/0.5ML                   | 4 Pens Per 28 Days      |
| GLP-1                                | TRULICITY                             | DULAGLUTIDE SOLN PEN-INJECTOR 4.5 MG/0.5ML                 | 4 Pens Per 28 Days      |
| GLP-1                                | VICTOZA                               | LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)          | 3 Pens Per 30 Days      |
| Glucose Test Strips                  | Glucose Test Strips and Disks         | *BLOOD GLUCOSE METER DISPOSABLE DEVICE WITH TEST STRIPS*** | 4 Systems Per 30 Days   |
| Glucose Test Strips                  | Glucose Test Strips and Disks         | GLUCOSE BLOOD TEST STRIP                                   | 204 Strips Per 30 Days  |
| Gonadotropin Hormones                | CETROTIDE                             | CETRORELIX ACETATE FOR INJ KIT 0.25 MG                     | 5 Kits Per 30 Days      |
| Gonadotropin Hormones                | CHORIONIC GONADOTROPIN                | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT               | 2 Vials Per 30 Days     |
| Gonadotropin Hormones                | FOLLISTIM AQ                          | FOLLITROPIN BETA INJ 300 UNIT/0.36ML                       | 15 CARTS Per 30 Days    |
| Gonadotropin Hormones                | FOLLISTIM AQ                          | FOLLITROPIN BETA INJ 600 UNIT/0.72ML                       | 8 CARTS Per 30 Days     |
| Gonadotropin Hormones                | FOLLISTIM AQ                          | FOLLITROPIN BETA INJ 900 UNIT/1.08ML                       | 5 CARTS Per 30 Days     |
| Gonadotropin Hormones                | GANIRELIX ACETATE                     | GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML     | 5 Syringes Per 30 Days  |
| Gonadotropin Hormones                | GONAL-F                               | FOLLITROPIN ALFA FOR INJ 1050 UNIT                         | 4 Syringes Per 30 Days  |
| Gonadotropin Hormones                | GONAL-F                               | FOLLITROPIN ALFA FOR INJ 450 UNIT                          | 10 Syringes Per 30 Days |
| Gonadotropin Hormones                | GONAL-F RFF                           | FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT              | 20 Syringes Per 30 Days |
| Gonadotropin Hormones                | GONAL-F RFF REDIJECT                  | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 300 UNIT/0.5ML  | 15 Pens Per 30 Days     |
| Gonadotropin Hormones                | GONAL-F RFF REDIJECT                  | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 450 UNIT/0.75ML | 10 Pens Per 30 Days     |
| Gonadotropin Hormones                | GONAL-F RFF REDIJECT                  | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 900 UNIT/1.5ML  | 5 Pens Per 30 Days      |
| Gonadotropin Hormones                | MENOPUR                               | MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT                   | 60 Vials Per 30 Days    |
| Gonadotropin Hormones                | NOVAREL                               | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT               | 2 Vials Per 30 Days     |
| Gonadotropin Hormones                | NOVAREL                               | CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT                | 4 Vials Per 30 Days     |
| Gonadotropin Hormones                | OVIDREL                               | CHORIOGONADOTROPIN ALFA INJ 250 MCG/0.5ML                  | 2 Syringes Per 30 Days  |
| Gonadotropin Hormones                | PREGNYL                               | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT               | 2 Vials Per 30 Days     |
| Gonadotropin Hormones                | PREGNYL W/DILUENT BENZYL ALCOHOL/NACL | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT               | 2 Vials Per 30 Days     |
| Gonadotropin Hormones                | cetrorelix acetate                    | CETRORELIX ACETATE FOR INJ KIT 0.25 MG                     | 5 Kits Per 30 Days      |
| Gonadotropin Hormones                | fyremadel                             | GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML     | 5 Syringes Per 30 Days  |
| Gonadotropin Hormones                | ganirelix acetate                     | GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML     | 5 Syringes Per 30 Days  |
| HCN Channel Blocker                  | CORLANOR                              | IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV)             | 600 mLs Per 30 Days     |
| HCN Channel Blocker                  | CORLANOR                              | IVABRADINE HCL TAB 5 MG (BASE EQUIV)                       | 60 Tablets Per 30 Days  |
| HCN Channel Blocker                  | CORLANOR                              | IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)                     | 60 Tablets Per 30 Days  |
| Hemlibra                             | HEMLIBRA                              | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML) | 4 Vials Per 28 Days     |
| Hemlibra                             | HEMLIBRA                              | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML                | 4 Vials Per 28 Days     |
| Hemlibra                             | HEMLIBRA                              | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML                 | 4 Vials Per 28 Days     |
| Hemlibra                             | HEMLIBRA                              | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML)   | 4 Vials Per 28 Days     |
| Hemlibra                             | HEMLIBRA                              | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)  | 12 Vials Per 28 Days    |
| Hepatitis C Direct Acting Antivirals | EPCLUSA                               | SOFOSBUVIR-VELPATASVIR PELLETT PACK 150-37.5 MG            | 28 Packets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | EPCLUSA                               | SOFOSBUVIR-VELPATASVIR PELLETT PACK 200-50 MG              | 28 Packets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | EPCLUSA                               | SOFOSBUVIR-VELPATASVIR TAB 200-50 MG                       | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | EPCLUSA                               | SOFOSBUVIR-VELPATASVIR TAB 400-100 MG                      | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | HARVONI                               | LEDIPASVIR-SOFOSBUVIR PELLETT PACK 33.75-150 MG            | 28 Packets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | HARVONI                               | LEDIPASVIR-SOFOSBUVIR PELLETT PACK 45-200 MG               | 28 Packets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | HARVONI                               | LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG                        | 28 Tablets Per 28 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                         | Target                 | GPI Name   | Quantity Limit          |
|--------------------------------------|------------------------|--|-------------------------|
| Hepatitis C Direct Acting Antivirals | HARVONI                | LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG                          | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | LEDIPASVIR/SOFOSBUVIR  | LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG                          | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | MAVYRET                | GLECAPREVIR-PIBRENTASVIR PELLETT PACK 50-20 MG               | 140 Packets Per 28 Days |
| Hepatitis C Direct Acting Antivirals | MAVYRET                | GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG                       | 84 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | SOFOSBUVIR/VELPATASVIR | SOFOSBUVIR-VELPATASVIR TAB 400-100 MG                        | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | SOVALDI                | SOFOSBUVIR PELLETT PACK 150 MG                               | 28 Packets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | SOVALDI                | SOFOSBUVIR PELLETT PACK 200 MG                               | 28 Packets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | SOVALDI                | SOFOSBUVIR TAB 200 MG  | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | SOVALDI                | SOFOSBUVIR TAB 400 MG  | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | VIEKIRA PAK            | OMBITAS-PARITAPRE-RITON & DASAB TAB PAK 12.5-75-50 & 250 MG  | 112 Tablets Per 28 Days |
| Hepatitis C Direct Acting Antivirals | VOSEVI                 | SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG       | 28 Tablets Per 28 Days  |
| Hepatitis C Direct Acting Antivirals | ZEPATIER               | ELBASVIR-GRAZOPREVIR TAB 50-100 MG                           | 28 Tablets Per 28 Days  |
| Hereditary Angioedema                | CINRYZE                | C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ 500 UNIT            | 20 Vials Per 30 Days    |
| Hereditary Angioedema                | FIRAZYR                | ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML       | 6 Syringes Per 30 Days  |
| Hereditary Angioedema                | HAEGARDA               | C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT | 24 Vials Per 30 Days    |
| Hereditary Angioedema                | HAEGARDA               | C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT | 16 Vials Per 30 Days    |
| Hereditary Angioedema                | KALBITOR               | ECALLANTIDE INJ 10 MG/ML                                     | 4 Kits Per 30 Days      |
| Hereditary Angioedema                | ORLADEYO               | BEROTRALSTAT HCL CAP 110 MG                                  | 30 Capsules Per 30 Days |
| Hereditary Angioedema                | ORLADEYO               | BEROTRALSTAT HCL CAP 150 MG                                  | 30 Capsules Per 30 Days |
| Hereditary Angioedema                | RUCONEST               | C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ 2100 UNIT     | 8 Vials Per 30 Days     |
| Hereditary Angioedema                | TAKHZYRO               | LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)                  | 2 Vials Per 28 Days     |
| Hereditary Angioedema                | TAKHZYRO               | LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML                 | 2 Syringes Per 28 Days  |
| Hereditary Angioedema                | TAKHZYRO               | LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML)    | 2 Syringes Per 28 Days  |
| Hereditary Angioedema                | icatibant acetate      | ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML       | 6 Syringes Per 30 Days  |
| Hereditary Angioedema                | sajazir                | ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML       | 6 Syringes Per 30 Days  |
| Hetlioz                              | HETLIOZ                | TASIMELTEON CAPSULE 20 MG                                    | 30 Capsules Per 30 Days |
| Hetlioz                              | HETLIOZ LQ             | TASIMELTEON ORAL SUSP 4 MG/ML                                | 158 mLs Per 30 Days     |
| Hetlioz                              | tasimelteon            | TASIMELTEON CAPSULE 20 MG                                    | 30 Capsules Per 30 Days |
| HoFH Agents                          | JUXTAPID               | LOMITAPIDE MESYLATE CAP 10 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| HoFH Agents                          | JUXTAPID               | LOMITAPIDE MESYLATE CAP 20 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| HoFH Agents                          | JUXTAPID               | LOMITAPIDE MESYLATE CAP 30 MG (BASE EQUIV)                   | 30 Capsules Per 30 Days |
| HoFH Agents                          | JUXTAPID               | LOMITAPIDE MESYLATE CAP 5 MG (BASE EQUIV)                    | 30 Capsules Per 30 Days |
| HSDD                                 | ADDYI                  | FLIBANSERIN TAB 100 MG                                       | 30 Tablets Per 30 Days  |
| HSDD                                 | VYLEESI                | BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ 1.75 MG/0.3ML  | 6 Pens Per 30 Days      |
| Hyftor                               | HYFTOR                 | SIROLIMUS GEL 0.2%   | 7 Tubes Per 84 Days     |
| IL-1 Inhibitors                      | ARCALYST               | RILONACEPT FOR INJ 220 MG                                    | 8 Vials Per 28 Days     |
| IL-4 Inhibitors                      | DUPIXENT               | DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 200 MG/1.14ML       | 2 Pens Per 28 Days      |
| IL-4 Inhibitors                      | DUPIXENT               | DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 300 MG/2ML          | 4 Pens Per 28 Days      |
| IL-4 Inhibitors                      | DUPIXENT               | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML  | 2 Syringes Per 28 Days  |
| IL-4 Inhibitors                      | DUPIXENT               | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML  | 2.28 mLs Per 28 Days    |
| IL-4 Inhibitors                      | DUPIXENT               | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML     | 4 Syringes Per 28 Days  |
| IL-5 Inhibitors                      | FASENRA PEN            | BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML        | 1 Pen Per 56 Days       |
| IL-5 Inhibitors                      | NUCALA                 | MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML    | 3 Syringes Per 28 Days  |
| IL-5 Inhibitors                      | NUCALA                 | MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML     | 3 Syringes Per 28 Days  |
| IL-5 Inhibitors                      | NUCALA                 | MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML   | 1 Syringe Per 28 Days   |
| Imcivree                             | IMCIVREE               | SETMELANOTIDE ACETATE SUBCUTANEOUS SOLN 10 MG/ML             | 10 Vials Per 30 Days    |
| Insomnia                             | AMBIEN                 | ZOLPIDEM TARTRATE TAB 10 MG                                  | 30 Tablets Per 30 Days  |
| Insomnia                             | AMBIEN                 | ZOLPIDEM TARTRATE TAB 5 MG                                   | 30 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                      | Target                | GPI Name   | Quantity Limit           |
|-----------------------------------|-----------------------|--|--------------------------|
| Insomnia                          | AMBIEN CR             | ZOLPIDEM TARTRATE TAB ER 12.5 MG                             | 30 Tablets Per 30 Days   |
| Insomnia                          | AMBIEN CR             | ZOLPIDEM TARTRATE TAB ER 6.25 MG                             | 30 Tablets Per 30 Days   |
| Insomnia                          | BELSOMRA              | SUVOREXANT TAB 10 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | BELSOMRA              | SUVOREXANT TAB 15 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | BELSOMRA              | SUVOREXANT TAB 20 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | BELSOMRA              | SUVOREXANT TAB 5 MG  | 30 Tablets Per 30 Days   |
| Insomnia                          | DAYVIGO               | LEMBOREXANT TAB 10 MG  | 30 Tablets Per 30 Days   |
| Insomnia                          | DAYVIGO               | LEMBOREXANT TAB 5 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | EDLUAR                | ZOLPIDEM TARTRATE SL TAB 10 MG                               | 30 Tablets Per 30 Days   |
| Insomnia                          | EDLUAR                | ZOLPIDEM TARTRATE SL TAB 5 MG                                | 30 Tablets Per 30 Days   |
| Insomnia                          | LUNESTA               | ESZOPICLONE TAB 1 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | LUNESTA               | ESZOPICLONE TAB 2 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | LUNESTA               | ESZOPICLONE TAB 3 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | QUVIVIQ               | DARIDOREXANT HCL TAB 25 MG                                   | 30 Tablets Per 30 Days   |
| Insomnia                          | QUVIVIQ               | DARIDOREXANT HCL TAB 50 MG                                   | 30 Tablets Per 30 Days   |
| Insomnia                          | ROZEREM               | RAMELTEON TAB 8 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | SILENOR               | DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)                    | 30 Tablets Per 30 Days   |
| Insomnia                          | SILENOR               | DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)                    | 30 Tablets Per 30 Days   |
| Insomnia                          | ZOLPIDEM TARTRATE     | ZOLPIDEM TARTRATE CAP 7.5 MG                                 | 30 Capsules Per 30 Days  |
| Insomnia                          | ZOLPIDEM TARTRATE     | ZOLPIDEM TARTRATE SL TAB 1.75 MG                             | 30 Tablets Per 30 Days   |
| Insomnia                          | ZOLPIDEM TARTRATE     | ZOLPIDEM TARTRATE SL TAB 3.5 MG                              | 30 Tablets Per 30 Days   |
| Insomnia                          | ZOLPIMIST             | ZOLPIDEM TARTRATE ORAL SPRAY 5 MG/ACT                        | 1 Inhaler Per 30 Days    |
| Insomnia                          | doxepin hydrochloride | DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)                    | 30 Tablets Per 30 Days   |
| Insomnia                          | doxepin hydrochloride | DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)                    | 30 Tablets Per 30 Days   |
| Insomnia                          | eszopiclone           | ESZOPICLONE TAB 1 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | eszopiclone           | ESZOPICLONE TAB 2 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | eszopiclone           | ESZOPICLONE TAB 3 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | ramelteon             | RAMELTEON TAB 8 MG   | 30 Tablets Per 30 Days   |
| Insomnia                          | zaleplon              | ZALEPLON CAP 10 MG   | 30 Capsules Per 30 Days  |
| Insomnia                          | zaleplon              | ZALEPLON CAP 5 MG  | 30 Capsules Per 30 Days  |
| Insomnia                          | zolpidem tartrate     | ZOLPIDEM TARTRATE TAB 10 MG                                  | 30 Tablets Per 30 Days   |
| Insomnia                          | zolpidem tartrate     | ZOLPIDEM TARTRATE TAB 5 MG                                   | 30 Tablets Per 30 Days   |
| Insomnia                          | zolpidem tartrate er  | ZOLPIDEM TARTRATE TAB ER 12.5 MG                             | 30 Tablets Per 30 Days   |
| Insomnia                          | zolpidem tartrate er  | ZOLPIDEM TARTRATE TAB ER 6.25 MG                             | 30 Tablets Per 30 Days   |
| Insulin Combination               | SOLIQUA 100/33        | INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML | 6 Pens Per 30 Days       |
| Insulin Combination               | XULTOPHY 100/3.6      | INSULIN DEGLUDEC-LIRAGLUTIDE SOL PEN-INJ 100-3.6 UNIT-MG/ML  | 5 Pens Per 30 Days       |
| Interleukin-13 (IL-13) Antagonist | ADBRY                 | TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML  | 4 Syringes Per 28 Days   |
| Interstitial Lung Disease         | ESBRIET               | PIRFENIDONE CAP 267 MG                                       | 180 Capsules Per 30 Days |
| Interstitial Lung Disease         | ESBRIET               | PIRFENIDONE TAB 267 MG                                       | 180 Tablets Per 30 Days  |
| Interstitial Lung Disease         | ESBRIET               | PIRFENIDONE TAB 801 MG                                       | 90 Tablets Per 30 Days   |
| Interstitial Lung Disease         | OFEV                  | NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)              | 60 Capsules Per 30 Days  |
| Interstitial Lung Disease         | OFEV                  | NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)              | 60 Capsules Per 30 Days  |
| Interstitial Lung Disease         | PIRFENIDONE           | PIRFENIDONE TAB 534 MG                                       | 21 Tablets Per 180 Days  |
| Interstitial Lung Disease         | pirfenidone           | PIRFENIDONE CAP 267 MG                                       | 180 Capsules Per 30 Days |
| Interstitial Lung Disease         | pirfenidone           | PIRFENIDONE TAB 267 MG                                       | 180 Tablets Per 30 Days  |
| Interstitial Lung Disease         | pirfenidone           | PIRFENIDONE TAB 801 MG                                       | 90 Tablets Per 30 Days   |
| Isturisa                          | ISTURISA              | OSILODROSTAT PHOSPHATE TAB 1 MG                              | 240 Tablets Per 30 Days  |
| Isturisa                          | ISTURISA              | OSILODROSTAT PHOSPHATE TAB 10 MG                             | 180 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                 | GPI Name   | Quantity Limit          |
|--------------|------------------------|--|-------------------------|
| Isturisa     | ISTURISA               | OSILODROSTAT PHOSPHATE TAB 5 MG                        | 360 Tablets Per 30 Days |
| Joenja       | JOENJA                 | LENIOLISIB PHOSPHATE TAB 70 MG                         | 60 Tablets Per 30 Days  |
| Jynarque     | JYNARQUE               | TOLVAPTAN TAB 15 MG                                    | 60 Tablets Per 30 Days  |
| Jynarque     | JYNARQUE               | TOLVAPTAN TAB 30 MG                                    | 30 Tablets Per 30 Days  |
| Jynarque     | JYNARQUE               | TOLVAPTAN TAB THERAPY PACK 15 MG                       | 56 Tablets Per 28 Days  |
| Jynarque     | JYNARQUE               | TOLVAPTAN TAB THERAPY PACK 30 & 15 MG                  | 56 Tablets Per 28 Days  |
| Jynarque     | JYNARQUE               | TOLVAPTAN TAB THERAPY PACK 45 & 15 MG                  | 56 Tablets Per 28 Days  |
| Jynarque     | JYNARQUE               | TOLVAPTAN TAB THERAPY PACK 60 & 30 MG                  | 56 Tablets Per 28 Days  |
| Jynarque     | JYNARQUE               | TOLVAPTAN TAB THERAPY PACK 90 & 30 MG                  | 56 Tablets Per 28 Days  |
| Ketorolac    | KETOROLAC TROMETHAMINE | KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY      | 5 Bottles Per 5 Days    |
| Ketorolac    | SPRIX                  | KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY      | 5 Bottles Per 5 Days    |
| Ketorolac    | ketorolac tromethamine | KETOROLAC TROMETHAMINE TAB 10 MG                       | 20 Tablets Per 5 Days   |
| Keveyis      | KEVEYIS                | DICHLORPHENAMIDE TAB 50 MG                             | 120 Tablets Per 30 Days |
| Keveyis      | dichlorphenamide       | DICHLORPHENAMIDE TAB 50 MG                             | 120 Tablets Per 30 Days |
| Korlym       | KORLYM                 | MIFEPRISTONE TAB 300 MG                                | 120 Tablets Per 30 Days |
| Korlym       | mifepristone           | MIFEPRISTONE TAB 300 MG                                | 120 Tablets Per 30 Days |
| LMWH Arixtra | ARIXTRA                | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML       | 30 Syringes Per 90 Days |
| LMWH Arixtra | ARIXTRA                | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML      | 30 Syringes Per 90 Days |
| LMWH Arixtra | ARIXTRA                | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | ARIXTRA                | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML      | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SOLN PREFILLED SYR 10000 UNIT/ML     | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SOLN PREFILLED SYR 12500 UNIT/0.5ML  | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SOLN PREFILLED SYR 15000 UNIT/0.6ML  | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SOLN PREFILLED SYR 18000 UNIT/0.72ML | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SOLN PREFILLED SYR 2500 UNIT/0.2ML   | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SOLN PREFILLED SYR 5000 UNIT/0.2ML   | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SOLN PREFILLED SYR 7500 UNIT/0.3ML   | 30 Syringes Per 90 Days |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SUBCUTANEOUS SOLN 10000 UNIT/4ML     | 30 Vials Per 90 Days    |
| LMWH Arixtra | FRAGMIN                | DALTEPARIN SODIUM SUBCUTANEOUS SOLN 95000 UNIT/3.8ML   | 10 Vials Per 90 Days    |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ 300 MG/3ML                       | 10 Vials Per 90 Days    |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML          | 30 Syringes Per 90 Days |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML       | 30 Syringes Per 90 Days |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML          | 30 Syringes Per 90 Days |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | LOVENOX                | ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ 300 MG/3ML                       | 10 Vials Per 90 Days    |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML          | 30 Syringes Per 90 Days |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML       | 30 Syringes Per 90 Days |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML          | 30 Syringes Per 90 Days |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | enoxaparin sodium      | ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML        | 30 Syringes Per 90 Days |
| LMWH Arixtra | fondaparinux sodium    | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML       | 30 Syringes Per 90 Days |
| LMWH Arixtra | fondaparinux sodium    | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML      | 30 Syringes Per 90 Days |
| LMWH Arixtra | fondaparinux sodium    | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML        | 30 Syringes Per 90 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME        | Target                        | GPI Name   | Quantity Limit           |
|---------------------|-------------------------------|--|--------------------------|
| LMWH Arixtra        | fondaparinux sodium           | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML            | 30 Syringes Per 90 Days  |
| Long Acting Insulin | BASAGLAR KWIKPEN              | INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML               | 100 mLs Per 30 Days      |
| Long Acting Insulin | BASAGLAR TEMPO PEN            | INSULIN GLARGINE PEN-INJ WITH TRANSMITTER PORT 100 UNIT/ML   | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN DEGLUDEC              | INSULIN DEGLUDEC INJ 100 UNIT/ML                             | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN DEGLUDEC FLEXTOUCH    | INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML               | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN DEGLUDEC FLEXTOUCH    | INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML               | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN GLARGINE              | INSULIN GLARGINE INJ 100 UNIT/ML                             | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN GLARGINE MAX SOLOSTAR | INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL) | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN GLARGINE SOLOSTAR     | INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML               | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN GLARGINE SOLOSTAR     | INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL) | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN GLARGINE-YFGN         | INSULIN GLARGINE-YFGN INJ 100 UNIT/ML                        | 100 mLs Per 30 Days      |
| Long Acting Insulin | INSULIN GLARGINE-YFGN         | INSULIN GLARGINE-YFGN SOLN PEN-INJECTOR 100 UNIT/ML          | 100 mLs Per 30 Days      |
| Long Acting Insulin | LANTUS                        | INSULIN GLARGINE INJ 100 UNIT/ML                             | 100 mLs Per 30 Days      |
| Long Acting Insulin | LANTUS SOLOSTAR               | INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML               | 100 mLs Per 30 Days      |
| Long Acting Insulin | LEVEMIR                       | INSULIN DETEMIR INJ 100 UNIT/ML                              | 100 mLs Per 30 Days      |
| Long Acting Insulin | LEVEMIR FLEXPEN               | INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT/ML                | 100 mLs Per 30 Days      |
| Long Acting Insulin | LEVEMIR FLEXTOUCH             | INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT/ML                | 100 mLs Per 30 Days      |
| Long Acting Insulin | REZVOGLAR KWIKPEN             | INSULIN GLARGINE-AGLR SOLN PEN-INJECTOR 100 UNIT/ML          | 100 mLs Per 30 Days      |
| Long Acting Insulin | SEMGLEE                       | INSULIN GLARGINE INJ 100 UNIT/ML                             | 100 mLs Per 30 Days      |
| Long Acting Insulin | SEMGLEE                       | INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML               | 100 mLs Per 30 Days      |
| Long Acting Insulin | SEMGLEE                       | INSULIN GLARGINE-YFGN INJ 100 UNIT/ML                        | 100 mLs Per 30 Days      |
| Long Acting Insulin | SEMGLEE                       | INSULIN GLARGINE-YFGN SOLN PEN-INJECTOR 100 UNIT/ML          | 100 mLs Per 30 Days      |
| Long Acting Insulin | TOUJEO MAX SOLOSTAR           | INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL) | 100 mLs Per 30 Days      |
| Long Acting Insulin | TOUJEO SOLOSTAR               | INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL) | 100 mLs Per 30 Days      |
| Long Acting Insulin | TRESIBA                       | INSULIN DEGLUDEC INJ 100 UNIT/ML                             | 100 mLs Per 30 Days      |
| Long Acting Insulin | TRESIBA FLEXTOUCH             | INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML               | 100 mLs Per 30 Days      |
| Long Acting Insulin | TRESIBA FLEXTOUCH             | INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML               | 100 mLs Per 30 Days      |
| Lupus               | BENLYSTA                      | BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML      | 4 Injections Per 28 Days |
| Lupus               | BENLYSTA                      | BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML  | 4 Syringes Per 28 Days   |
| Lupus               | LUPKYNIS                      | VOCLOSPORIN CAP 7.9 MG                                       | 180 Capsules Per 30 Days |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 100 MG  | 90 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 150 MG  | 90 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 200 MG  | 90 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 225 MG  | 60 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 25 MG   | 90 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 300 MG  | 60 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 50 MG   | 90 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN CAP 75 MG   | 90 Capsules Per 30 Days  |
| Lyrice and Savella  | LYRICA                        | PREGABALIN SOLN 20 MG/ML                                     | 900 mLs Per 30 Days      |
| Lyrice and Savella  | LYRICA CR                     | PREGABALIN TAB ER 24HR 165 MG                                | 30 Tablets Per 30 Days   |
| Lyrice and Savella  | LYRICA CR                     | PREGABALIN TAB ER 24HR 330 MG                                | 60 Tablets Per 30 Days   |
| Lyrice and Savella  | LYRICA CR                     | PREGABALIN TAB ER 24HR 82.5 MG                               | 30 Tablets Per 30 Days   |
| Lyrice and Savella  | SAVELLA                       | MILNACIPRAN HCL TAB 100 MG                                   | 60 Tablets Per 30 Days   |
| Lyrice and Savella  | SAVELLA                       | MILNACIPRAN HCL TAB 12.5 MG                                  | 60 Tablets Per 30 Days   |
| Lyrice and Savella  | SAVELLA                       | MILNACIPRAN HCL TAB 25 MG                                    | 60 Tablets Per 30 Days   |
| Lyrice and Savella  | SAVELLA                       | MILNACIPRAN HCL TAB 50 MG                                    | 60 Tablets Per 30 Days   |
| Lyrice and Savella  | SAVELLA TITRATION PACK        | MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK | 1 Pack Per 180 Days      |
| Lyrice and Savella  | pregabalin                    | PREGABALIN CAP 100 MG  | 90 Capsules Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME       | Target                     | GPI Name  | Quantity Limit           |
|--------------------|----------------------------|---|--------------------------|
| Lyrice and Savella | pregabalin                 | PREGABALIN CAP 150 MG                                     | 90 Capsules Per 30 Days  |
| Lyrice and Savella | pregabalin                 | PREGABALIN CAP 200 MG                                     | 90 Capsules Per 30 Days  |
| Lyrice and Savella | pregabalin                 | PREGABALIN CAP 225 MG                                     | 60 Capsules Per 30 Days  |
| Lyrice and Savella | pregabalin                 | PREGABALIN CAP 25 MG                                      | 90 Capsules Per 30 Days  |
| Lyrice and Savella | pregabalin                 | PREGABALIN CAP 300 MG                                     | 60 Capsules Per 30 Days  |
| Lyrice and Savella | pregabalin                 | PREGABALIN CAP 50 MG                                      | 90 Capsules Per 30 Days  |
| Lyrice and Savella | pregabalin                 | PREGABALIN CAP 75 MG                                      | 90 Capsules Per 30 Days  |
| Lyrice and Savella | pregabalin                 | PREGABALIN SOLN 20 MG/ML                                  | 900 mLs Per 30 Days      |
| Lyrice and Savella | pregabalin er              | PREGABALIN TAB ER 24HR 165 MG                             | 30 Tablets Per 30 Days   |
| Lyrice and Savella | pregabalin er              | PREGABALIN TAB ER 24HR 330 MG                             | 60 Tablets Per 30 Days   |
| Lyrice and Savella | pregabalin er              | PREGABALIN TAB ER 24HR 82.5 MG                            | 30 Tablets Per 30 Days   |
| Metformin ER       | GLUMETZA                   | METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 1000 MG        | 60 Tablets Per 30 Days   |
| Metformin ER       | GLUMETZA                   | METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG         | 90 Tablets Per 30 Days   |
| Metformin ER       | metformin hydrochloride er | METFORMIN HCL TAB ER 24HR 500 MG                          | 120 Tablets Per 30 Days  |
| Metformin ER       | metformin hydrochloride er | METFORMIN HCL TAB ER 24HR 750 MG                          | 60 Tablets Per 30 Days   |
| Metformin ER       | metformin hydrochloride er | METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 1000 MG        | 60 Tablets Per 30 Days   |
| Metformin ER       | metformin hydrochloride er | METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG         | 90 Tablets Per 30 Days   |
| Metformin ER       | metformin hydrochloride er | METFORMIN HCL TAB ER 24HR OSMOTIC 1000 MG                 | 60 Tablets Per 30 Days   |
| Metformin ER       | metformin hydrochloride er | METFORMIN HCL TAB ER 24HR OSMOTIC 500 MG                  | 90 Tablets Per 30 Days   |
| Miebo              | MIEBO                      | PERFLUOROHEXYLOCTANE OPHTH SOLN 1.338 GM/ML               | 4 Bottles Per 30 Days    |
| Mifeprex           | MIFEPREX                   | MIFEPRISTONE TAB 200 MG                                   | 1 Tablet Per 30 Days     |
| Mifeprex           | mifepristone               | MIFEPRISTONE TAB 200 MG                                   | 1 Tablet Per 30 Days     |
| Multiple Sclerosis | AUBAGIO                    | TERIFLUNOMIDE TAB 14 MG                                   | 30 Tablets Per 30 Days   |
| Multiple Sclerosis | AUBAGIO                    | TERIFLUNOMIDE TAB 7 MG                                    | 30 Tablets Per 30 Days   |
| Multiple Sclerosis | AVONEX                     | INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML  | 1 Pack Per 28 Days       |
| Multiple Sclerosis | AVONEX PEN                 | INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML      | 1 Pack Per 28 Days       |
| Multiple Sclerosis | BAFIERTAM                  | MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG         | 120 Capsules Per 30 Days |
| Multiple Sclerosis | BETASERON                  | INTERFERON BETA-1B FOR INJ KIT 0.3 MG                     | 14 Vials Per 28 Days     |
| Multiple Sclerosis | COPAXONE                   | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML        | 30 Syringes Per 30 Days  |
| Multiple Sclerosis | COPAXONE                   | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML        | 12 Syringes Per 28 Days  |
| Multiple Sclerosis | EXTAVIA                    | INTERFERON BETA-1B FOR INJ KIT 0.3 MG                     | 15 Vials Per 30 Days     |
| Multiple Sclerosis | GILENYA                    | FINGOLIMOD HCL CAP 0.25 MG (BASE EQUIV)                   | 30 Tablets Per 30 Days   |
| Multiple Sclerosis | GILENYA                    | FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)                    | 30 Tablets Per 30 Days   |
| Multiple Sclerosis | KESIMPTA                   | OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML                 | 1 Syringe Per 28 Days    |
| Multiple Sclerosis | MAVENCLAD                  | CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)               | 20 Tablets Per 301 Days  |
| Multiple Sclerosis | MAVENCLAD                  | CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)                | 8 Tablets Per 301 Days   |
| Multiple Sclerosis | MAVENCLAD                  | CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)                | 10 Tablets Per 301 Days  |
| Multiple Sclerosis | MAVENCLAD                  | CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)                | 12 Tablets Per 301 Days  |
| Multiple Sclerosis | MAVENCLAD                  | CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)                | 14 Tablets Per 301 Days  |
| Multiple Sclerosis | MAVENCLAD                  | CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)                | 8 Tablets Per 301 Days   |
| Multiple Sclerosis | MAVENCLAD                  | CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)                | 9 Tablets Per 301 Days   |
| Multiple Sclerosis | MAYZENT                    | SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)               | 120 Tablets Per 30 Days  |
| Multiple Sclerosis | MAYZENT                    | SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV)                  | 30 Tablets Per 30 Days   |
| Multiple Sclerosis | MAYZENT                    | SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)                  | 30 Tablets Per 30 Days   |
| Multiple Sclerosis | MAYZENT STARTER PACK       | SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK          | 1 Pack Per 180 Days      |
| Multiple Sclerosis | MAYZENT STARTER PACK       | SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK           | 7 Tablets Per 180 Days   |
| Multiple Sclerosis | PLEGRIDY                   | PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML | 2 Syringes Per 28 Days   |
| Multiple Sclerosis | PLEGRIDY                   | PEGINTERFERON BETA-1A SOLN PEN-INJECTOR 125 MCG/0.5ML     | 2 Pens Per 28 Days       |



BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME         | Target  | GPI Name   | Quantity Limit           |
|----------------------|---|--|--------------------------|
| Multiple Sclerosis   | PLEGRIDY  | PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML   | 2 Syringes Per 28 Days   |
| Multiple Sclerosis   | PLEGRIDY STARTER PACK                           | PEGINTERFERON BETA-1A SOLN PEN-INJ 63 & 94 MCG/0.5ML PACK    | 1 Kit Per 180 Days       |
| Multiple Sclerosis   | PLEGRIDY STARTER PACK                           | PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK   | 1 Kit Per 180 Days       |
| Multiple Sclerosis   | PONVORY   | PONESIMOD TAB 20 MG  | 30 Tablets Per 30 Days   |
| Multiple Sclerosis   | PONVORY 14-DAY STARTER PACK                     | PONESIMOD TAB STARTER PACK 2,3,4,5,6,7,8,9 &10 MG            | 1 Pack Per 180 Days      |
| Multiple Sclerosis   | REBIF   | INTERFERON BETA-1A SOLN PREF SYR 22 MCG/0.5ML                | 1 Carton Per 28 Days     |
| Multiple Sclerosis   | REBIF   | INTERFERON BETA-1A SOLN PREF SYR 44 MCG/0.5ML                | 1 Carton Per 28 Days     |
| Multiple Sclerosis   | REBIF REBIDOSE                                  | INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG/0.5ML                | 1 Carton Per 28 Days     |
| Multiple Sclerosis   | REBIF REBIDOSE                                  | INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG/0.5ML                | 1 Carton Per 28 Days     |
| Multiple Sclerosis   | REBIF REBIDOSE TITRATION PACK                   | INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML | 1 Kit Per 180 Days       |
| Multiple Sclerosis   | REBIF TITRATION PACK                            | INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML | 1 Kit Per 180 Days       |
| Multiple Sclerosis   | TASCENSO ODT                                    | FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING 0.25 MG      | 30 Tablets Per 30 Days   |
| Multiple Sclerosis   | TASCENSO ODT                                    | FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING 0.5 MG       | 30 Tablets Per 30 Days   |
| Multiple Sclerosis   | TECFIDERA                                       | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG             | 56 Capsules Per 180 Days |
| Multiple Sclerosis   | TECFIDERA                                       | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG             | 60 Capsules Per 30 Days  |
| Multiple Sclerosis   | TECFIDERA STARTER PACK                          | DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG    | 60 Capsules Per 180 Days |
| Multiple Sclerosis   | VUMERITY  | DIROXIMEL FUMARATE CAPSULE DELAYED RELEASE 231 MG            | 120 Capsules Per 30 Days |
| Multiple Sclerosis   | dimethyl fumarate                               | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG             | 56 Capsules Per 180 Days |
| Multiple Sclerosis   | dimethyl fumarate                               | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG             | 60 Capsules Per 30 Days  |
| Multiple Sclerosis   | dimethyl fumarate starterpack                   | DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG    | 60 Capsules Per 180 Days |
| Multiple Sclerosis   | fingolimod                                      | FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)                       | 30 Capsules Per 30 Days  |
| Multiple Sclerosis   | glatiramer acetate                              | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML           | 30 Syringes Per 30 Days  |
| Multiple Sclerosis   | glatiramer acetate                              | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML           | 12 Syringes Per 28 Days  |
| Multiple Sclerosis   | glatopa   | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML           | 30 Syringes Per 30 Days  |
| Multiple Sclerosis   | glatopa   | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML           | 12 Syringes Per 28 Days  |
| Multiple Sclerosis   | teriflunomide                                   | TERIFLUNOMIDE TAB 14 MG                                      | 30 Tablets Per 30 Days   |
| Multiple Sclerosis   | teriflunomide                                   | TERIFLUNOMIDE TAB 7 MG                                       | 30 Tablets Per 30 Days   |
| Nasal Antiepileptics | NAYZILAM  | MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML                       | 10 SPRAYS Per 30 Days    |
| Nasal Antiepileptics | VALTOCO 10 MG DOSE                              | DIAZEPAM NASAL SPRAY 10 MG/0.1 ML                            | 5 Boxes Per 30 Days      |
| Nasal Antiepileptics | VALTOCO 15 MG DOSE                              | DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE) | 5 Boxes Per 30 Days      |
| Nasal Antiepileptics | VALTOCO 20 MG DOSE                              | DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE)  | 5 Boxes Per 30 Days      |
| Nasal Antiepileptics | VALTOCO 5 MG DOSE                               | DIAZEPAM NASAL SPRAY 5 MG/0.1 ML                             | 5 Boxes Per 30 Days      |
| Nasal Inhalers       | BECONASE AQ                                     | BECLOMETHASONE DIPROPIONATE MONOHYD NASAL SUSP 42 MCG/SPRAY  | 2 Bottles Per 30 Days    |
| Nasal Inhalers       | DYMISTA   | AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT   | 1 Bottle Per 30 Days     |
| Nasal Inhalers       | OMNARIS   | CICLESONIDE NASAL SUSP 50 MCG/ACT                            | 1 Bottle Per 30 Days     |
| Nasal Inhalers       | PATANASE  | OLOPATADINE HCL NASAL SOLN 0.6%                              | 1 Bottle Per 30 Days     |
| Nasal Inhalers       | QNASL   | BECLOMETHASONE DIPROPIONATE NASAL AEROSOL 80 MCG/ACT         | 1 Canister Per 30 Days   |
| Nasal Inhalers       | QNASL CHILDRENS                                 | BECLOMETHASONE DIPROPIONATE NASAL AEROSOL 40 MCG/ACT         | 1 Canister Per 30 Days   |
| Nasal Inhalers       | RYALTRIS  | OLOPATADINE HCL-MOMETASONE FUROATE NASAL SUSP 665-25 MCG/ACT | 1 Bottle Per 30 Days     |
| Nasal Inhalers       | ZETONNA   | CICLESONIDE NASAL AEROSOL SOLN 37 MCG/ACT (50 MCG/VALVE)     | 1 Canister Per 30 Days   |
| Nasal Inhalers       | azelastine hcl                                  | AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)           | 2 Bottles Per 30 Days    |
| Nasal Inhalers       | azelastine hydrochloride                        | AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)              | 2 Bottles Per 30 Days    |
| Nasal Inhalers       | azelastine hydrochloride                        | AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)           | 2 Bottles Per 30 Days    |
| Nasal Inhalers       | azelastine hydrochloride/fluticasone propionate | AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT   | 1 Bottle Per 30 Days     |
| Nasal Inhalers       | flunisolide                                     | FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)                   | 3 Bottles Per 30 Days    |
| Nasal Inhalers       | fluticasone propionate                          | FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT                 | 1 Bottle Per 30 Days     |
| Nasal Inhalers       | ipratropium bromide                             | IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)          | 2 Bottles Per 30 Days    |
| Nasal Inhalers       | ipratropium bromide                             | IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)          | 3 Bottles Per 30 Days    |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                | Target                    | GPI Name  | Quantity Limit            |
|-----------------------------|---------------------------|---|---------------------------|
| Nasal Inhalers              | mometasone furoate        | MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT                    | 2 Bottles Per 30 Days     |
| Nasal Inhalers              | olopatadine hcl           | OLOPATADINE HCL NASAL SOLN 0.6%                             | 1 Bottle Per 30 Days      |
| Nasal Inhalers              | olopatadine hydrochloride | OLOPATADINE HCL NASAL SOLN 0.6%                             | 1 Bottle Per 30 Days      |
| Neurotrophic Keratitis      | OXERVATE                  | CENEGERMIN-BKBJ OPHTH SOLN 0.002% (20 MCG/ML)               | 56 Vials Per 56 Days      |
| Northera                    | NORTHERA                  | DROXIDOPA CAP 100 MG  | 450 Capsules Per 30 Days  |
| Northera                    | NORTHERA                  | DROXIDOPA CAP 200 MG  | 180 Capsules Per 30 Days  |
| Northera                    | NORTHERA                  | DROXIDOPA CAP 300 MG  | 180 Capsules Per 30 Days  |
| Northera                    | droxidopa                 | DROXIDOPA CAP 100 MG  | 450 Capsules Per 30 Days  |
| Northera                    | droxidopa                 | DROXIDOPA CAP 200 MG  | 180 Capsules Per 30 Days  |
| Northera                    | droxidopa                 | DROXIDOPA CAP 300 MG  | 180 Capsules Per 30 Days  |
| Ocaliva                     | OCALIVA                   | OBETICHOLIC ACID TAB 10 MG                                  | 30 Tablets Per 30 Days    |
| Ocaliva                     | OCALIVA                   | OBETICHOLIC ACID TAB 5 MG                                   | 30 Tablets Per 30 Days    |
| Ophthalmic Immunomodulators | CEQUA                     | CYCLOSPORINE (OPHTH) SOLN 0.09% (PF)                        | 60 Vials Per 30 Days      |
| Ophthalmic Immunomodulators | CYCLOSPORINE IN KLARITY   | CYCLOSPORINE (OPHTH) EMULSION 0.1%                          | 120 Vials Per 30 Days     |
| Ophthalmic Immunomodulators | RESTASIS                  | CYCLOSPORINE (OPHTH) EMULSION 0.05%                         | 60 Vials Per 30 Days      |
| Ophthalmic Immunomodulators | RESTASIS MULTIDOSE        | CYCLOSPORINE (OPHTH) EMULSION 0.05%                         | 1 Bottle Per 30 Days      |
| Ophthalmic Immunomodulators | RESTASIS MULTIDOSE        | CYCLOSPORINE (OPHTH) EMULSION 0.05%                         | 60 Vials Per 30 Days      |
| Ophthalmic Immunomodulators | VERKAZIA                  | CYCLOSPORINE (OPHTH) EMULSION 0.1%                          | 120 Vials Per 30 Days     |
| Ophthalmic Immunomodulators | VEVYE                     | CYCLOSPORINE (OPHTH) SOLN 0.1%                              | 1 Bottle Per 30 Days      |
| Ophthalmic Immunomodulators | XIIDRA                    | LIFITEGRAST OPHTH SOLN 5%                                   | 60 Vials Per 30 Days      |
| Ophthalmic Immunomodulators | cyclosporine              | CYCLOSPORINE (OPHTH) EMULSION 0.05%                         | 60 Vials Per 30 Days      |
| Ophthalmic Prostaglandins   | IYUZEH                    | LATANOPROST (PF) OPHTH SOLN 0.005%                          | 30 Containers Per 30 Days |
| Ophthalmic Prostaglandins   | LATANOPROST               | LATANOPROST OPHTH SOLN 0.005%                               | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | LUMIGAN                   | BIMATOPROST OPHTH SOLN 0.01%                                | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | TRAVATAN Z                | TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE) | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | VYZULTA                   | LATANOPROSTENE BUNOD OPHTH SOLN 0.024%                      | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | XALATAN                   | LATANOPROST OPHTH SOLN 0.005%                               | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | XELPROS                   | LATANOPROST OPHTH EMULSION 0.005%                           | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | ZIOPTAN                   | T AFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%       | 30 Containers Per 30 Days |
| Ophthalmic Prostaglandins   | bimatoprost               | BIMATOPROST OPHTH SOLN 0.03%                                | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | latanoprost               | LATANOPROST OPHTH SOLN 0.005%                               | 2.5 mLs Per 30 Days       |
| Ophthalmic Prostaglandins   | tafluprost                | T AFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%       | 30 Containers Per 30 Days |
| Ophthalmic Prostaglandins   | travoprost                | TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE) | 2.5 mLs Per 30 Days       |
| Opioids ER                  | BELBUCA                   | BUPRENORPHINE HCL BUCCAL FILM 150 MCG (BASE EQUIVALENT)     | 60 Films Per 30 Days      |
| Opioids ER                  | BELBUCA                   | BUPRENORPHINE HCL BUCCAL FILM 300 MCG (BASE EQUIVALENT)     | 60 Films Per 30 Days      |
| Opioids ER                  | BELBUCA                   | BUPRENORPHINE HCL BUCCAL FILM 450 MCG (BASE EQUIVALENT)     | 60 Films Per 30 Days      |
| Opioids ER                  | BELBUCA                   | BUPRENORPHINE HCL BUCCAL FILM 600 MCG (BASE EQUIVALENT)     | 60 Films Per 30 Days      |
| Opioids ER                  | BELBUCA                   | BUPRENORPHINE HCL BUCCAL FILM 75 MCG (BASE EQUIVALENT)      | 60 Films Per 30 Days      |
| Opioids ER                  | BELBUCA                   | BUPRENORPHINE HCL BUCCAL FILM 750 MCG (BASE EQUIVALENT)     | 60 Films Per 30 Days      |
| Opioids ER                  | BELBUCA                   | BUPRENORPHINE HCL BUCCAL FILM 900 MCG (BASE EQUIVALENT)     | 60 Films Per 30 Days      |
| Opioids ER                  | BUTRANS                   | BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR                     | 4 Systems Per 28 Days     |
| Opioids ER                  | BUTRANS                   | BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR                     | 4 Systems Per 28 Days     |
| Opioids ER                  | BUTRANS                   | BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR                     | 4 Systems Per 28 Days     |
| Opioids ER                  | BUTRANS                   | BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR                      | 4 Systems Per 28 Days     |
| Opioids ER                  | BUTRANS                   | BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR                    | 4 Systems Per 28 Days     |
| Opioids ER                  | CONZIP                    | TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG            | 30 Capsules Per 30 Days   |
| Opioids ER                  | CONZIP                    | TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 200 MG            | 30 Capsules Per 30 Days   |
| Opioids ER                  | CONZIP                    | TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 300 MG            | 30 Capsules Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                     | GPI Name  | Quantity Limit          |
|--------------|----------------------------|---|-------------------------|
| Opioids ER   | HYDROCODONE BITARTRATE ER  | HYDROCODONE BITARTRATE CAP ER 12HR 10 MG        | 60 Capsules Per 30 Days |
| Opioids ER   | HYDROCODONE BITARTRATE ER  | HYDROCODONE BITARTRATE CAP ER 12HR 15 MG        | 60 Capsules Per 30 Days |
| Opioids ER   | HYDROCODONE BITARTRATE ER  | HYDROCODONE BITARTRATE CAP ER 12HR 20 MG        | 60 Capsules Per 30 Days |
| Opioids ER   | HYDROCODONE BITARTRATE ER  | HYDROCODONE BITARTRATE CAP ER 12HR 30 MG        | 60 Capsules Per 30 Days |
| Opioids ER   | HYDROCODONE BITARTRATE ER  | HYDROCODONE BITARTRATE CAP ER 12HR 40 MG        | 60 Capsules Per 30 Days |
| Opioids ER   | HYDROCODONE BITARTRATE ER  | HYDROCODONE BITARTRATE CAP ER 12HR 50 MG        | 60 Capsules Per 30 Days |
| Opioids ER   | HYSINGLA ER                | HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG | 30 Tablets Per 30 Days  |
| Opioids ER   | HYSINGLA ER                | HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG | 30 Tablets Per 30 Days  |
| Opioids ER   | HYSINGLA ER                | HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG  | 30 Tablets Per 30 Days  |
| Opioids ER   | HYSINGLA ER                | HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG  | 30 Tablets Per 30 Days  |
| Opioids ER   | HYSINGLA ER                | HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG  | 30 Tablets Per 30 Days  |
| Opioids ER   | HYSINGLA ER                | HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG  | 30 Tablets Per 30 Days  |
| Opioids ER   | HYSINGLA ER                | HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG  | 30 Tablets Per 30 Days  |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE BEADS CAP ER 24HR 120 MG       | 30 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE BEADS CAP ER 24HR 30 MG        | 30 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE BEADS CAP ER 24HR 45 MG        | 30 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE BEADS CAP ER 24HR 60 MG        | 30 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE BEADS CAP ER 24HR 75 MG        | 30 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE BEADS CAP ER 24HR 90 MG        | 30 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE CAP ER 24HR 10 MG              | 60 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE CAP ER 24HR 100 MG             | 60 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE CAP ER 24HR 20 MG              | 60 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE CAP ER 24HR 30 MG              | 60 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE CAP ER 24HR 50 MG              | 60 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE CAP ER 24HR 60 MG              | 60 Capsules Per 30 Days |
| Opioids ER   | MORPHINE SULFATE ER        | MORPHINE SULFATE CAP ER 24HR 80 MG              | 60 Capsules Per 30 Days |
| Opioids ER   | MS CONTIN                  | MORPHINE SULFATE TAB ER 100 MG                  | 90 Tablets Per 30 Days  |
| Opioids ER   | MS CONTIN                  | MORPHINE SULFATE TAB ER 15 MG                   | 90 Tablets Per 30 Days  |
| Opioids ER   | MS CONTIN                  | MORPHINE SULFATE TAB ER 200 MG                  | 90 Tablets Per 30 Days  |
| Opioids ER   | MS CONTIN                  | MORPHINE SULFATE TAB ER 30 MG                   | 90 Tablets Per 30 Days  |
| Opioids ER   | MS CONTIN                  | MORPHINE SULFATE TAB ER 60 MG                   | 90 Tablets Per 30 Days  |
| Opioids ER   | NUCYNTA ER                 | TAPENTADOL HCL TAB ER 12HR 100 MG               | 60 Tablets Per 30 Days  |
| Opioids ER   | NUCYNTA ER                 | TAPENTADOL HCL TAB ER 12HR 150 MG               | 60 Tablets Per 30 Days  |
| Opioids ER   | NUCYNTA ER                 | TAPENTADOL HCL TAB ER 12HR 200 MG               | 60 Tablets Per 30 Days  |
| Opioids ER   | NUCYNTA ER                 | TAPENTADOL HCL TAB ER 12HR 250 MG               | 60 Tablets Per 30 Days  |
| Opioids ER   | NUCYNTA ER                 | TAPENTADOL HCL TAB ER 12HR 50 MG                | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCODONE HCL ER           | OXYCODONE HCL TAB ER 12HR DETER 10 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCODONE HCL ER           | OXYCODONE HCL TAB ER 12HR DETER 20 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCODONE HCL ER           | OXYCODONE HCL TAB ER 12HR DETER 40 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCODONE HCL ER           | OXYCODONE HCL TAB ER 12HR DETER 80 MG           | 120 Tablets Per 30 Days |
| Opioids ER   | OXYCODONE HYDROCHLORIDE ER | OXYCODONE HCL TAB ER 12HR DETER 10 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCODONE HYDROCHLORIDE ER | OXYCODONE HCL TAB ER 12HR DETER 20 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCODONE HYDROCHLORIDE ER | OXYCODONE HCL TAB ER 12HR DETER 40 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCODONE HYDROCHLORIDE ER | OXYCODONE HCL TAB ER 12HR DETER 80 MG           | 120 Tablets Per 30 Days |
| Opioids ER   | OXYCONTIN                  | OXYCODONE HCL TAB ER 12HR DETER 10 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCONTIN                  | OXYCODONE HCL TAB ER 12HR DETER 15 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCONTIN                  | OXYCODONE HCL TAB ER 12HR DETER 20 MG           | 60 Tablets Per 30 Days  |
| Opioids ER   | OXYCONTIN                  | OXYCODONE HCL TAB ER 12HR DETER 30 MG           | 60 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                         | GPI Name   | Quantity Limit           |
|--------------|--------------------------------|--|--------------------------|
| Opioids ER   | OXYCONTIN                      | OXYCODONE HCL TAB ER 12HR DETER 40 MG            | 60 Tablets Per 30 Days   |
| Opioids ER   | OXYCONTIN                      | OXYCODONE HCL TAB ER 12HR DETER 60 MG            | 120 Tablets Per 30 Days  |
| Opioids ER   | OXYCONTIN                      | OXYCODONE HCL TAB ER 12HR DETER 80 MG            | 120 Tablets Per 30 Days  |
| Opioids ER   | OXYMORPHONE HYDROCHLORIDE ER   | OXYMORPHONE HCL TAB ER 12HR 10 MG                | 60 Tablets Per 30 Days   |
| Opioids ER   | OXYMORPHONE HYDROCHLORIDE ER   | OXYMORPHONE HCL TAB ER 12HR 15 MG                | 60 Tablets Per 30 Days   |
| Opioids ER   | OXYMORPHONE HYDROCHLORIDE ER   | OXYMORPHONE HCL TAB ER 12HR 20 MG                | 60 Tablets Per 30 Days   |
| Opioids ER   | OXYMORPHONE HYDROCHLORIDE ER   | OXYMORPHONE HCL TAB ER 12HR 30 MG                | 60 Tablets Per 30 Days   |
| Opioids ER   | OXYMORPHONE HYDROCHLORIDE ER   | OXYMORPHONE HCL TAB ER 12HR 5 MG                 | 60 Tablets Per 30 Days   |
| Opioids ER   | OXYMORPHONE HYDROCHLORIDE ER   | OXYMORPHONE HCL TAB ER 12HR 7.5 MG               | 60 Tablets Per 30 Days   |
| Opioids ER   | OXYMORPHONE HYDROCHLORIDEER    | OXYMORPHONE HCL TAB ER 12HR 40 MG                | 60 Tablets Per 30 Days   |
| Opioids ER   | TRAMADOL HCL ER                | TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG | 30 Capsules Per 30 Days  |
| Opioids ER   | TRAMADOL HCL ER                | TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 200 MG | 30 Capsules Per 30 Days  |
| Opioids ER   | TRAMADOL HCL ER                | TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 300 MG | 30 Capsules Per 30 Days  |
| Opioids ER   | TRAMADOL HCL ER                | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG | 30 Tablets Per 30 Days   |
| Opioids ER   | TRAMADOL HCL ER                | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG | 30 Tablets Per 30 Days   |
| Opioids ER   | TRAMADOL HCL ER                | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG | 30 Tablets Per 30 Days   |
| Opioids ER   | XTAMPZA ER                     | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG    | 60 Capsules Per 30 Days  |
| Opioids ER   | XTAMPZA ER                     | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG      | 60 Capsules Per 30 Days  |
| Opioids ER   | XTAMPZA ER                     | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG      | 60 Capsules Per 30 Days  |
| Opioids ER   | XTAMPZA ER                     | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG      | 240 Capsules Per 30 Days |
| Opioids ER   | XTAMPZA ER                     | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG       | 60 Capsules Per 30 Days  |
| Opioids ER   | buprenorphine                  | BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR          | 4 Systems Per 28 Days    |
| Opioids ER   | buprenorphine                  | BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR          | 4 Systems Per 28 Days    |
| Opioids ER   | buprenorphine                  | BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR          | 4 Systems Per 28 Days    |
| Opioids ER   | buprenorphine                  | BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR           | 4 Systems Per 28 Days    |
| Opioids ER   | buprenorphine                  | BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR         | 4 Patches Per 28 Days    |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 100 MCG/HR                | 15 Patches Per 30 Days   |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 12 MCG/HR                 | 15 Patches Per 30 Days   |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 25 MCG/HR                 | 15 Patches Per 30 Days   |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 37.5 MCG/HR               | 15 Patches Per 30 Days   |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 50 MCG/HR                 | 15 Patches Per 30 Days   |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 62.5 MCG/HR               | 15 Patches Per 30 Days   |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 75 MCG/HR                 | 15 Patches Per 30 Days   |
| Opioids ER   | fentanyl                       | FENTANYL TD PATCH 72HR 87.5 MCG/HR               | 15 Patches Per 30 Days   |
| Opioids ER   | hydrocodone bitartrate er      | HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG  | 30 Tablets Per 30 Days   |
| Opioids ER   | hydrocodone bitartrate er      | HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG  | 30 Tablets Per 30 Days   |
| Opioids ER   | hydrocodone bitartrate er      | HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG   | 30 Tablets Per 30 Days   |
| Opioids ER   | hydrocodone bitartrate er      | HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG   | 30 Tablets Per 30 Days   |
| Opioids ER   | hydrocodone bitartrate er      | HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG   | 30 Tablets Per 30 Days   |
| Opioids ER   | hydrocodone bitartrate er      | HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG   | 30 Tablets Per 30 Days   |
| Opioids ER   | hydrocodone bitartrate er      | HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG   | 30 Tablets Per 30 Days   |
| Opioids ER   | hydromorphone hcl er           | HYDROMORPHONE HCL TAB ER 24HR 12 MG              | 30 Tablets Per 30 Days   |
| Opioids ER   | hydromorphone hcl er           | HYDROMORPHONE HCL TAB ER 24HR 16 MG              | 30 Tablets Per 30 Days   |
| Opioids ER   | hydromorphone hcl er           | HYDROMORPHONE HCL TAB ER 24HR 8 MG               | 30 Tablets Per 30 Days   |
| Opioids ER   | hydromorphone hydrochloride er | HYDROMORPHONE HCL TAB ER 24HR 12 MG              | 30 Tablets Per 30 Days   |
| Opioids ER   | hydromorphone hydrochloride er | HYDROMORPHONE HCL TAB ER 24HR 16 MG              | 30 Tablets Per 30 Days   |
| Opioids ER   | hydromorphone hydrochloride er | HYDROMORPHONE HCL TAB ER 24HR 32 MG              | 30 Tablets Per 30 Days   |
| Opioids ER   | hydromorphone hydrochloride er | HYDROMORPHONE HCL TAB ER 24HR 8 MG               | 30 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                                | GPI Name   | Quantity Limit           |
|--------------|---------------------------------------|--|--------------------------|
| Opioids ER   | morphine sulfate er                   | MORPHINE SULFATE TAB ER 100 MG                           | 90 Tablets Per 30 Days   |
| Opioids ER   | morphine sulfate er                   | MORPHINE SULFATE TAB ER 15 MG                            | 90 Tablets Per 30 Days   |
| Opioids ER   | morphine sulfate er                   | MORPHINE SULFATE TAB ER 200 MG                           | 90 Tablets Per 30 Days   |
| Opioids ER   | morphine sulfate er                   | MORPHINE SULFATE TAB ER 30 MG                            | 90 Tablets Per 30 Days   |
| Opioids ER   | morphine sulfate er                   | MORPHINE SULFATE TAB ER 60 MG                            | 90 Tablets Per 30 Days   |
| Opioids ER   | tramadol hcl er                       | TRAMADOL HCL TAB ER 24HR 100 MG                          | 30 Tablets Per 30 Days   |
| Opioids ER   | tramadol hcl er                       | TRAMADOL HCL TAB ER 24HR 200 MG                          | 30 Tablets Per 30 Days   |
| Opioids ER   | tramadol hcl er                       | TRAMADOL HCL TAB ER 24HR 300 MG                          | 30 Tablets Per 30 Days   |
| Opioids ER   | tramadol hydrochloride er             | TRAMADOL HCL TAB ER 24HR 100 MG                          | 30 Tablets Per 30 Days   |
| Opioids ER   | tramadol hydrochloride er             | TRAMADOL HCL TAB ER 24HR 200 MG                          | 30 Tablets Per 30 Days   |
| Opioids ER   | tramadol hydrochloride er             | TRAMADOL HCL TAB ER 24HR 300 MG                          | 30 Tablets Per 30 Days   |
| Opioids IR   | ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE | ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG | 300 Capsules Per 30 Days |
| Opioids IR   | ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE | ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB 325-30-16 MG   | 300 Tablets Per 30 Days  |
| Opioids IR   | ACETAMINOPHEN/CODEINE                 | ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML              | 2700 mLs Per 30 Days     |
| Opioids IR   | APADAZ                                | BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 4.08-325 MG        | 360 Tablets Per 30 Days  |
| Opioids IR   | APADAZ                                | BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 6.12-325 MG        | 360 Tablets Per 30 Days  |
| Opioids IR   | APADAZ                                | BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 8.16-325 MG        | 360 Tablets Per 30 Days  |
| Opioids IR   | BENZHYDROCODONE/ACETAMINOPHEN         | BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 4.08-325 MG        | 360 Tablets Per 30 Days  |
| Opioids IR   | BENZHYDROCODONE/ACETAMINOPHEN         | BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 6.12-325 MG        | 360 Tablets Per 30 Days  |
| Opioids IR   | BENZHYDROCODONE/ACETAMINOPHEN         | BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 8.16-325 MG        | 360 Tablets Per 30 Days  |
| Opioids IR   | CODEINE SULFATE                       | CODEINE SULFATE TAB 15 MG                                | 180 Tablets Per 30 Days  |
| Opioids IR   | CODEINE SULFATE                       | CODEINE SULFATE TAB 30 MG                                | 180 Tablets Per 30 Days  |
| Opioids IR   | CODEINE SULFATE                       | CODEINE SULFATE TAB 60 MG                                | 180 Tablets Per 30 Days  |
| Opioids IR   | DILAUDID                              | HYDROMORPHONE HCL LIQD 1 MG/ML                           | 1440 mLs Per 30 Days     |
| Opioids IR   | DILAUDID                              | HYDROMORPHONE HCL TAB 2 MG                               | 180 Tablets Per 30 Days  |
| Opioids IR   | DILAUDID                              | HYDROMORPHONE HCL TAB 4 MG                               | 180 Tablets Per 30 Days  |
| Opioids IR   | DILAUDID                              | HYDROMORPHONE HCL TAB 8 MG                               | 180 Tablets Per 30 Days  |
| Opioids IR   | ESGIC                                 | BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG       | 180 Tablets Per 30 Days  |
| Opioids IR   | FIORICET                              | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG       | 180 Capsules Per 30 Days |
| Opioids IR   | FIORICET/CODEINE                      | BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG | 180 Capsules Per 30 Days |
| Opioids IR   | HYDROCODONE/IBUPROFEN                 | HYDROCODONE-IBUPROFEN TAB 10-200 MG                      | 150 Tablets Per 30 Days  |
| Opioids IR   | HYDROCODONE/IBUPROFEN                 | HYDROCODONE-IBUPROFEN TAB 5-200 MG                       | 150 Tablets Per 30 Days  |
| Opioids IR   | LEVORPHANOL TARTRATE                  | LEVORPHANOL TARTRATE TAB 3 MG                            | 120 Tablets Per 30 Days  |
| Opioids IR   | LORTAB                                | HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML            | 2025 mLs Per 30 Days     |
| Opioids IR   | MEPERIDINE HCL                        | MEPERIDINE HCL ORAL SOLN 50 MG/5ML                       | 1800 mLs Per 30 Days     |
| Opioids IR   | MEPERIDINE HCL                        | MEPERIDINE HCL TAB 50 MG                                 | 360 Tablets Per 30 Days  |
| Opioids IR   | METHADONE HCL                         | METHADONE HCL SOLN 10 MG/5ML                             | 450 mLs Per 30 Days      |
| Opioids IR   | METHADONE HCL                         | METHADONE HCL SOLN 5 MG/5ML                              | 900 mLs Per 30 Days      |
| Opioids IR   | METHADOSE                             | METHADONE HCL CONC 10 MG/ML                              | 90 mLs Per 30 Days       |
| Opioids IR   | METHADOSE SUGAR-FREE                  | METHADONE HCL CONC 10 MG/ML                              | 90 mLs Per 30 Days       |
| Opioids IR   | MORPHINE SULFATE                      | MORPHINE SULFATE ORAL SOLN 10 MG/5ML                     | 2700 mLs Per 30 Days     |
| Opioids IR   | MORPHINE SULFATE                      | MORPHINE SULFATE ORAL SOLN 20 MG/5ML                     | 1350 mLs Per 30 Days     |
| Opioids IR   | MORPHINE SULFATE                      | MORPHINE SULFATE TAB 15 MG                               | 360 Tablets Per 30 Days  |
| Opioids IR   | MORPHINE SULFATE                      | MORPHINE SULFATE TAB 30 MG                               | 180 Tablets Per 30 Days  |
| Opioids IR   | NALOCET                               | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-300 MG                | 360 Tablets Per 30 Days  |
| Opioids IR   | NUCYNTA                               | TAPENTADOL HCL TAB 100 MG                                | 180 Tablets Per 30 Days  |
| Opioids IR   | NUCYNTA                               | TAPENTADOL HCL TAB 50 MG                                 | 180 Tablets Per 30 Days  |
| Opioids IR   | NUCYNTA                               | TAPENTADOL HCL TAB 75 MG                                 | 180 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                                    | GPI Name   | Quantity Limit           |
|--------------|---|--|--------------------------|
| Opioids IR   | OXAYDO                                    | OXYCODONE HCL TAB 5 MG                                   | 360 Tablets Per 30 Days  |
| Opioids IR   | OXAYDO                                    | OXYCODONE HCL TAB 7.5 MG                                 | 180 Tablets Per 30 Days  |
| Opioids IR   | OXYCODONE AND ACETAMINOPHEN               | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-300 MG                | 240 Tablets Per 30 Days  |
| Opioids IR   | OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN     | OXYCODONE W/ ACETAMINOPHEN SOLN 10-300 MG/5ML            | 900 mLs Per 30 Days      |
| Opioids IR   | OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN     | OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML             | 1800 mLs Per 30 Days     |
| Opioids IR   | OXYCODONE/ACETAMINOPHEN                   | OXYCODONE W/ ACETAMINOPHEN TAB 10-300 MG                 | 180 Tablets Per 30 Days  |
| Opioids IR   | OXYCODONE/ACETAMINOPHEN                   | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-300 MG                | 360 Tablets Per 30 Days  |
| Opioids IR   | OXYCODONE/ACETAMINOPHEN                   | OXYCODONE W/ ACETAMINOPHEN TAB 5-300 MG                  | 360 Tablets Per 30 Days  |
| Opioids IR   | PERCOCET                                  | OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG                 | 180 Tablets Per 30 Days  |
| Opioids IR   | PERCOCET                                  | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG                | 360 Tablets Per 30 Days  |
| Opioids IR   | PERCOCET                                  | OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG                  | 360 Tablets Per 30 Days  |
| Opioids IR   | PERCOCET                                  | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG                | 240 Tablets Per 30 Days  |
| Opioids IR   | PROLATE                                   | OXYCODONE W/ ACETAMINOPHEN SOLN 10-300 MG/5ML            | 900 mLs Per 30 Days      |
| Opioids IR   | PROLATE                                   | OXYCODONE W/ ACETAMINOPHEN TAB 10-300 MG                 | 180 Tablets Per 30 Days  |
| Opioids IR   | PROLATE                                   | OXYCODONE W/ ACETAMINOPHEN TAB 5-300 MG                  | 360 Tablets Per 30 Days  |
| Opioids IR   | PROLATE                                   | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-300 MG                | 240 Tablets Per 30 Days  |
| Opioids IR   | QDOLO                                     | TRAMADOL HCL ORAL SOLN 5 MG/ML                           | 2400 mLs Per 30 Days     |
| Opioids IR   | ROXICODONE                                | OXYCODONE HCL TAB 15 MG                                  | 180 Tablets Per 30 Days  |
| Opioids IR   | ROXICODONE                                | OXYCODONE HCL TAB 30 MG                                  | 180 Tablets Per 30 Days  |
| Opioids IR   | ROXICODONE                                | OXYCODONE HCL TAB 5 MG                                   | 360 Tablets Per 30 Days  |
| Opioids IR   | ROXYBOND                                  | OXYCODONE HCL TAB ABUSE DETER 15 MG                      | 180 Tablets Per 30 Days  |
| Opioids IR   | ROXYBOND                                  | OXYCODONE HCL TAB ABUSE DETER 30 MG                      | 180 Tablets Per 30 Days  |
| Opioids IR   | ROXYBOND                                  | OXYCODONE HCL TAB ABUSE DETER 5 MG                       | 360 Tablets Per 30 Days  |
| Opioids IR   | SEGLENTIS                                 | CELECOXIB-TRAMADOL HCL TAB 56-44 MG                      | 120 Tablets Per 30 Days  |
| Opioids IR   | TRAMADOL HYDROCHLORIDE                    | TRAMADOL HCL ORAL SOLN 5 MG/ML                           | 2400 mLs Per 30 Days     |
| Opioids IR   | TRAMADOL HYDROCHLORIDE                    | TRAMADOL HCL TAB 25 MG                                   | 240 Tablets Per 30 Days  |
| Opioids IR   | TREZIX                                    | ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG | 300 Capsules Per 30 Days |
| Opioids IR   | TYLENOL/CODEINE #2                        | ACETAMINOPHEN W/ CODEINE TAB 300-15 MG                   | 360 Tablets Per 30 Days  |
| Opioids IR   | ULTRACET                                  | TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG                   | 240 Tablets Per 30 Days  |
| Opioids IR   | ULTRAM                                    | TRAMADOL HCL TAB 50 MG                                   | 240 Tablets Per 30 Days  |
| Opioids IR   | acetaminophen/codeine                     | ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML              | 2700 mLs Per 30 Days     |
| Opioids IR   | acetaminophen/codeine                     | ACETAMINOPHEN W/ CODEINE TAB 300-15 MG                   | 360 Tablets Per 30 Days  |
| Opioids IR   | acetaminophen/codeine                     | ACETAMINOPHEN W/ CODEINE TAB 300-30 MG                   | 360 Tablets Per 30 Days  |
| Opioids IR   | acetaminophen/codeine                     | ACETAMINOPHEN W/ CODEINE TAB 300-60 MG                   | 180 Tablets Per 30 Days  |
| Opioids IR   | acetaminophen/codeine phosphate           | ACETAMINOPHEN W/ CODEINE TAB 300-15 MG                   | 360 Tablets Per 30 Days  |
| Opioids IR   | acetaminophen/codeine phosphate           | ACETAMINOPHEN W/ CODEINE TAB 300-30 MG                   | 360 Tablets Per 30 Days  |
| Opioids IR   | acetaminophen/codeine phosphate           | ACETAMINOPHEN W/ CODEINE TAB 300-60 MG                   | 180 Tablets Per 30 Days  |
| Opioids IR   | ascomp/codeine                            | BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG   | 180 Capsules Per 30 Days |
| Opioids IR   | bac                                       | BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG       | 180 Tablets Per 30 Days  |
| Opioids IR   | bupap                                     | BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG                   | 180 Tablets Per 30 Days  |
| Opioids IR   | butalbital/acetaminophen                  | BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG                   | 180 Capsules Per 30 Days |
| Opioids IR   | butalbital/acetaminophen                  | BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG                   | 180 Tablets Per 30 Days  |
| Opioids IR   | butalbital/acetaminophen/caffeine         | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG       | 180 Capsules Per 30 Days |
| Opioids IR   | butalbital/acetaminophen/caffeine         | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG       | 180 Capsules Per 30 Days |
| Opioids IR   | butalbital/acetaminophen/caffeine         | BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG       | 180 Tablets Per 30 Days  |
| Opioids IR   | butalbital/acetaminophen/caffeine/codeine | BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG | 180 Capsules Per 30 Days |
| Opioids IR   | butalbital/acetaminophen/caffeine/codeine | BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG | 180 Capsules Per 30 Days |
| Opioids IR   | butalbital/aspirin/caffeine               | BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG             | 180 Capsules Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                               | GPI Name   | Quantity Limit           |
|--------------|--------------------------------------|--|--------------------------|
| Opioids IR   | butalbital/aspirin/caffeine/codeine  | BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG | 180 Capsules Per 30 Days |
| Opioids IR   | butorphanol tartrate                 | BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML               | 7.5 mLs Per 30 Days      |
| Opioids IR   | codeine sulfate                      | CODEINE SULFATE TAB 30 MG                              | 180 Tablets Per 30 Days  |
| Opioids IR   | endocet                              | OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG               | 180 Tablets Per 30 Days  |
| Opioids IR   | endocet                              | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG              | 360 Tablets Per 30 Days  |
| Opioids IR   | endocet                              | OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG                | 360 Tablets Per 30 Days  |
| Opioids IR   | endocet                              | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG              | 240 Tablets Per 30 Days  |
| Opioids IR   | esgic                                | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG     | 180 Capsules Per 30 Days |
| Opioids IR   | hydrocodone bitartrate/acetaminophen | HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML         | 2700 mLs Per 30 Days     |
| Opioids IR   | hydrocodone bitartrate/acetaminophen | HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG                | 180 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone bitartrate/acetaminophen | HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG                | 180 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone bitartrate/acetaminophen | HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG                 | 240 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone bitartrate/acetaminophen | HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG                 | 240 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone bitartrate/acetaminophen | HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG               | 180 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone bitartrate/acetaminophen | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG               | 180 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone/acetaminophen            | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG               | 180 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone/ibuprofen                | HYDROCODONE-IBUPROFEN TAB 10-200 MG                    | 150 Tablets Per 30 Days  |
| Opioids IR   | hydrocodone/ibuprofen                | HYDROCODONE-IBUPROFEN TAB 7.5-200 MG                   | 150 Tablets Per 30 Days  |
| Opioids IR   | hydromorphone hcl                    | HYDROMORPHONE HCL LIQD 1 MG/ML                         | 1440 mLs Per 30 Days     |
| Opioids IR   | hydromorphone hcl                    | HYDROMORPHONE HCL TAB 2 MG                             | 180 Tablets Per 30 Days  |
| Opioids IR   | hydromorphone hcl                    | HYDROMORPHONE HCL TAB 4 MG                             | 180 Tablets Per 30 Days  |
| Opioids IR   | hydromorphone hcl                    | HYDROMORPHONE HCL TAB 8 MG                             | 180 Tablets Per 30 Days  |
| Opioids IR   | levorphanol tartrate                 | LEVORPHANOL TARTRATE TAB 2 MG                          | 120 Tablets Per 30 Days  |
| Opioids IR   | levorphanol tartrate                 | LEVORPHANOL TARTRATE TAB 3 MG                          | 120 Tablets Per 30 Days  |
| Opioids IR   | methadone hcl                        | METHADONE HCL SOLN 10 MG/5ML                           | 450 mLs Per 30 Days      |
| Opioids IR   | methadone hcl                        | METHADONE HCL SOLN 5 MG/5ML                            | 900 mLs Per 30 Days      |
| Opioids IR   | methadone hcl                        | METHADONE HCL TAB 10 MG                                | 90 Tablets Per 30 Days   |
| Opioids IR   | methadone hcl                        | METHADONE HCL TAB 5 MG                                 | 90 Tablets Per 30 Days   |
| Opioids IR   | methadone hcl                        | METHADONE HCL TAB FOR ORAL SUSP 40 MG                  | 90 Tablets Per 30 Days   |
| Opioids IR   | methadone hydrochloride              | METHADONE HCL CONC 10 MG/ML                            | 90 mLs Per 30 Days       |
| Opioids IR   | methadone hydrochloride              | METHADONE HCL SOLN 10 MG/5ML                           | 450 mLs Per 30 Days      |
| Opioids IR   | methadone hydrochloride              | METHADONE HCL SOLN 5 MG/5ML                            | 900 mLs Per 30 Days      |
| Opioids IR   | methadone hydrochloride              | METHADONE HCL TAB 10 MG                                | 90 Tablets Per 30 Days   |
| Opioids IR   | methadone hydrochloride              | METHADONE HCL TAB 5 MG                                 | 90 Tablets Per 30 Days   |
| Opioids IR   | methadone hydrochloride intensol     | METHADONE HCL CONC 10 MG/ML                            | 90 mLs Per 30 Days       |
| Opioids IR   | methadose                            | METHADONE HCL TAB FOR ORAL SUSP 40 MG                  | 90 Tablets Per 30 Days   |
| Opioids IR   | morphine sulfate                     | MORPHINE SULFATE ORAL SOLN 10 MG/5ML                   | 2700 mLs Per 30 Days     |
| Opioids IR   | morphine sulfate                     | MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)       | 270 mLs Per 30 Days      |
| Opioids IR   | morphine sulfate                     | MORPHINE SULFATE TAB 15 MG                             | 360 Tablets Per 30 Days  |
| Opioids IR   | morphine sulfate                     | MORPHINE SULFATE TAB 30 MG                             | 180 Tablets Per 30 Days  |
| Opioids IR   | oxycodone hcl                        | OXYCODONE HCL CAP 5 MG                                 | 360 Capsules Per 30 Days |
| Opioids IR   | oxycodone hydrochloride              | OXYCODONE HCL CAP 5 MG                                 | 360 Capsules Per 30 Days |
| Opioids IR   | oxycodone hydrochloride              | OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)               | 270 mLs Per 30 Days      |
| Opioids IR   | oxycodone hydrochloride              | OXYCODONE HCL SOLN 5 MG/5ML                            | 5400 mLs Per 30 Days     |
| Opioids IR   | oxycodone hydrochloride              | OXYCODONE HCL TAB 10 MG                                | 180 Tablets Per 30 Days  |
| Opioids IR   | oxycodone hydrochloride              | OXYCODONE HCL TAB 15 MG                                | 180 Tablets Per 30 Days  |
| Opioids IR   | oxycodone hydrochloride              | OXYCODONE HCL TAB 20 MG                                | 180 Tablets Per 30 Days  |
| Opioids IR   | oxycodone hydrochloride              | OXYCODONE HCL TAB 30 MG                                | 180 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME        | Target                                    | GPI Name   | Quantity Limit           |
|---------------------|---|--|--------------------------|
| Opioids IR          | oxycodone hydrochloride                   | OXYCODONE HCL TAB 5 MG                                       | 360 Tablets Per 30 Days  |
| Opioids IR          | oxycodone/acetaminophen                   | OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG                     | 180 Tablets Per 30 Days  |
| Opioids IR          | oxycodone/acetaminophen                   | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG                    | 360 Tablets Per 30 Days  |
| Opioids IR          | oxycodone/acetaminophen                   | OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG                      | 360 Tablets Per 30 Days  |
| Opioids IR          | oxycodone/acetaminophen                   | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG                    | 240 Tablets Per 30 Days  |
| Opioids IR          | oxymorphone hydrochloride                 | OXYMORPHONE HCL TAB 10 MG                                    | 180 Tablets Per 30 Days  |
| Opioids IR          | oxymorphone hydrochloride                 | OXYMORPHONE HCL TAB 5 MG                                     | 180 Tablets Per 30 Days  |
| Opioids IR          | pentazocine/naloxone hcl                  | PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG                    | 360 Tablets Per 30 Days  |
| Opioids IR          | tramadol hydrochloride                    | TRAMADOL HCL TAB 50 MG                                       | 240 Tablets Per 30 Days  |
| Opioids IR          | tramadol hydrochloride/acetaminophen      | TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG                       | 240 Tablets Per 30 Days  |
| Opioids IR          | zebutal                                   | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG           | 180 Capsules Per 30 Days |
| Oral Anticoagulants | ELIQUIS                                   | APIXABAN TAB 2.5 MG  | 60 Tablets Per 30 Days   |
| Oral Anticoagulants | ELIQUIS                                   | APIXABAN TAB 5 MG  | 74 Tablets Per 30 Days   |
| Oral Anticoagulants | ELIQUIS STARTER PACK                      | APIXABAN TAB STARTER PACK 5 MG                               | 1 Pack Per 180 Days      |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ) | 120 Capsules Per 30 Days |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ) | 60 Capsules Per 30 Days  |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)  | 60 Capsules Per 30 Days  |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 110 MG            | 120 Packets Per 30 Days  |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 150 MG            | 60 Packets Per 30 Days   |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 20 MG             | 60 Packets Per 30 Days   |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 30 MG             | 120 Packets Per 30 Days  |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 40 MG             | 120 Packets Per 30 Days  |
| Oral Anticoagulants | PRADAXA                                   | DABIGATRAN ETEXILATE MESYLATE PELLETT PACK 50 MG             | 120 Packets Per 30 Days  |
| Oral Anticoagulants | SAVAYSA                                   | EDOXABAN TOSYLATE TAB 15 MG (BASE EQUIVALENT)                | 30 Tablets Per 30 Days   |
| Oral Anticoagulants | SAVAYSA                                   | EDOXABAN TOSYLATE TAB 30 MG (BASE EQUIVALENT)                | 30 Tablets Per 30 Days   |
| Oral Anticoagulants | SAVAYSA                                   | EDOXABAN TOSYLATE TAB 60 MG (BASE EQUIVALENT)                | 30 Tablets Per 30 Days   |
| Oral Anticoagulants | XARELTO                                   | RIVAROXABAN FOR SUSP 1 MG/ML                                 | 620 mLs Per 30 Days      |
| Oral Anticoagulants | XARELTO                                   | RIVAROXABAN TAB 10 MG  | 30 Tablets Per 30 Days   |
| Oral Anticoagulants | XARELTO                                   | RIVAROXABAN TAB 15 MG  | 60 Tablets Per 30 Days   |
| Oral Anticoagulants | XARELTO                                   | RIVAROXABAN TAB 2.5 MG                                       | 60 Tablets Per 30 Days   |
| Oral Anticoagulants | XARELTO                                   | RIVAROXABAN TAB 20 MG  | 30 Tablets Per 30 Days   |
| Oral Anticoagulants | XARELTO STARTER PACK                      | RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG           | 51 Tablets Per 30 Days   |
| Oral Anticoagulants | dabigatran etexilate                      | DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ) | 120 Capsules Per 30 Days |
| Oral Anticoagulants | dabigatran etexilate                      | DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ) | 60 Capsules Per 30 Days  |
| Oral Anticoagulants | dabigatran etexilate                      | DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)  | 60 Capsules Per 30 Days  |
| Oral Immunotherapy  | GRASTEK                                   | TIMOTHY GRASS POLLEN ALLERGEN EXT SL TAB 2800 BAU            | 30 Tablets Per 30 Days   |
| Oral Immunotherapy  | ODACTRA                                   | *DUST MITE MIXED EXT SL TAB 12 SQ-HDM***                     | 30 Tablets Per 30 Days   |
| Oral Immunotherapy  | ORALAIR                                   | *GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)* | 30 Tablets Per 30 Days   |
| Oral Immunotherapy  | ORALAIR ADULT STARTER PACK                | *GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)* | 30 Tablets Per 30 Days   |
| Oral Immunotherapy  | ORALAIR CHILDREN/ADOLESCENTS STARTER PACK | *GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY)* | 1 Pack Per 180 Days      |
| Oral Immunotherapy  | RAGWITEK                                  | SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U    | 30 Tablets Per 30 Days   |
| Oral Inhalers       | ADVAIR DISKUS                             | FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT          | 60 Blisters Per 30 Days  |
| Oral Inhalers       | ADVAIR DISKUS                             | FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT          | 60 Blisters Per 30 Days  |
| Oral Inhalers       | ADVAIR DISKUS                             | FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT          | 60 Blisters Per 30 Days  |
| Oral Inhalers       | ADVAIR HFA                                | FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT          | 1 Inhaler Per 30 Days    |
| Oral Inhalers       | ADVAIR HFA                                | FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT          | 1 Inhaler Per 30 Days    |
| Oral Inhalers       | ADVAIR HFA                                | FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT           | 1 Inhaler Per 30 Days    |
| Oral Inhalers       | AIRDUO DIGIHALER 113/14                   | FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT W/SENSOR | 1 Inhaler Per 30 Days    |



| QL PROG NAME  | Target                                 | GPI Name   | Quantity Limit           |
|---------------|--|--|--------------------------|
| Oral Inhalers | AIRDUO DIGIHALER 232/14                | FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT W/SENSOR | 1 Inhaler Per 30 Days    |
| Oral Inhalers | AIRDUO DIGIHALER 55/14                 | FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT W/ SENSOR | 1 Inhaler Per 30 Days    |
| Oral Inhalers | AIRDUO RESPICLICK 113/14               | FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT          | 1 Inhaler Per 30 Days    |
| Oral Inhalers | AIRDUO RESPICLICK 232/14               | FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT          | 1 Inhaler Per 30 Days    |
| Oral Inhalers | AIRDUO RESPICLICK 55/14                | FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT           | 1 Inhaler Per 30 Days    |
| Oral Inhalers | AIRSUPRA                               | ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT        | 3 Inhalers Per 30 Days   |
| Oral Inhalers | ALBUTEROL SULFATE HFA                  | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)  | 2 Inhalers Per 30 Days   |
| Oral Inhalers | ALVESCO                                | CICLESONIDE INHAL AEROSOL 160 MCG/ACT                        | 2 Inhalers Per 30 Days   |
| Oral Inhalers | ALVESCO                                | CICLESONIDE INHAL AEROSOL 80 MCG/ACT                         | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ANORO ELLIPTA                          | UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ACT         | 60 Blisters Per 30 Days  |
| Oral Inhalers | ARMONAIR DIGIHALER                     | FLUTICASONE PROPIONATE AER POW BA 113 MCG/ACT WITH SENSOR    | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ARMONAIR DIGIHALER                     | FLUTICASONE PROPIONATE AER POW BA 232 MCG/ACT WITH SENSOR    | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ARMONAIR DIGIHALER                     | FLUTICASONE PROPIONATE AER POW BA 55 MCG/ACT WITH SENSOR     | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ARNUITY ELLIPTA                        | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT  | 30 Blisters Per 30 Days  |
| Oral Inhalers | ARNUITY ELLIPTA                        | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT  | 30 Blisters Per 30 Days  |
| Oral Inhalers | ARNUITY ELLIPTA                        | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT   | 30 Blisters Per 30 Days  |
| Oral Inhalers | ASMANEX HFA                            | MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 100 MCG/ACT      | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ASMANEX HFA                            | MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 200 MCG/ACT      | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ASMANEX HFA                            | MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 50 MCG/ACT       | 1 Canister Per 30 Days   |
| Oral Inhalers | ASMANEX TWISTHALER 120 METERED DOSES   | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ASMANEX TWISTHALER 14 METERED DOSES    | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ASMANEX TWISTHALER 30 METERED DOSES    | MOMETASONE FUROATE INHAL POWD 110 MCG/ACT (BREATH ACTIVATED) | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ASMANEX TWISTHALER 30 METERED DOSES    | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ASMANEX TWISTHALER 60 METERED DOSES    | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | 1 Inhaler Per 30 Days    |
| Oral Inhalers | ATROVENT HFA                           | IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT             | 2 Inhalers Per 30 Days   |
| Oral Inhalers | BEVESPI AEROSPHERE                     | GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT     | 1 Inhaler Per 30 Days    |
| Oral Inhalers | BREO ELLIPTA                           | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT   | 60 Blisters Per 30 Days  |
| Oral Inhalers | BREO ELLIPTA                           | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT   | 60 Blisters Per 30 Days  |
| Oral Inhalers | BREO ELLIPTA                           | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT    | 60 Blisters Per 30 Days  |
| Oral Inhalers | BREZTRI AEROSPHERE                     | BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG/ACT  | 1 Inhaler Per 30 Days    |
| Oral Inhalers | COMBIVENT RESPIMAT                     | IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT      | 2 Inhalers Per 30 Days   |
| Oral Inhalers | DUAKLIR PRESSAIR                       | ACLIDINIUM BR-FORMOTEROL FUM AERO POW BR ACT 400-12 MCG/ACT  | 1 Inhaler Per 30 Days    |
| Oral Inhalers | DULERA                                 | MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 100-5 MCG/ACT | 3 Canisters Per 30 Days  |
| Oral Inhalers | DULERA                                 | MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 200-5 MCG/ACT | 3 Canisters Per 30 Days  |
| Oral Inhalers | DULERA                                 | MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 50-5 MCG/ACT  | 3 Canisters Per 30 Days  |
| Oral Inhalers | FLOVENT DISKUS                         | FLUTICASONE PROPIONATE AER POW BA 100 MCG/ACT                | 60 Blisters Per 30 Days  |
| Oral Inhalers | FLOVENT DISKUS                         | FLUTICASONE PROPIONATE AER POW BA 250 MCG/ACT                | 240 Blisters Per 30 Days |
| Oral Inhalers | FLOVENT DISKUS                         | FLUTICASONE PROPIONATE AER POW BA 50 MCG/ACT                 | 60 Blisters Per 30 Days  |
| Oral Inhalers | FLOVENT HFA                            | FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE) | 1 Inhaler Per 30 Days    |
| Oral Inhalers | FLOVENT HFA                            | FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE) | 2 Inhalers Per 30 Days   |
| Oral Inhalers | FLOVENT HFA                            | FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)  | 1 Inhaler Per 30 Days    |
| Oral Inhalers | FLUTICASONE FUROATE/VILANTEROL ELLIPTA | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT   | 60 Blisters Per 30 Days  |
| Oral Inhalers | FLUTICASONE FUROATE/VILANTEROL ELLIPTA | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT   | 60 Blisters Per 30 Days  |
| Oral Inhalers | FLUTICASONE PROPIONATE DISKUS          | FLUTICASONE PROPIONATE AER POW BA 100 MCG/ACT                | 60 Blisters Per 30 Days  |
| Oral Inhalers | FLUTICASONE PROPIONATE DISKUS          | FLUTICASONE PROPIONATE AER POW BA 250 MCG/ACT                | 240 Blisters Per 30 Days |
| Oral Inhalers | FLUTICASONE PROPIONATE DISKUS          | FLUTICASONE PROPIONATE AER POW BA 50 MCG/ACT                 | 60 Blisters Per 30 Days  |
| Oral Inhalers | FLUTICASONE PROPIONATE HFA             | FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE) | 1 Inhaler Per 30 Days    |
| Oral Inhalers | FLUTICASONE PROPIONATE HFA             | FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE) | 2 Inhalers Per 30 Days   |

| QL PROG NAME  | Target                                   | GPI Name   | Quantity Limit          |
|---------------|--|--|-------------------------|
| Oral Inhalers | FLUTICASONE PROPIONATE HFA               | FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)  | 1 Inhaler Per 30 Days   |
| Oral Inhalers | FLUTICASONE PROPIONATE/SALMETEROL        | FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT          | 1 Inhaler Per 30 Days   |
| Oral Inhalers | FLUTICASONE PROPIONATE/SALMETEROL        | FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT          | 1 Inhaler Per 30 Days   |
| Oral Inhalers | FLUTICASONE PROPIONATE/SALMETEROL        | FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT           | 1 Inhaler Per 30 Days   |
| Oral Inhalers | FLUTICASONE PROPIONATE/SALMETEROL HFA    | FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT          | 1 Inhaler Per 30 Days   |
| Oral Inhalers | FLUTICASONE PROPIONATE/SALMETEROL HFA    | FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT          | 1 Inhaler Per 30 Days   |
| Oral Inhalers | FLUTICASONE PROPIONATE/SALMETEROL HFA    | FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT           | 1 Inhaler Per 30 Days   |
| Oral Inhalers | INCRUSE ELLIPTA                          | UMECLIDINIUM BR AERO POWD BREATH ACT 62.5 MCG/ACT (BASE EQ)  | 30 Blisters Per 30 Days |
| Oral Inhalers | LEVALBUTEROL TARTRATE HFA                | LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)  | 2 Inhalers Per 30 Days  |
| Oral Inhalers | PROAIR DIGIHALER                         | ALBUTEROL SULFATE AER POW BA 108 MCG/ACT WITH SENSOR         | 2 Inhalers Per 30 Days  |
| Oral Inhalers | PROAIR HFA                               | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)  | 2 Inhalers Per 30 Days  |
| Oral Inhalers | PROAIR RESPICLICK                        | ALBUTEROL SULFATE AER POW BA 108 MCG/ACT (90 MCG BASE EQUIV) | 2 Inhalers Per 30 Days  |
| Oral Inhalers | PROVENTIL HFA                            | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)  | 2 Inhalers Per 30 Days  |
| Oral Inhalers | PULMICORT FLEXHALER                      | BUDESONIDE INHAL AERO POWD 180 MCG/ACT (BREATH ACTIVATED)    | 2 Inhalers Per 30 Days  |
| Oral Inhalers | PULMICORT FLEXHALER                      | BUDESONIDE INHAL AERO POWD 90 MCG/ACT (BREATH ACTIVATED)     | 1 Inhaler Per 30 Days   |
| Oral Inhalers | QVAR REDIHALER                           | BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT      | 1 Inhaler Per 30 Days   |
| Oral Inhalers | QVAR REDIHALER                           | BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT      | 2 Inhalers Per 30 Days  |
| Oral Inhalers | SEREVENT DISKUS                          | SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV)      | 60 Blisters Per 30 Days |
| Oral Inhalers | SPIRIVA HANDIHALER                       | TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV) | 30 Capsules Per 30 Days |
| Oral Inhalers | SPIRIVA RESPIMAT                         | TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 1.25 MCG/ACT    | 1 Inhaler Per 30 Days   |
| Oral Inhalers | SPIRIVA RESPIMAT                         | TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 2.5 MCG/ACT     | 1 Inhaler Per 30 Days   |
| Oral Inhalers | STIOLTO RESPIMAT                         | TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT     | 1 Inhaler Per 30 Days   |
| Oral Inhalers | STRIVERDI RESPIMAT                       | OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)   | 1 Inhaler Per 30 Days   |
| Oral Inhalers | SYMBICORT                                | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT | 3 Canisters Per 30 Days |
| Oral Inhalers | SYMBICORT                                | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT  | 3 Canisters Per 30 Days |
| Oral Inhalers | TRELEGY ELLIPTA                          | FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT | 60 Blisters Per 30 Days |
| Oral Inhalers | TRELEGY ELLIPTA                          | FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT | 1 Inhaler Per 30 Days   |
| Oral Inhalers | TUDORZA PRESSAIR                         | ACLIDINIUM BROMIDE AEROSOL POWD BREATH ACTIVATED 400 MCG/ACT | 1 Inhaler Per 30 Days   |
| Oral Inhalers | VENTOLIN HFA                             | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)  | 2 Inhalers Per 30 Days  |
| Oral Inhalers | XOPENEX HFA                              | LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)  | 2 Inhalers Per 30 Days  |
| Oral Inhalers | albuterol sulfate hfa                    | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)  | 2 Inhalers Per 30 Days  |
| Oral Inhalers | breyna                                   | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT | 3 Canisters Per 30 Days |
| Oral Inhalers | breyna                                   | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT  | 3 Canisters Per 30 Days |
| Oral Inhalers | budesonide/formoterol fumarate dihydrate | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT | 3 Canisters Per 30 Days |
| Oral Inhalers | budesonide/formoterol fumarate dihydrate | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT  | 3 Canisters Per 30 Days |
| Oral Inhalers | fluticasone propionate/salmeterol        | FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | fluticasone propionate/salmeterol        | FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | fluticasone propionate/salmeterol        | FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | fluticasone propionate/salmeterol diskus | FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | fluticasone propionate/salmeterol diskus | FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | fluticasone propionate/salmeterol diskus | FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | tiotropium bromide                       | TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV) | 30 Capsules Per 30 Days |
| Oral Inhalers | wixela inhub                             | FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | wixela inhub                             | FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Oral Inhalers | wixela inhub                             | FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT          | 60 Blisters Per 30 Days |
| Otezla        | OTEZLA                                   | APREMILAST TAB 30 MG   | 60 Tablets Per 30 Days  |
| Otezla        | OTEZLA                                   | APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG    | 1 Kit Per 180 Days      |
| Oxbryta       | OXBRYTA                                  | VOXELOTOR TAB 300 MG   | 90 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                          | GPI Name   | Quantity Limit           |
|--------------|---------------------------------|--|--------------------------|
| Oxbryta      | OXBRYTA                         | VOXELOTOR TAB 500 MG   | 90 Tablets Per 30 Days   |
| Oxbryta      | OXBRYTA                         | VOXELOTOR TAB FOR ORAL SUSP 300 MG                           | 90 Tablets Per 30 Days   |
| Oxybate      | LUMRYZ                          | SODIUM OXYBATE PACK FOR ORAL ER SUSP 4.5 GM                  | 30 Packets Per 30 Days   |
| Oxybate      | LUMRYZ                          | SODIUM OXYBATE PACK FOR ORAL ER SUSP 6 GM                    | 30 Packets Per 30 Days   |
| Oxybate      | LUMRYZ                          | SODIUM OXYBATE PACK FOR ORAL ER SUSP 7.5 GM                  | 30 Packets Per 30 Days   |
| Oxybate      | LUMRYZ                          | SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM                    | 30 Packets Per 30 Days   |
| Oxybate      | SODIUM OXYBATE                  | SODIUM OXYBATE ORAL SOLUTION 500 MG/ML                       | 540 mLs Per 30 Days      |
| Oxybate      | XYREM                           | SODIUM OXYBATE ORAL SOLUTION 500 MG/ML                       | 540 mLs Per 30 Days      |
| Oxybate      | XYWAV                           | CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML  | 540 mLs Per 30 Days      |
| PAH          | ADCIRCA                         | TADALAFIL TAB 20 MG (PAH)                                    | 60 Tablets Per 30 Days   |
| PAH          | ADEMPAS                         | RIOCIGUAT TAB 0.5 MG   | 90 Tablets Per 30 Days   |
| PAH          | ADEMPAS                         | RIOCIGUAT TAB 1 MG   | 90 Tablets Per 30 Days   |
| PAH          | ADEMPAS                         | RIOCIGUAT TAB 1.5 MG   | 90 Tablets Per 30 Days   |
| PAH          | ADEMPAS                         | RIOCIGUAT TAB 2 MG   | 90 Tablets Per 30 Days   |
| PAH          | ADEMPAS                         | RIOCIGUAT TAB 2.5 MG   | 90 Tablets Per 30 Days   |
| PAH          | LETAIRIS                        | AMBRISENTAN TAB 10 MG  | 30 Tablets Per 30 Days   |
| PAH          | LETAIRIS                        | AMBRISENTAN TAB 5 MG   | 30 Tablets Per 30 Days   |
| PAH          | LIQREV                          | SILDENAFIL CITRATE ORAL SUSP 10 MG/ML                        | 244 mLs Per 30 Days      |
| PAH          | OPSUMIT                         | MACITENTAN TAB 10 MG   | 30 Tablets Per 30 Days   |
| PAH          | ORENITRAM TITRATION KIT MONTH 1 | TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG  | 168 Tablets Per 180 Days |
| PAH          | ORENITRAM TITRATION KIT MONTH 2 | TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG | 336 Tablets Per 180 Days |
| PAH          | ORENITRAM TITRATION KIT MONTH 3 | TREPROSTINIL TAB ER TITR PK(MO3)126X0.125MG&42X0.25MG&84X1MG | 252 Tablets Per 180 Days |
| PAH          | REVATIO                         | SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML                   | 2 Bottles Per 30 Days    |
| PAH          | REVATIO                         | SILDENAFIL CITRATE TAB 20 MG                                 | 90 Tablets Per 30 Days   |
| PAH          | TADLIQ                          | TADALAFIL ORAL SUSP 20 MG/5ML (PAH)                          | 300 mLs Per 30 Days      |
| PAH          | TRACLEER                        | BOSENTAN TAB 125 MG  | 60 Tablets Per 30 Days   |
| PAH          | TRACLEER                        | BOSENTAN TAB 62.5 MG   | 60 Tablets Per 30 Days   |
| PAH          | TRACLEER                        | BOSENTAN TAB FOR ORAL SUSP 32 MG                             | 120 Tablets Per 30 Days  |
| PAH          | TYVASO                          | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML                   | 7 Packages Per 28 Days   |
| PAH          | TYVASO DPI MAINTENANCE KIT      | TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 48MCG            | 224 CARTS Per 28 Days    |
| PAH          | TYVASO DPI MAINTENANCE KIT      | TREPROSTINIL INH POWDER 32 MCG/CARTRIDGE                     | 112 CARTS Per 28 Days    |
| PAH          | TYVASO DPI MAINTENANCE KIT      | TREPROSTINIL INH POWDER 48 MCG/CARTRIDGE                     | 112 CARTS Per 28 Days    |
| PAH          | TYVASO DPI TITRATION KIT        | TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG             | 196 CARTS Per 180 Days   |
| PAH          | TYVASO REFILL                   | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML                   | 1 Kit Per 28 Days        |
| PAH          | TYVASO STARTER                  | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML                   | 1 Kit Per 180 Days       |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 1000 MCG                                       | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 1200 MCG                                       | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 1400 MCG                                       | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 1600 MCG                                       | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 200 MCG  | 140 Tablets Per 180 Days |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 200 MCG  | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 400 MCG  | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 600 MCG  | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI                         | SELEXIPAG TAB 800 MCG  | 60 Tablets Per 30 Days   |
| PAH          | UPTRAVI TITRATION PACK          | SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60)      | 1 Package Per 180 Days   |
| PAH          | VENTAVIS                        | ILOPROST INHALATION SOLUTION 10 MCG/ML                       | 270 Ampules Per 30 Days  |
| PAH          | VENTAVIS                        | ILOPROST INHALATION SOLUTION 20 MCG/ML                       | 270 Ampules Per 30 Days  |
| PAH          | alyq                            | TADALAFIL TAB 20 MG (PAH)                                    | 60 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                            | Target                            | GPI Name   | Quantity Limit          |
|---|-----------------------------------|--|-------------------------|
| PAH                                     | ambrisentan                       | AMBRISENTAN TAB 10 MG  | 30 Tablets Per 30 Days  |
| PAH                                     | ambrisentan                       | AMBRISENTAN TAB 5 MG   | 30 Tablets Per 30 Days  |
| PAH                                     | bosentan                          | BOSENTAN TAB 125 MG  | 60 Tablets Per 30 Days  |
| PAH                                     | bosentan                          | BOSENTAN TAB 62.5 MG   | 60 Tablets Per 30 Days  |
| PAH                                     | sildenafil citrate                | SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML                   | 2 Bottles Per 30 Days   |
| PAH                                     | sildenafil citrate                | SILDENAFIL CITRATE TAB 20 MG                                 | 90 Tablets Per 30 Days  |
| PAH                                     | tadalafil                         | TADALAFIL TAB 20 MG (PAH)                                    | 60 Tablets Per 30 Days  |
| Pain Meds                               | ALLZITAL                          | BUTALBITAL-ACETAMINOPHEN TAB 25-325 MG                       | 360 Tablets Per 30 Days |
| Pain Meds                               | BUTALBITAL/ACETAMINOPHEN          | BUTALBITAL-ACETAMINOPHEN TAB 25-325 MG                       | 360 Tablets Per 30 Days |
| Pain Meds                               | TENCON                            | BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG                       | 180 Tablets Per 30 Days |
| Pain Meds                               | VTOL LQ                           | BUTALBITAL-ACETAMINOPHEN-CAFFEINE SOLN 50-325-40 MG/15ML     | 2700 mLs Per 30 Days    |
| Pain Meds                               | butalbital/acetaminophen          | BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG                       | 180 Tablets Per 30 Days |
| Parathyroid Hormone Analog Osteoporosis | FORTEO                            | TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML        | 1 Pen Per 28 Days       |
| Parathyroid Hormone Analog Osteoporosis | TERIPARATIDE                      | TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 620 MCG/2.48ML       | 1 Pen Per 28 Days       |
| Parathyroid Hormone Analog Osteoporosis | TYMLOS                            | ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML | 1 Pen Per 30 Days       |
| Parathyroid Hormone Analog Osteoporosis | teriparatide                      | TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML        | 1 Pen Per 28 Days       |
| PCSK-9 Inhibitors                       | PRALUENT                          | ALIROCUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML     | 2 Pens Per 28 Days      |
| PCSK-9 Inhibitors                       | PRALUENT                          | ALIROCUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML      | 2 Pens Per 28 Days      |
| PCSK-9 Inhibitors                       | REPATHA                           | EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML     | 2 Syringes Per 28 Days  |
| PCSK-9 Inhibitors                       | REPATHA PUSHTRONEX SYSTEM         | EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML  | 2 CARTS Per 28 Days     |
| PCSK-9 Inhibitors                       | REPATHA SURECLICK                 | EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML         | 2 Pens Per 28 Days      |
| PDE5 Inhibitors                         | CIALIS                            | TADALAFIL TAB 10 MG  | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | CIALIS                            | TADALAFIL TAB 2.5 MG   | 30 Tablets Per 30 Days  |
| PDE5 Inhibitors                         | CIALIS                            | TADALAFIL TAB 20 MG  | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | CIALIS                            | TADALAFIL TAB 5 MG   | 30 Tablets Per 30 Days  |
| PDE5 Inhibitors                         | STENDRA                           | AVANAFIL TAB 100 MG  | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | STENDRA                           | AVANAFIL TAB 200 MG  | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | STENDRA                           | AVANAFIL TAB 50 MG   | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | VIAGRA                            | SILDENAFIL CITRATE TAB 100 MG                                | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | VIAGRA                            | SILDENAFIL CITRATE TAB 25 MG                                 | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | VIAGRA                            | SILDENAFIL CITRATE TAB 50 MG                                 | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | sildenafil                        | SILDENAFIL CITRATE TAB 100 MG                                | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | sildenafil                        | SILDENAFIL CITRATE TAB 25 MG                                 | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | sildenafil                        | SILDENAFIL CITRATE TAB 50 MG                                 | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | sildenafil citrate                | SILDENAFIL CITRATE TAB 100 MG                                | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | sildenafil citrate                | SILDENAFIL CITRATE TAB 25 MG                                 | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | sildenafil citrate                | SILDENAFIL CITRATE TAB 50 MG                                 | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | tadalafil                         | TADALAFIL TAB 10 MG  | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | tadalafil                         | TADALAFIL TAB 2.5 MG   | 30 Tablets Per 30 Days  |
| PDE5 Inhibitors                         | tadalafil                         | TADALAFIL TAB 20 MG  | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | tadalafil                         | TADALAFIL TAB 5 MG   | 30 Tablets Per 30 Days  |
| PDE5 Inhibitors                         | vardenafil hydrochloride          | VARDENAFIL HCL TAB 10 MG                                     | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | vardenafil hydrochloride          | VARDENAFIL HCL TAB 2.5 MG                                    | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | vardenafil hydrochloride          | VARDENAFIL HCL TAB 20 MG                                     | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | vardenafil hydrochloride          | VARDENAFIL HCL TAB 5 MG                                      | 6 Tablets Per 30 Days   |
| PDE5 Inhibitors                         | vardenafil hydrochloride odt      | VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG               | 6 Tablets Per 30 Days   |
| Peanut Allergy                          | PALFORZIA INITIAL DOSE ESCALATION | PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG     | 1 Kit Per 180 Days      |
| Peanut Allergy                          | PALFORZIA LEVEL 1                 | PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOSE)    | 90 Capsules Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME   | Target                           | GPI Name   | Quantity Limit           |
|----------------|----------------------------------|--|--------------------------|
| Peanut Allergy | PALFORZIA LEVEL 10               | PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG DOSE) | 120 Capsules Per 30 Days |
| Peanut Allergy | PALFORZIA LEVEL 11 (MAINTENANCE) | PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG        | 30 Packets Per 30 Days   |
| Peanut Allergy | PALFORZIA LEVEL 11 (TITRATION)   | PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG          | 30 Packets Per 30 Days   |
| Peanut Allergy | PALFORZIA LEVEL 2                | PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOSE)    | 180 Capsules Per 30 Days |
| Peanut Allergy | PALFORZIA LEVEL 3                | PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE)        | 90 Capsules Per 30 Days  |
| Peanut Allergy | PALFORZIA LEVEL 4                | PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE)      | 30 Capsules Per 30 Days  |
| Peanut Allergy | PALFORZIA LEVEL 5                | PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG DOSE)  | 60 Capsules Per 30 Days  |
| Peanut Allergy | PALFORZIA LEVEL 6                | PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG DOSE)  | 120 Capsules Per 30 Days |
| Peanut Allergy | PALFORZIA LEVEL 7                | PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE)         | 60 Capsules Per 30 Days  |
| Peanut Allergy | PALFORZIA LEVEL 8                | PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE)     | 120 Capsules Per 30 Days |
| Peanut Allergy | PALFORZIA LEVEL 9                | PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE)             | 60 Capsules Per 30 Days  |
| PPI            | ACIPHEX                          | RABEPRAZOLE SODIUM EC TAB 20 MG                              | 30 Tablets Per 30 Days   |
| PPI            | DEXILANT                         | DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG                    | 30 Capsules Per 30 Days  |
| PPI            | DEXILANT                         | DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG                    | 30 Capsules Per 30 Days  |
| PPI            | ESOMEPRAZOLE STRONTIUM           | ESOMEPRAZOLE STRONTIUM CAP DELAYED RELEASE 49.3 MG           | 30 Capsules Per 30 Days  |
| PPI            | KONVOMEPE                        | OMEPRAZOLE-SODIUM BICARBONATE FOR ORAL SUSP 2-84 MG/ML       | 600 mLs Per 30 Days      |
| PPI            | NEXIUM                           | ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)   | 30 Capsules Per 30 Days  |
| PPI            | NEXIUM                           | ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)   | 30 Capsules Per 30 Days  |
| PPI            | NEXIUM                           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG  | 30 Packets Per 30 Days   |
| PPI            | NEXIUM                           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG | 30 Packets Per 30 Days   |
| PPI            | NEXIUM                           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG | 30 Packets Per 30 Days   |
| PPI            | NEXIUM                           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG | 30 Packets Per 30 Days   |
| PPI            | NEXIUM                           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG  | 30 Packets Per 30 Days   |
| PPI            | PREVACID                         | LANSOPRAZOLE CAP DELAYED RELEASE 30 MG                       | 30 Capsules Per 30 Days  |
| PPI            | PREVACID SOLUTAB                 | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG | 30 Tablets Per 30 Days   |
| PPI            | PREVACID SOLUTAB                 | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG | 30 Tablets Per 30 Days   |
| PPI            | PRILOSEC                         | OMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG   | 30 Packets Per 30 Days   |
| PPI            | PRILOSEC                         | OMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 2.5 MG  | 60 Packets Per 30 Days   |
| PPI            | PROTONIX                         | PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)                | 30 Tablets Per 30 Days   |
| PPI            | PROTONIX                         | PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)                | 30 Tablets Per 30 Days   |
| PPI            | PROTONIX                         | PANTOPRAZOLE SODIUM FOR DELAYED RELEASE SUSP PACKET 40 MG    | 30 Packets Per 30 Days   |
| PPI            | RABEPRAZOLE SODIUM DR SPRINKLE   | RABEPRAZOLE SODIUM CAPSULE SPRINKLE DR 10 MG                 | 30 Capsules Per 30 Days  |
| PPI            | VOQUEZNA                         | VONOPRAZAN FUMARATE TAB 10 MG (BASE EQUIV)                   | 30 Tablets Per 30 Days   |
| PPI            | VOQUEZNA                         | VONOPRAZAN FUMARATE TAB 20 MG (BASE EQUIV)                   | 30 Tablets Per 30 Days   |
| PPI            | ZEGERID                          | OMEPRAZOLE-SODIUM BICARBONATE CAP 20-1100 MG                 | 30 Capsules Per 30 Days  |
| PPI            | ZEGERID                          | OMEPRAZOLE-SODIUM BICARBONATE CAP 40-1100 MG                 | 30 Capsules Per 30 Days  |
| PPI            | ZEGERID                          | OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG  | 30 Packets Per 30 Days   |
| PPI            | ZEGERID                          | OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG  | 30 Packets Per 30 Days   |
| PPI            | dexlansoprazole                  | DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG                    | 30 Capsules Per 30 Days  |
| PPI            | dexlansoprazole                  | DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG                    | 30 Capsules Per 30 Days  |
| PPI            | esomeprazole magnesium           | ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)   | 30 Capsules Per 30 Days  |
| PPI            | esomeprazole magnesium           | ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)   | 30 Capsules Per 30 Days  |
| PPI            | esomeprazole magnesium           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG | 30 Packets Per 30 Days   |
| PPI            | esomeprazole magnesium           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG | 30 Packets Per 30 Days   |
| PPI            | esomeprazole magnesium           | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG | 30 Packets Per 30 Days   |
| PPI            | lansoprazole                     | LANSOPRAZOLE CAP DELAYED RELEASE 15 MG                       | 30 Capsules Per 30 Days  |
| PPI            | lansoprazole                     | LANSOPRAZOLE CAP DELAYED RELEASE 30 MG                       | 30 Capsules Per 30 Days  |
| PPI            | lansoprazole                     | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG | 30 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                         | Target                         | GPI Name   | Quantity Limit               |
|--------------------------------------|--------------------------------|--|------------------------------|
| PPI                                  | lansoprazole                   | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG | 30 Tablets Per 30 Days       |
| PPI                                  | lansoprazole odt               | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG | 30 Tablets Per 30 Days       |
| PPI                                  | lansoprazole odt               | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG | 30 Tablets Per 30 Days       |
| PPI                                  | omeprazole                     | OMEPRAZOLE CAP DELAYED RELEASE 10 MG                         | 30 Capsules Per 30 Days      |
| PPI                                  | omeprazole                     | OMEPRAZOLE CAP DELAYED RELEASE 20 MG                         | 30 Capsules Per 30 Days      |
| PPI                                  | omeprazole                     | OMEPRAZOLE CAP DELAYED RELEASE 40 MG                         | 30 Capsules Per 30 Days      |
| PPI                                  | omeprazole dr                  | OMEPRAZOLE CAP DELAYED RELEASE 10 MG                         | 30 Capsules Per 30 Days      |
| PPI                                  | omeprazole dr                  | OMEPRAZOLE CAP DELAYED RELEASE 40 MG                         | 30 Capsules Per 30 Days      |
| PPI                                  | omeprazole/sodium bicarbonate  | OMEPRAZOLE-SODIUM BICARBONATE CAP 20-1100 MG                 | 30 Capsules Per 30 Days      |
| PPI                                  | omeprazole/sodium bicarbonate  | OMEPRAZOLE-SODIUM BICARBONATE CAP 40-1100 MG                 | 30 Capsules Per 30 Days      |
| PPI                                  | omeprazole/sodium bicarbonate  | OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG  | 30 Packets Per 30 Days       |
| PPI                                  | omeprazole/sodium bicarbonate  | OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG  | 30 Packets Per 30 Days       |
| PPI                                  | pantoprazole sodium            | PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)                | 30 Tablets Per 30 Days       |
| PPI                                  | pantoprazole sodium            | PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)                | 30 Tablets Per 30 Days       |
| PPI                                  | pantoprazole sodium            | PANTOPRAZOLE SODIUM FOR DELAYED RELEASE SUSP PACKET 40 MG    | 30 Packets Per 30 Days       |
| PPI                                  | rabeprazole sodium             | RABEPRAZOLE SODIUM EC TAB 20 MG                              | 30 Tablets Per 30 Days       |
| Progesterones                        | CRINONE                        | PROGESTERONE VAGINAL GEL 4%                                  | 6 Applicators Per 30 Days    |
| Progesterones                        | CRINONE                        | PROGESTERONE VAGINAL GEL 8%                                  | 60 Applicators Per 30 Days   |
| Progesterones                        | ENDOMETRIN                     | PROGESTERONE VAGINAL INSERT 100 MG                           | 84 Suppositories Per 28 Days |
| Pseudobulbar Affect                  | NUDEXTA                        | DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG          | 60 Capsules Per 30 Days      |
| Pyrukynd                             | PYRUKYND                       | MITAPIVAT SULFATE TAB 20 MG                                  | 56 Tablets Per 28 Days       |
| Pyrukynd                             | PYRUKYND                       | MITAPIVAT SULFATE TAB 5 MG                                   | 56 Tablets Per 28 Days       |
| Pyrukynd                             | PYRUKYND                       | MITAPIVAT SULFATE TAB 50 MG                                  | 56 Tablets Per 28 Days       |
| Pyrukynd                             | PYRUKYND TAPER PACK            | MITAPIVAT SULFATE TAB THERAPY PACK 5 MG                      | 7 Tablets Per 365 Days       |
| Pyrukynd                             | PYRUKYND TAPER PACK            | MITAPIVAT SULFATE TAB THERAPY PACK 7 X 20 MG & 7 X 5 MG      | 14 Tablets Per 365 Days      |
| Pyrukynd                             | PYRUKYND TAPER PACK            | MITAPIVAT SULFATE TAB THERAPY PACK 7 X 50 MG & 7 X 20 MG     | 14 Tablets Per 365 Days      |
| Radicava                             | RADICAVA ORS                   | EDARAVONE ORAL SUSP 105 MG/5ML                               | 50 mLs Per 28 Days           |
| Radicava                             | RADICAVA ORS STARTER KIT       | EDARAVONE ORAL SUSP 105 MG/5ML                               | 70 mLs Per 180 Days          |
| Rapid to Intermediate Acting Insulin | ADMELOG                        | INSULIN LISPRO INJ SOLN 100 UNIT/ML                          | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | ADMELOG SOLOSTAR               | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)   | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | APIDRA                         | INSULIN GLULISINE INJ 100 UNIT/ML                            | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | APIDRA SOLOSTAR                | INSULIN GLULISINE SOLN PEN-INJECTOR INJ 100 UNIT/ML          | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | FIASP                          | INSULIN ASPART (WITH NIACINAMIDE) INJ 100 UNIT/ML            | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | FIASP FLEXTOUCH                | INSULIN ASPART (WITH NIACINAMIDE) SOL PEN-INJ 100 UNIT/ML    | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | FIASP PENFILL                  | INSULIN ASPART (WITH NIACINAMIDE) SOLN CARTRIDGE 100 UNIT/ML | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | FIASP PUMPCART                 | INSULIN ASPART (WITH NIACINAMIDE) SOLN CARTRIDGE 100 UNIT/ML | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG                        | INSULIN LISPRO INJ SOLN 100 UNIT/ML                          | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG                        | INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML                    | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG JUNIOR KWIKPEN         | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG KWIKPEN                | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)   | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG KWIKPEN                | INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML                 | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG MIX 50/50              | INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50)    | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG MIX 50/50 KWIKPEN      | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50) | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG MIX 75/25              | INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25)         | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG MIX 75/25 KWIKPEN      | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMALOG TEMPO PEN              | INSULIN LISPRO SOLN PEN-INJ W/TRANSMITTER PORT 100 UNIT/ML   | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMULIN R U-500 (CONCENTRATED) | INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML                      | 100 mLs Per 30 Days          |
| Rapid to Intermediate Acting Insulin | HUMULIN R U-500 KWIKPEN        | INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML        | 100 mLs Per 30 Days          |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                         | Target  | GPI Name   | Quantity Limit           |
|--------------------------------------|---|--|--------------------------|
| Rapid to Intermediate Acting Insulin | INSULIN ASPART                                  | INSULIN ASPART INJ SOLN 100 UNIT/ML                          | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN ASPART FLEXPEN                          | INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML                 | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN ASPART PENFILL                          | INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML                    | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN ASPART PROTAMINE/INSULIN ASPART         | INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN | INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN LISPRO                                  | INSULIN LISPRO INJ SOLN 100 UNIT/ML                          | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN LISPRO JUNIOR KWIKPEN                   | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN LISPRO KWIKPEN                          | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)   | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | LYUMJEV   | INSULIN LISPRO-AABC INJ 100 UNIT/ML                          | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | LYUMJEV KWIKPEN                                 | INSULIN LISPRO-AABC SOLN PEN-INJ 100 UNIT/ML (1 UNIT DIAL)   | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | LYUMJEV KWIKPEN                                 | INSULIN LISPRO-AABC SOLN PEN-INJECTOR 200 UNIT/ML            | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | LYUMJEV TEMPO PEN                               | INSULIN LISPRO-AABC SOLN PEN-INJ W/TRANSMIT PORT 100 UNIT/ML | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG   | INSULIN ASPART INJ SOLN 100 UNIT/ML                          | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG FLEXPEN                                 | INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML                 | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG FLEXPEN RELION                          | INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML                 | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG MIX 70/30                               | INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG MIX 70/30 PREFILLED FLEXPEN             | INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION      | INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG MIX 70/30 RELION                        | INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30) | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG PENFILL                                 | INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML                    | 100 mLs Per 30 Days      |
| Rapid to Intermediate Acting Insulin | NOVOLOG RELION                                  | INSULIN ASPART INJ SOLN 100 UNIT/ML                          | 100 mLs Per 30 Days      |
| Recorlev                             | RECORLEV  | LEVOKETOCONAZOLE TAB 150 MG                                  | 240 Tablets Per 30 Days  |
| Relyvrio                             | RELYVRIO  | SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK 3-1 GM          | 56 Packets Per 28 Days   |
| Rezurock                             | REZUROCK  | BELUMOSUDIL MESYLATE TAB 200 MG                              | 30 Tablets Per 30 Days   |
| Risdiplam                            | EVRYSDI   | RISDIPLAM FOR SOLN 0.75 MG/ML                                | 80 mLs Per 12 Days       |
| SA Oncology                          | AFINITOR  | EVEROLIMUS TAB 10 MG   | 30 Tablets Per 30 Days   |
| SA Oncology                          | AFINITOR  | EVEROLIMUS TAB 2.5 MG  | 30 Tablets Per 30 Days   |
| SA Oncology                          | AFINITOR  | EVEROLIMUS TAB 5 MG  | 30 Tablets Per 30 Days   |
| SA Oncology                          | AFINITOR  | EVEROLIMUS TAB 7.5 MG  | 30 Tablets Per 30 Days   |
| SA Oncology                          | AFINITOR DISPERZ                                | EVEROLIMUS TAB FOR ORAL SUSP 2 MG                            | 60 Tablets Per 30 Days   |
| SA Oncology                          | AFINITOR DISPERZ                                | EVEROLIMUS TAB FOR ORAL SUSP 3 MG                            | 90 Tablets Per 30 Days   |
| SA Oncology                          | AFINITOR DISPERZ                                | EVEROLIMUS TAB FOR ORAL SUSP 5 MG                            | 60 Tablets Per 30 Days   |
| SA Oncology                          | AKEEGA  | NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG        | 60 Tablets Per 30 Days   |
| SA Oncology                          | AKEEGA  | NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG         | 60 Tablets Per 30 Days   |
| SA Oncology                          | ALECENSA  | ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)                   | 240 Capsules Per 30 Days |
| SA Oncology                          | ALUNBRIG  | BRIGATINIB TAB 180 MG  | 30 Tablets Per 30 Days   |
| SA Oncology                          | ALUNBRIG  | BRIGATINIB TAB 30 MG   | 120 Tablets Per 30 Days  |
| SA Oncology                          | ALUNBRIG  | BRIGATINIB TAB 90 MG   | 30 Tablets Per 30 Days   |
| SA Oncology                          | ALUNBRIG  | BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG        | 30 Tablets Per 180 Days  |
| SA Oncology                          | AUGTYRO   | REPOTRECTINIB CAP 40 MG                                      | 240 Capsules Per 30 Days |
| SA Oncology                          | AYVAKIT   | AVAPRITINIB TAB 100 MG                                       | 30 Tablets Per 30 Days   |
| SA Oncology                          | AYVAKIT   | AVAPRITINIB TAB 200 MG                                       | 30 Tablets Per 30 Days   |
| SA Oncology                          | AYVAKIT   | AVAPRITINIB TAB 25 MG  | 30 Tablets Per 30 Days   |
| SA Oncology                          | AYVAKIT   | AVAPRITINIB TAB 300 MG                                       | 30 Tablets Per 30 Days   |
| SA Oncology                          | AYVAKIT   | AVAPRITINIB TAB 50 MG  | 30 Tablets Per 30 Days   |
| SA Oncology                          | BALVERSA  | ERDAFITINIB TAB 3 MG   | 90 Tablets Per 30 Days   |
| SA Oncology                          | BALVERSA  | ERDAFITINIB TAB 4 MG   | 60 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target    | GPI Name  | Quantity Limit           |
|--------------|-----------|---|--------------------------|
| SA Oncology  | BALVERSA  | ERDAFITINIB TAB 5 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | BESREMI   | ROPEGINTERFERON ALFA-2B-NJFT SOLN PREFILLED SYR 500 MCG/ML  | 2 Syringes Per 28 Days   |
| SA Oncology  | BOSULIF   | BOSUTINIB CAP 100 MG  | 150 Capsules Per 30 Days |
| SA Oncology  | BOSULIF   | BOSUTINIB CAP 50 MG   | 30 Capsules Per 30 Days  |
| SA Oncology  | BOSULIF   | BOSUTINIB TAB 100 MG  | 120 Tablets Per 30 Days  |
| SA Oncology  | BOSULIF   | BOSUTINIB TAB 400 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | BOSULIF   | BOSUTINIB TAB 500 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | BRAFTOVI  | ENCORAFENIB CAP 75 MG                                       | 180 Capsules Per 30 Days |
| SA Oncology  | BRUKINSA  | ZANUBRUTINIB CAP 80 MG                                      | 120 Capsules Per 30 Days |
| SA Oncology  | CABOMETYX | CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)           | 30 Tablets Per 30 Days   |
| SA Oncology  | CABOMETYX | CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)           | 30 Tablets Per 30 Days   |
| SA Oncology  | CABOMETYX | CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)           | 30 Tablets Per 30 Days   |
| SA Oncology  | CALQUENCE | ACALABRUTINIB CAP 100 MG                                    | 60 Capsules Per 30 Days  |
| SA Oncology  | CALQUENCE | ACALABRUTINIB MALEATE TAB 100 MG                            | 60 Tablets Per 30 Days   |
| SA Oncology  | CAPRELSA  | VANDETANIB TAB 100 MG                                       | 60 Tablets Per 30 Days   |
| SA Oncology  | CAPRELSA  | VANDETANIB TAB 300 MG                                       | 30 Tablets Per 30 Days   |
| SA Oncology  | COMETRIQ  | CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT | 1 Carton Per 28 Days     |
| SA Oncology  | COMETRIQ  | CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT | 1 Carton Per 28 Days     |
| SA Oncology  | COMETRIQ  | CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT        | 1 Carton Per 28 Days     |
| SA Oncology  | COPIKTRA  | DUVELISIB CAP 15 MG   | 56 Capsules Per 28 Days  |
| SA Oncology  | COPIKTRA  | DUVELISIB CAP 25 MG   | 56 Capsules Per 28 Days  |
| SA Oncology  | COTELLIC  | COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)            | 63 Tablets Per 28 Days   |
| SA Oncology  | DAURISMO  | GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)              | 30 Tablets Per 30 Days   |
| SA Oncology  | DAURISMO  | GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)               | 60 Tablets Per 30 Days   |
| SA Oncology  | ERIVEDGE  | VISMODEGIB CAP 150 MG                                       | 30 Capsules Per 30 Days  |
| SA Oncology  | ERLEADA   | APALUTAMIDE TAB 240 MG                                      | 30 Tablets Per 30 Days   |
| SA Oncology  | ERLEADA   | APALUTAMIDE TAB 60 MG                                       | 120 Tablets Per 30 Days  |
| SA Oncology  | EXKIVITY  | MOBOCERTINIB SUCCINATE CAP 40 MG                            | 120 Capsules Per 30 Days |
| SA Oncology  | FOTIVDA   | TIVOZANIB HCL CAP 0.89 MG (BASE EQUIVALENT)                 | 21 Capsules Per 28 Days  |
| SA Oncology  | FOTIVDA   | TIVOZANIB HCL CAP 1.34 MG (BASE EQUIVALENT)                 | 21 Capsules Per 28 Days  |
| SA Oncology  | FRUZAQLA  | FRUQUINTINIB CAP 1 MG                                       | 84 Capsules Per 28 Days  |
| SA Oncology  | FRUZAQLA  | FRUQUINTINIB CAP 5 MG                                       | 21 Capsules Per 28 Days  |
| SA Oncology  | GAVRETO   | PRALSETINIB CAP 100 MG                                      | 120 Capsules Per 30 Days |
| SA Oncology  | GILOTRIF  | AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)              | 30 Tablets Per 30 Days   |
| SA Oncology  | GILOTRIF  | AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)              | 30 Tablets Per 30 Days   |
| SA Oncology  | GILOTRIF  | AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)              | 30 Tablets Per 30 Days   |
| SA Oncology  | GLEEVEC   | IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)              | 90 Tablets Per 30 Days   |
| SA Oncology  | GLEEVEC   | IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)              | 60 Tablets Per 30 Days   |
| SA Oncology  | IBRANCE   | PALBOCICLIB CAP 100 MG                                      | 21 Capsules Per 28 Days  |
| SA Oncology  | IBRANCE   | PALBOCICLIB CAP 125 MG                                      | 21 Capsules Per 28 Days  |
| SA Oncology  | IBRANCE   | PALBOCICLIB CAP 75 MG                                       | 21 Capsules Per 28 Days  |
| SA Oncology  | IBRANCE   | PALBOCICLIB TAB 100 MG                                      | 21 Tablets Per 28 Days   |
| SA Oncology  | IBRANCE   | PALBOCICLIB TAB 125 MG                                      | 21 Tablets Per 28 Days   |
| SA Oncology  | IBRANCE   | PALBOCICLIB TAB 75 MG                                       | 21 Tablets Per 28 Days   |
| SA Oncology  | ICLUSIG   | PONATINIB HCL TAB 10 MG (BASE EQUIV)                        | 30 Tablets Per 30 Days   |
| SA Oncology  | ICLUSIG   | PONATINIB HCL TAB 15 MG (BASE EQUIV)                        | 30 Tablets Per 30 Days   |
| SA Oncology  | ICLUSIG   | PONATINIB HCL TAB 30 MG (BASE EQUIV)                        | 30 Tablets Per 30 Days   |
| SA Oncology  | ICLUSIG   | PONATINIB HCL TAB 45 MG (BASE EQUIV)                        | 30 Tablets Per 30 Days   |



BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                   | GPI Name   | Quantity Limit           |
|--------------|--------------------------|--|--------------------------|
| SA Oncology  | IDHIFA                   | ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT)             | 30 Tablets Per 30 Days   |
| SA Oncology  | IDHIFA                   | ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT)              | 30 Tablets Per 30 Days   |
| SA Oncology  | IMBRUVICA                | IBRUTINIB CAP 140 MG   | 90 Capsules Per 30 Days  |
| SA Oncology  | IMBRUVICA                | IBRUTINIB CAP 70 MG  | 30 Capsules Per 30 Days  |
| SA Oncology  | IMBRUVICA                | IBRUTINIB ORAL SUSP 70 MG/ML                                 | 2 Bottles Per 30 Days    |
| SA Oncology  | IMBRUVICA                | IBRUTINIB TAB 140 MG   | 30 Tablets Per 30 Days   |
| SA Oncology  | IMBRUVICA                | IBRUTINIB TAB 280 MG   | 30 Tablets Per 30 Days   |
| SA Oncology  | IMBRUVICA                | IBRUTINIB TAB 420 MG   | 30 Tablets Per 30 Days   |
| SA Oncology  | IMBRUVICA                | IBRUTINIB TAB 560 MG   | 30 Tablets Per 30 Days   |
| SA Oncology  | INLYTA                   | AXITINIB TAB 1 MG  | 180 Tablets Per 30 Days  |
| SA Oncology  | INLYTA                   | AXITINIB TAB 5 MG  | 120 Tablets Per 30 Days  |
| SA Oncology  | INQOVI                   | DECITABINE-CEDAZURIDINE TAB 35-100 MG                        | 5 Tablets Per 28 Days    |
| SA Oncology  | INREBIC                  | FEDRATINIB HCL CAP 100 MG                                    | 120 Capsules Per 30 Days |
| SA Oncology  | IRESSA                   | GEFITINIB TAB 250 MG   | 30 Tablets Per 30 Days   |
| SA Oncology  | IWILFIN                  | EFLORNITHINE HCL TAB 192 MG                                  | 240 Tablets Per 30 Days  |
| SA Oncology  | JAKAFI                   | RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)            | 60 Tablets Per 30 Days   |
| SA Oncology  | JAKAFI                   | RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)            | 60 Tablets Per 30 Days   |
| SA Oncology  | JAKAFI                   | RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)            | 60 Tablets Per 30 Days   |
| SA Oncology  | JAKAFI                   | RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)            | 60 Tablets Per 30 Days   |
| SA Oncology  | JAKAFI                   | RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)             | 60 Tablets Per 30 Days   |
| SA Oncology  | JAYPIRCA                 | PIRTOBRUTINIB TAB 100 MG                                     | 60 Tablets Per 30 Days   |
| SA Oncology  | JAYPIRCA                 | PIRTOBRUTINIB TAB 50 MG                                      | 30 Tablets Per 30 Days   |
| SA Oncology  | KISQALI                  | RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE              | 21 Tablets Per 28 Days   |
| SA Oncology  | KISQALI                  | RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB) | 42 Tablets Per 28 Days   |
| SA Oncology  | KISQALI                  | RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB) | 63 Tablets Per 28 Days   |
| SA Oncology  | KISQALI FEMARA 200 DOSE  | RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK  | 49 Tablets Per 28 Days   |
| SA Oncology  | KISQALI FEMARA 400 DOSE  | RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK  | 70 Tablets Per 28 Days   |
| SA Oncology  | KISQALI FEMARA 600 DOSE  | RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK  | 91 Tablets Per 28 Days   |
| SA Oncology  | KOSELUGO                 | SELMETINIB SULFATE CAP 10 MG                                 | 240 Capsules Per 30 Days |
| SA Oncology  | KOSELUGO                 | SELMETINIB SULFATE CAP 25 MG                                 | 120 Capsules Per 30 Days |
| SA Oncology  | KRAZATI                  | ADAGRASIB TAB 200 MG   | 180 Tablets Per 30 Days  |
| SA Oncology  | LENVIMA 10 MG DAILY DOSE | LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)         | 30 Capsules Per 30 Days  |
| SA Oncology  | LENVIMA 12MG DAILY DOSE  | LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)      | 90 Capsules Per 30 Days  |
| SA Oncology  | LENVIMA 14 MG DAILY DOSE | LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)     | 60 Capsules Per 30 Days  |
| SA Oncology  | LENVIMA 18 MG DAILY DOSE | LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE) | 90 Capsules Per 30 Days  |
| SA Oncology  | LENVIMA 20 MG DAILY DOSE | LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)     | 60 Capsules Per 30 Days  |
| SA Oncology  | LENVIMA 24 MG DAILY DOSE | LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE) | 90 Capsules Per 30 Days  |
| SA Oncology  | LENVIMA 4 MG DAILY DOSE  | LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)           | 30 Capsules Per 30 Days  |
| SA Oncology  | LENVIMA 8 MG DAILY DOSE  | LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)       | 60 Capsules Per 30 Days  |
| SA Oncology  | LONSURF                  | TRIFLURIDINE-TIPRACIL TAB 15-6.14 MG                         | 60 Tablets Per 28 Days   |
| SA Oncology  | LONSURF                  | TRIFLURIDINE-TIPRACIL TAB 20-8.19 MG                         | 80 Tablets Per 28 Days   |
| SA Oncology  | LORBRENA                 | LORLATINIB TAB 100 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | LORBRENA                 | LORLATINIB TAB 25 MG   | 90 Tablets Per 30 Days   |
| SA Oncology  | LUMAKRAS                 | SOTORASIB TAB 120 MG   | 240 Tablets Per 30 Days  |
| SA Oncology  | LUMAKRAS                 | SOTORASIB TAB 320 MG   | 90 Tablets Per 30 Days   |
| SA Oncology  | LYNPARZA                 | OLAPARIB TAB 100 MG  | 120 Tablets Per 30 Days  |
| SA Oncology  | LYNPARZA                 | OLAPARIB TAB 150 MG  | 120 Tablets Per 30 Days  |
| SA Oncology  | LYTGOBI                  | FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE)         | 84 Tablets Per 28 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                  | GPI Name  | Quantity Limit           |
|--------------|-------------------------|---|--------------------------|
| SA Oncology  | LYTGOBI                 | FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE)        | 112 Tablets Per 28 Days  |
| SA Oncology  | LYTGOBI                 | FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE)        | 140 Tablets Per 28 Days  |
| SA Oncology  | MEKINIST                | TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ) | 1170 mLs Per 28 Days     |
| SA Oncology  | MEKINIST                | TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)  | 90 Tablets Per 30 Days   |
| SA Oncology  | MEKINIST                | TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)    | 30 Tablets Per 30 Days   |
| SA Oncology  | MEKTOVI                 | BINIMETINIB TAB 15 MG                                       | 180 Tablets Per 30 Days  |
| SA Oncology  | NERLYNX                 | NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)               | 180 Tablets Per 30 Days  |
| SA Oncology  | NEXAVAR                 | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)             | 120 Tablets Per 30 Days  |
| SA Oncology  | NINLARO                 | IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)               | 3 Capsules Per 28 Days   |
| SA Oncology  | NINLARO                 | IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)                 | 3 Capsules Per 28 Days   |
| SA Oncology  | NINLARO                 | IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)                 | 3 Capsules Per 28 Days   |
| SA Oncology  | NUBEQA                  | DAROLUTAMIDE TAB 300 MG                                     | 120 Tablets Per 30 Days  |
| SA Oncology  | ODOMZO                  | SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)            | 30 Capsules Per 30 Days  |
| SA Oncology  | OGSIVEO                 | NIROGACESTAT HYDROBROMIDE TAB 50 MG                         | 180 Tablets Per 30 Days  |
| SA Oncology  | OJJAARA                 | MOMELOTINIB DIHYDROCHLORIDE TAB 100 MG                      | 30 Tablets Per 30 Days   |
| SA Oncology  | OJJAARA                 | MOMELOTINIB DIHYDROCHLORIDE TAB 150 MG                      | 30 Tablets Per 30 Days   |
| SA Oncology  | OJJAARA                 | MOMELOTINIB DIHYDROCHLORIDE TAB 200 MG                      | 30 Tablets Per 30 Days   |
| SA Oncology  | ONUREG                  | AZACITIDINE TAB 200 MG                                      | 14 Tablets Per 28 Days   |
| SA Oncology  | ONUREG                  | AZACITIDINE TAB 300 MG                                      | 30 Tablets Per 30 Days   |
| SA Oncology  | ORGOVYX                 | RELUGOLIX TAB 120 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | ORSERDU                 | ELACESTRANT HYDROCHLORIDE TAB 345 MG                        | 30 Tablets Per 30 Days   |
| SA Oncology  | ORSERDU                 | ELACESTRANT HYDROCHLORIDE TAB 86 MG                         | 90 Tablets Per 30 Days   |
| SA Oncology  | PEMAZYRE                | PEMIGATINIB TAB 13.5 MG                                     | 14 Tablets Per 21 Days   |
| SA Oncology  | PEMAZYRE                | PEMIGATINIB TAB 4.5 MG                                      | 14 Tablets Per 21 Days   |
| SA Oncology  | PEMAZYRE                | PEMIGATINIB TAB 9 MG  | 14 Tablets Per 21 Days   |
| SA Oncology  | PIQRAY 200MG DAILY DOSE | ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE                | 28 Tablets Per 28 Days   |
| SA Oncology  | PIQRAY 250MG DAILY DOSE | ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)  | 56 Tablets Per 28 Days   |
| SA Oncology  | PIQRAY 300MG DAILY DOSE | ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)         | 56 Tablets Per 28 Days   |
| SA Oncology  | POMALYST                | POMALIDOMIDE CAP 1 MG                                       | 21 Capsules Per 28 Days  |
| SA Oncology  | POMALYST                | POMALIDOMIDE CAP 2 MG                                       | 21 Capsules Per 28 Days  |
| SA Oncology  | POMALYST                | POMALIDOMIDE CAP 3 MG                                       | 21 Capsules Per 28 Days  |
| SA Oncology  | POMALYST                | POMALIDOMIDE CAP 4 MG                                       | 21 Capsules Per 28 Days  |
| SA Oncology  | QINLOCK                 | RIPRETINIB TAB 50 MG  | 90 Tablets Per 30 Days   |
| SA Oncology  | RETEVMO                 | SELPERCATINIB CAP 40 MG                                     | 180 Capsules Per 30 Days |
| SA Oncology  | RETEVMO                 | SELPERCATINIB CAP 80 MG                                     | 120 Capsules Per 30 Days |
| SA Oncology  | REVLIMID                | LENALIDOMIDE CAP 10 MG                                      | 30 Capsules Per 30 Days  |
| SA Oncology  | REVLIMID                | LENALIDOMIDE CAP 15 MG                                      | 21 Capsules Per 28 Days  |
| SA Oncology  | REVLIMID                | LENALIDOMIDE CAP 20 MG                                      | 21 Capsules Per 28 Days  |
| SA Oncology  | REVLIMID                | LENALIDOMIDE CAP 25 MG                                      | 21 Capsules Per 28 Days  |
| SA Oncology  | REVLIMID                | LENALIDOMIDE CAP 5 MG                                       | 30 Capsules Per 30 Days  |
| SA Oncology  | REVLIMID                | LENALIDOMIDE CAPS 2.5 MG                                    | 30 Capsules Per 30 Days  |
| SA Oncology  | REZLIDHIA               | OLUTASIDENIB CAP 150 MG                                     | 60 Capsules Per 30 Days  |
| SA Oncology  | ROZLYTREK               | ENTRECTINIB CAP 100 MG                                      | 30 Capsules Per 30 Days  |
| SA Oncology  | ROZLYTREK               | ENTRECTINIB CAP 200 MG                                      | 90 Capsules Per 30 Days  |
| SA Oncology  | ROZLYTREK               | ENTRECTINIB PELLETT PACK 50 MG                              | 336 Packets Per 28 Days  |
| SA Oncology  | RUBRACA                 | RUCAPARIB CAMSYLATE TAB 200 MG (BASE EQUIVALENT)            | 120 Tablets Per 30 Days  |
| SA Oncology  | RUBRACA                 | RUCAPARIB CAMSYLATE TAB 250 MG (BASE EQUIVALENT)            | 120 Tablets Per 30 Days  |
| SA Oncology  | RUBRACA                 | RUCAPARIB CAMSYLATE TAB 300 MG (BASE EQUIVALENT)            | 120 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target    | GPI Name   | Quantity Limit           |
|--------------|-----------|--|--------------------------|
| SA Oncology  | RYDAPT    | MIDOSTAURIN CAP 25 MG  | 240 Capsules Per 30 Days |
| SA Oncology  | SCEMBLIX  | ASCIMINIB HCL TAB 20 MG                                      | 60 Tablets Per 30 Days   |
| SA Oncology  | SCEMBLIX  | ASCIMINIB HCL TAB 40 MG                                      | 300 Tablets Per 30 Days  |
| SA Oncology  | SPRYCEL   | DASATINIB TAB 100 MG   | 30 Tablets Per 30 Days   |
| SA Oncology  | SPRYCEL   | DASATINIB TAB 140 MG   | 30 Tablets Per 30 Days   |
| SA Oncology  | SPRYCEL   | DASATINIB TAB 20 MG  | 90 Tablets Per 30 Days   |
| SA Oncology  | SPRYCEL   | DASATINIB TAB 50 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | SPRYCEL   | DASATINIB TAB 70 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | SPRYCEL   | DASATINIB TAB 80 MG  | 30 Tablets Per 30 Days   |
| SA Oncology  | STIVARGA  | REGORAFENIB TAB 40 MG  | 84 Tablets Per 28 Days   |
| SA Oncology  | SUTENT    | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)               | 90 Capsules Per 30 Days  |
| SA Oncology  | SUTENT    | SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)                 | 30 Capsules Per 30 Days  |
| SA Oncology  | SUTENT    | SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)               | 30 Capsules Per 30 Days  |
| SA Oncology  | SUTENT    | SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)                 | 30 Capsules Per 30 Days  |
| SA Oncology  | TABRECTA  | CAPMATINIB HCL TAB 150 MG                                    | 112 Tablets Per 28 Days  |
| SA Oncology  | TABRECTA  | CAPMATINIB HCL TAB 200 MG                                    | 120 Tablets Per 30 Days  |
| SA Oncology  | TAFINLAR  | DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)              | 120 Capsules Per 30 Days |
| SA Oncology  | TAFINLAR  | DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)              | 120 Capsules Per 30 Days |
| SA Oncology  | TAFINLAR  | DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)     | 840 Tablets Per 28 Days  |
| SA Oncology  | TAGRISSO  | OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)             | 30 Tablets Per 30 Days   |
| SA Oncology  | TAGRISSO  | OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)             | 30 Tablets Per 30 Days   |
| SA Oncology  | TALZENNA  | TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)            | 30 Capsules Per 30 Days  |
| SA Oncology  | TALZENNA  | TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)           | 90 Capsules Per 30 Days  |
| SA Oncology  | TALZENNA  | TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)           | 30 Capsules Per 30 Days  |
| SA Oncology  | TALZENNA  | TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)            | 30 Capsules Per 30 Days  |
| SA Oncology  | TALZENNA  | TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)           | 30 Capsules Per 30 Days  |
| SA Oncology  | TALZENNA  | TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)              | 30 Capsules Per 30 Days  |
| SA Oncology  | TARCEVA   | ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)                   | 30 Tablets Per 30 Days   |
| SA Oncology  | TARCEVA   | ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)                   | 30 Tablets Per 30 Days   |
| SA Oncology  | TARCEVA   | ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)                    | 60 Tablets Per 30 Days   |
| SA Oncology  | TASIGNA   | NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)                   | 120 Capsules Per 30 Days |
| SA Oncology  | TASIGNA   | NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)                   | 120 Capsules Per 30 Days |
| SA Oncology  | TASIGNA   | NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)                    | 120 Capsules Per 30 Days |
| SA Oncology  | TAZVERIK  | TAZEMETOSTAT HBR TAB 200 MG                                  | 240 Tablets Per 30 Days  |
| SA Oncology  | TEPMETKO  | TEPOTINIB HCL TAB 225 MG                                     | 60 Tablets Per 30 Days   |
| SA Oncology  | THALOMID  | THALIDOMIDE CAP 100 MG                                       | 30 Capsules Per 30 Days  |
| SA Oncology  | THALOMID  | THALIDOMIDE CAP 150 MG                                       | 60 Capsules Per 30 Days  |
| SA Oncology  | THALOMID  | THALIDOMIDE CAP 200 MG                                       | 60 Capsules Per 30 Days  |
| SA Oncology  | THALOMID  | THALIDOMIDE CAP 50 MG  | 30 Capsules Per 30 Days  |
| SA Oncology  | TIBSOVO   | IVOSIDENIB TAB 250 MG  | 60 Tablets Per 30 Days   |
| SA Oncology  | TRUQAP    | CAPIVASERTIB TAB 160 MG                                      | 64 Tablets Per 28 Days   |
| SA Oncology  | TRUQAP    | CAPIVASERTIB TAB 200 MG                                      | 64 Tablets Per 28 Days   |
| SA Oncology  | TRUSELTIQ | INFIGRATINIB PHOS CAP PACK 100 & 25 MG (125 MG DAILY DOSE)   | 1 Pack Per 28 Days       |
| SA Oncology  | TRUSELTIQ | INFIGRATINIB PHOS CAP THER PACK 100 MG (100 MG DAILY DOSE)   | 1 Pack Per 28 Days       |
| SA Oncology  | TRUSELTIQ | INFIGRATINIB PHOS CAP THER PACK 2 X 25 MG (50 MG DAILY DOSE) | 1 Pack Per 28 Days       |
| SA Oncology  | TRUSELTIQ | INFIGRATINIB PHOS CAP THER PACK 3 X 25 MG (75 MG DAILY DOSE) | 1 Pack Per 28 Days       |
| SA Oncology  | TUKYSA    | TUCATINIB TAB 150 MG   | 120 Tablets Per 30 Days  |
| SA Oncology  | TUKYSA    | TUCATINIB TAB 50 MG  | 300 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME | Target                    | GPI Name   | Quantity Limit           |
|--------------|---------------------------|--|--------------------------|
| SA Oncology  | TURALIO                   | PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)              | 120 Capsules Per 30 Days |
| SA Oncology  | TURALIO                   | PEXIDARTINIB HCL CAP 200 MG (BASE EQUIVALENT)              | 120 Tablets Per 30 Days  |
| SA Oncology  | TYKERB                    | LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)               | 180 Tablets Per 30 Days  |
| SA Oncology  | VANFLYTA                  | QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG                    | 28 Tablets Per 28 Days   |
| SA Oncology  | VANFLYTA                  | QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG                    | 56 Tablets Per 28 Days   |
| SA Oncology  | VENCLEXTA                 | VENETOCLAX TAB 10 MG                                       | 60 Tablets Per 30 Days   |
| SA Oncology  | VENCLEXTA                 | VENETOCLAX TAB 100 MG                                      | 180 Tablets Per 30 Days  |
| SA Oncology  | VENCLEXTA                 | VENETOCLAX TAB 50 MG                                       | 30 Tablets Per 30 Days   |
| SA Oncology  | VENCLEXTA STARTING PACK   | VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG       | 1 Pack Per 180 Days      |
| SA Oncology  | VERZENIO                  | ABEMACICLIB TAB 100 MG                                     | 60 Tablets Per 30 Days   |
| SA Oncology  | VERZENIO                  | ABEMACICLIB TAB 150 MG                                     | 60 Tablets Per 30 Days   |
| SA Oncology  | VERZENIO                  | ABEMACICLIB TAB 200 MG                                     | 60 Tablets Per 30 Days   |
| SA Oncology  | VERZENIO                  | ABEMACICLIB TAB 50 MG                                      | 60 Tablets Per 30 Days   |
| SA Oncology  | VITRAKVI                  | LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)         | 60 Capsules Per 30 Days  |
| SA Oncology  | VITRAKVI                  | LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)          | 180 Capsules Per 30 Days |
| SA Oncology  | VITRAKVI                  | LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT) | 300 mLs Per 30 Days      |
| SA Oncology  | VIZIMPRO                  | DACOMITINIB TAB 15 MG                                      | 30 Tablets Per 30 Days   |
| SA Oncology  | VIZIMPRO                  | DACOMITINIB TAB 30 MG                                      | 30 Tablets Per 30 Days   |
| SA Oncology  | VIZIMPRO                  | DACOMITINIB TAB 45 MG                                      | 30 Tablets Per 30 Days   |
| SA Oncology  | VONJO                     | PACRITINIB CITRATE CAP 100 MG                              | 120 Capsules Per 30 Days |
| SA Oncology  | VOTRIENT                  | PAZOPANIB HCL TAB 200 MG (BASE EQUIV)                      | 120 Tablets Per 30 Days  |
| SA Oncology  | WELIREG                   | BELZUTIFAN TAB 40 MG                                       | 90 Tablets Per 30 Days   |
| SA Oncology  | XALKORI                   | CRIZOTINIB CAP 200 MG                                      | 120 Capsules Per 30 Days |
| SA Oncology  | XALKORI                   | CRIZOTINIB CAP 250 MG                                      | 120 Capsules Per 30 Days |
| SA Oncology  | XALKORI                   | CRIZOTINIB CAP SPRINKLE 150 MG                             | 180 Capsules Per 30 Days |
| SA Oncology  | XALKORI                   | CRIZOTINIB CAP SPRINKLE 20 MG                              | 120 Capsules Per 30 Days |
| SA Oncology  | XALKORI                   | CRIZOTINIB CAP SPRINKLE 50 MG                              | 120 Capsules Per 30 Days |
| SA Oncology  | XOSPATA                   | GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)       | 90 Tablets Per 30 Days   |
| SA Oncology  | XPOVIO                    | SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY)       | 4 Tablets Per 28 Days    |
| SA Oncology  | XPOVIO                    | SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY)      | 8 Tablets Per 28 Days    |
| SA Oncology  | XPOVIO                    | SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)       | 8 Tablets Per 28 Days    |
| SA Oncology  | XPOVIO                    | SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY)      | 8 Tablets Per 28 Days    |
| SA Oncology  | XPOVIO                    | SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY)       | 4 Tablets Per 28 Days    |
| SA Oncology  | XPOVIO 60 MG TWICE WEEKLY | SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY)      | 24 Tablets Per 28 Days   |
| SA Oncology  | XPOVIO 80 MG TWICE WEEKLY | SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY)      | 32 Tablets Per 28 Days   |
| SA Oncology  | XTANDI                    | ENZALUTAMIDE CAP 40 MG                                     | 120 Capsules Per 30 Days |
| SA Oncology  | XTANDI                    | ENZALUTAMIDE TAB 40 MG                                     | 120 Tablets Per 30 Days  |
| SA Oncology  | XTANDI                    | ENZALUTAMIDE TAB 80 MG                                     | 60 Tablets Per 30 Days   |
| SA Oncology  | YONSA                     | ABIRATERONE ACETATE MICRONIZED TAB 125 MG                  | 120 Tablets Per 30 Days  |
| SA Oncology  | ZEJULA                    | NIRAPARIB TOSYLATE CAP 100 MG (BASE EQUIVALENT)            | 90 Capsules Per 30 Days  |
| SA Oncology  | ZEJULA                    | NIRAPARIB TOSYLATE TAB 100 MG (BASE EQUIVALENT)            | 30 Tablets Per 30 Days   |
| SA Oncology  | ZEJULA                    | NIRAPARIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)            | 30 Tablets Per 30 Days   |
| SA Oncology  | ZEJULA                    | NIRAPARIB TOSYLATE TAB 300 MG (BASE EQUIVALENT)            | 30 Tablets Per 30 Days   |
| SA Oncology  | ZELBORAF                  | VEMURAFENIB TAB 240 MG                                     | 240 Tablets Per 30 Days  |
| SA Oncology  | ZOLINZA                   | VORINOSTAT CAP 100 MG                                      | 120 Capsules Per 30 Days |
| SA Oncology  | ZYDELIG                   | IDELALISIB TAB 100 MG                                      | 60 Tablets Per 30 Days   |
| SA Oncology  | ZYDELIG                   | IDELALISIB TAB 150 MG                                      | 60 Tablets Per 30 Days   |
| SA Oncology  | ZYKADIA                   | CERITINIB TAB 150 MG                                       | 90 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME    | Target  | GPI Name  | Quantity Limit          |
|-----------------|---|---|-------------------------|
| SA Oncology     | ZYTIGA  | ABIRATERONE ACETATE TAB 250 MG                          | 120 Tablets Per 30 Days |
| SA Oncology     | ZYTIGA  | ABIRATERONE ACETATE TAB 500 MG                          | 60 Tablets Per 30 Days  |
| SA Oncology     | abiraterone acetate                               | ABIRATERONE ACETATE TAB 250 MG                          | 120 Tablets Per 30 Days |
| SA Oncology     | abiraterone acetate                               | ABIRATERONE ACETATE TAB 500 MG                          | 60 Tablets Per 30 Days  |
| SA Oncology     | erlotinib hydrochloride                           | ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)              | 30 Tablets Per 30 Days  |
| SA Oncology     | erlotinib hydrochloride                           | ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)              | 30 Tablets Per 30 Days  |
| SA Oncology     | erlotinib hydrochloride                           | ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)               | 60 Tablets Per 30 Days  |
| SA Oncology     | everolimus  | EVEROLIMUS TAB 10 MG                                    | 30 Tablets Per 30 Days  |
| SA Oncology     | everolimus  | EVEROLIMUS TAB 2.5 MG                                   | 30 Tablets Per 30 Days  |
| SA Oncology     | everolimus  | EVEROLIMUS TAB 5 MG                                     | 30 Tablets Per 30 Days  |
| SA Oncology     | everolimus  | EVEROLIMUS TAB 7.5 MG                                   | 30 Tablets Per 30 Days  |
| SA Oncology     | everolimus  | EVEROLIMUS TAB FOR ORAL SUSP 2 MG                       | 60 Tablets Per 30 Days  |
| SA Oncology     | everolimus  | EVEROLIMUS TAB FOR ORAL SUSP 3 MG                       | 90 Tablets Per 30 Days  |
| SA Oncology     | everolimus  | EVEROLIMUS TAB FOR ORAL SUSP 5 MG                       | 60 Tablets Per 30 Days  |
| SA Oncology     | gefitinib   | GEFITINIB TAB 250 MG                                    | 30 Tablets Per 30 Days  |
| SA Oncology     | imatinib mesylate                                 | IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)          | 90 Tablets Per 30 Days  |
| SA Oncology     | imatinib mesylate                                 | IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)          | 60 Tablets Per 30 Days  |
| SA Oncology     | lapatinib ditosylate                              | LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)            | 180 Tablets Per 30 Days |
| SA Oncology     | lenalidomide                                      | LENALIDOMIDE CAP 10 MG                                  | 30 Capsules Per 30 Days |
| SA Oncology     | lenalidomide                                      | LENALIDOMIDE CAP 15 MG                                  | 21 Capsules Per 28 Days |
| SA Oncology     | lenalidomide                                      | LENALIDOMIDE CAP 20 MG                                  | 21 Capsules Per 28 Days |
| SA Oncology     | lenalidomide                                      | LENALIDOMIDE CAP 25 MG                                  | 21 Capsules Per 28 Days |
| SA Oncology     | lenalidomide                                      | LENALIDOMIDE CAP 5 MG                                   | 30 Capsules Per 30 Days |
| SA Oncology     | lenalidomide                                      | LENALIDOMIDE CAPS 2.5 MG                                | 30 Capsules Per 30 Days |
| SA Oncology     | pazopanib hydrochloride                           | PAZOPANIB HCL TAB 200 MG (BASE EQUIV)                   | 120 Tablets Per 30 Days |
| SA Oncology     | sorafenib   | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)         | 120 Tablets Per 30 Days |
| SA Oncology     | sorafenib tosylate                                | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)         | 120 Tablets Per 30 Days |
| SA Oncology     | sunitinib malate                                  | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)          | 90 Capsules Per 30 Days |
| SA Oncology     | sunitinib malate                                  | SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)            | 30 Capsules Per 30 Days |
| SA Oncology     | sunitinib malate                                  | SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)          | 30 Capsules Per 30 Days |
| SA Oncology     | sunitinib malate                                  | SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)            | 30 Capsules Per 30 Days |
| Samsca          | SAMSCA  | TOLVAPTAN TAB 15 MG                                     | 30 Tablets Per 365 Days |
| Samsca          | SAMSCA  | TOLVAPTAN TAB 30 MG                                     | 60 Tablets Per 365 Days |
| Samsca          | tolvaptan   | TOLVAPTAN TAB 15 MG                                     | 30 Tablets Per 365 Days |
| Samsca          | tolvaptan   | TOLVAPTAN TAB 30 MG                                     | 60 Tablets Per 365 Days |
| SGLT Inhibitors | BEXAGLIFLOZIN                                     | BEXAGLIFLOZIN TAB 20 MG                                 | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | BRENZAVVY   | BEXAGLIFLOZIN TAB 20 MG                                 | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | DAPAGLIFLOZIN PROPANEDIOL                         | DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)   | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | DAPAGLIFLOZIN PROPANEDIOL                         | DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)    | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG  | 60 Tablets Per 30 Days  |
| SGLT Inhibitors | FARXIGA   | DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)   | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | FARXIGA   | DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)    | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | GLYXAMBI  | EMPAGLIFLOZIN-LINAGLIPTIN TAB 10-5 MG                   | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | GLYXAMBI  | EMPAGLIFLOZIN-LINAGLIPTIN TAB 25-5 MG                   | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | INPEFA  | SOTAGLIFLOZIN TAB 200 MG                                | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | INPEFA  | SOTAGLIFLOZIN TAB 400 MG                                | 30 Tablets Per 30 Days  |
| SGLT Inhibitors | INVOKAMET   | CANAGLIFLOZIN-METFORMIN HCL TAB 150-1000 MG             | 60 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                | Target       | GPI Name   | Quantity Limit          |
|-----------------------------|--------------|--|-------------------------|
| SGLT Inhibitors             | INVOKAMET    | CANAGLIFLOZIN-METFORMIN HCL TAB 150-500 MG                   | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKAMET    | CANAGLIFLOZIN-METFORMIN HCL TAB 50-1000 MG                   | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKAMET    | CANAGLIFLOZIN-METFORMIN HCL TAB 50-500 MG                    | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKAMET XR | CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 150-1000 MG          | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKAMET XR | CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 150-500 MG           | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKAMET XR | CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 50-1000 MG           | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKAMET XR | CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 50-500 MG            | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKANA     | CANAGLIFLOZIN TAB 100 MG                                     | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | INVOKANA     | CANAGLIFLOZIN TAB 300 MG                                     | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | JARDIANCE    | EMPAGLIFLOZIN TAB 10 MG                                      | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | JARDIANCE    | EMPAGLIFLOZIN TAB 25 MG                                      | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | QTERN        | DAPAGLIFLOZIN-SAXAGLIPTIN TAB 10-5 MG                        | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | QTERN        | DAPAGLIFLOZIN-SAXAGLIPTIN TAB 5-5 MG                         | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | SEGLUROMET   | ERTUGLIFLOZIN-METFORMIN HCL TAB 2.5-1000 MG                  | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SEGLUROMET   | ERTUGLIFLOZIN-METFORMIN HCL TAB 2.5-500 MG                   | 120 Tablets Per 30 Days |
| SGLT Inhibitors             | SEGLUROMET   | ERTUGLIFLOZIN-METFORMIN HCL TAB 7.5-1000 MG                  | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SEGLUROMET   | ERTUGLIFLOZIN-METFORMIN HCL TAB 7.5-500 MG                   | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | STEGLATRO    | ERTUGLIFLOZIN L-PYROGLUTAMIC ACID TAB 15 MG (BASE EQUIV)     | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | STEGLATRO    | ERTUGLIFLOZIN L-PYROGLUTAMIC ACID TAB 5 MG (BASE EQUIV)      | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | STEGLUJAN    | ERTUGLIFLOZIN-SITAGLIPTIN TAB 15-100 MG                      | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | STEGLUJAN    | ERTUGLIFLOZIN-SITAGLIPTIN TAB 5-100 MG                       | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY     | EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG                 | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY     | EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG                  | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY     | EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG                    | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY     | EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG                     | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY XR  | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG           | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY XR  | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG         | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY XR  | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG           | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | SYNJARDY XR  | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG            | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | TRIJARDY XR  | EMPAGLIFLOZIN-LINAGLIP-METFORMIN TAB ER 24HR 12.5-2.5-1000MG | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | TRIJARDY XR  | EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 10-5-1000 MG | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | TRIJARDY XR  | EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 25-5-1000 MG | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | TRIJARDY XR  | EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 5-2.5-1000MG | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | XIGDUO XR    | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG      | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | XIGDUO XR    | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-500 MG       | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | XIGDUO XR    | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 2.5-1000 MG     | 30 Tablets Per 30 Days  |
| SGLT Inhibitors             | XIGDUO XR    | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG       | 60 Tablets Per 30 Days  |
| SGLT Inhibitors             | XIGDUO XR    | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-500 MG        | 30 Tablets Per 30 Days  |
| Skyclarys                   | SKYCLARYS    | OMAVELOXOLONE CAP 50 MG                                      | 90 Capsules Per 30 Days |
| SSIA                        | NUPLAZID     | PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT)            | 30 Capsules Per 30 Days |
| SSIA                        | NUPLAZID     | PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT)            | 30 Tablets Per 30 Days  |
| Substrate Reduction Therapy | CERDELGA     | ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)              | 60 Capsules Per 30 Days |
| Substrate Reduction Therapy | OPFOLDA      | MIGLUSTAT (GAA DEFICIENCY) CAP 65 MG                         | 8 Capsules Per 28 Days  |
| Substrate Reduction Therapy | ZAVESCA      | MIGLUSTAT CAP 100 MG   | 90 Capsules Per 30 Days |
| Substrate Reduction Therapy | miglustat    | MIGLUSTAT CAP 100 MG   | 90 Capsules Per 30 Days |
| Substrate Reduction Therapy | yargesa      | MIGLUSTAT CAP 100 MG   | 90 Capsules Per 30 Days |
| Sucraid                     | SUCRAID      | SACROSIDASE SOLN 8500 UNIT/ML                                | 300 mLs Per 30 Days     |
| Sunoside                    | SUNOSI       | SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)                     | 30 Tablets Per 30 Days  |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                                   | Target                               | GPI Name  | Quantity Limit           |
|--|--------------------------------------|---|--------------------------|
| Sunosi   | SUNOSI                               | SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)                     | 30 Tablets Per 30 Days   |
| Tarpeyo  | TARPEYO                              | BUDESONIDE DELAYED RELEASE CAP 4 MG                         | 120 Capsules Per 30 Days |
| Tezspire                                       | TEZSPIRE                             | TEZPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML    | 1 Pen Per 28 Days        |
| Thrombopoietin Receptor Agonists and Tavalisse | DOPTELET                             | AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)                 | 60 Tablets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | MULPLETA                             | LUSUTROMBOPAG TAB 3 MG                                      | 7 Tablets Per 7 Days     |
| Thrombopoietin Receptor Agonists and Tavalisse | PROMACTA                             | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)  | 30 Packets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | PROMACTA                             | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV) | 30 Packets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | PROMACTA                             | ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)                | 30 Tablets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | PROMACTA                             | ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)                  | 30 Tablets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | PROMACTA                             | ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)                  | 60 Tablets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | PROMACTA                             | ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)                  | 60 Tablets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | TAVALLISSE                           | FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)          | 60 Tablets Per 30 Days   |
| Thrombopoietin Receptor Agonists and Tavalisse | TAVALLISSE                           | FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)          | 60 Tablets Per 30 Days   |
| Topical AK Basal Cell Carcinoma Warts Agents   | ALDARA                               | IMIQUIMOD CREAM 5%  | 48 Packets Per 112 Days  |
| Topical AK Basal Cell Carcinoma Warts Agents   | ALDARA                               | IMIQUIMOD CREAM 5%  | 48 Packets Per 60 Days   |
| Topical AK Basal Cell Carcinoma Warts Agents   | CARAC                                | FLUOROURACIL CREAM 0.5%                                     | 30 Grams Per 28 Days     |
| Topical AK Basal Cell Carcinoma Warts Agents   | EFUDEX                               | FLUOROURACIL CREAM 5%                                       | 240 Grams Per 84 Days    |
| Topical AK Basal Cell Carcinoma Warts Agents   | FLUOROURACIL                         | FLUOROURACIL CREAM 0.5%                                     | 30 Grams Per 28 Days     |
| Topical AK Basal Cell Carcinoma Warts Agents   | KLISYRI                              | TIRBANIBULIN OINTMENT 1%                                    | 5 Packets Per 90 Days    |
| Topical AK Basal Cell Carcinoma Warts Agents   | TOLAK                                | FLUOROURACIL CREAM 4%                                       | 40 Grams Per 28 Days     |
| Topical AK Basal Cell Carcinoma Warts Agents   | ZYCLARA                              | IMIQUIMOD CREAM 3.75%                                       | 56 Packets Per 56 Days   |
| Topical AK Basal Cell Carcinoma Warts Agents   | ZYCLARA PUMP                         | IMIQUIMOD CREAM 2.5%  | 2 Bottles Per 42 Days    |
| Topical AK Basal Cell Carcinoma Warts Agents   | ZYCLARA PUMP                         | IMIQUIMOD CREAM 3.75%                                       | 2 Bottles Per 56 Days    |
| Topical AK Basal Cell Carcinoma Warts Agents   | diclofenac sodium                    | DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%                | 300 Grams Per 90 Days    |
| Topical AK Basal Cell Carcinoma Warts Agents   | fluorouracil                         | FLUOROURACIL CREAM 5%                                       | 240 Grams Per 84 Days    |
| Topical AK Basal Cell Carcinoma Warts Agents   | imiquimod                            | IMIQUIMOD CREAM 3.75%                                       | 56 Packets Per 56 Days   |
| Topical AK Basal Cell Carcinoma Warts Agents   | imiquimod                            | IMIQUIMOD CREAM 5%  | 48 Packets Per 112 Days  |
| Topical AK Basal Cell Carcinoma Warts Agents   | imiquimod                            | IMIQUIMOD CREAM 5%  | 48 Packets Per 60 Days   |
| Topical AK Basal Cell Carcinoma Warts Agents   | imiquimod pump                       | IMIQUIMOD CREAM 3.75%                                       | 2 Bottles Per 56 Days    |
| Topical Antifungals, itraconazole, terbinafine | JUBLIA                               | EFINACONAZOLE SOLN 10%                                      | 4 mLs Per 30 Days        |
| Topical Antifungals, itraconazole, terbinafine | KERYDIN                              | TAVABOROLE SOLN 5%  | 4 mLs Per 30 Days        |
| Topical Antifungals, itraconazole, terbinafine | SPORANOX                             | ITRACONAZOLE CAP 100 MG                                     | 120 Capsules Per 30 Days |
| Topical Antifungals, itraconazole, terbinafine | SPORANOX                             | ITRACONAZOLE ORAL SOLN 10 MG/ML                             | 1200 mLs Per 30 Days     |
| Topical Antifungals, itraconazole, terbinafine | SPORANOX PULSEPAK                    | ITRACONAZOLE CAP 100 MG                                     | 120 Capsules Per 30 Days |
| Topical Antifungals, itraconazole, terbinafine | TOLSURA                              | ITRACONAZOLE CAP 65 MG                                      | 120 Capsules Per 30 Days |
| Topical Antifungals, itraconazole, terbinafine | cicloclodan                          | CICLOPIROX SOLUTION 8%                                      | 6.6 mLs Per 30 Days      |
| Topical Antifungals, itraconazole, terbinafine | ciclopirox nail lacquer              | CICLOPIROX SOLUTION 8%                                      | 6.6 mLs Per 30 Days      |
| Topical Antifungals, itraconazole, terbinafine | itraconazole                         | ITRACONAZOLE CAP 100 MG                                     | 120 Capsules Per 30 Days |
| Topical Antifungals, itraconazole, terbinafine | itraconazole                         | ITRACONAZOLE ORAL SOLN 10 MG/ML                             | 1200 mLs Per 30 Days     |
| Topical Antifungals, itraconazole, terbinafine | tavaborole                           | TAVABOROLE SOLN 5%  | 4 mLs Per 30 Days        |
| Topical Antifungals, itraconazole, terbinafine | terbinafine hcl                      | TERBINAFINE HCL TAB 250 MG                                  | 30 Tablets Per 30 Days   |
| Topical Antifungals, itraconazole, terbinafine | terbinafine hydrochloride            | TERBINAFINE HCL TAB 250 MG                                  | 30 Tablets Per 30 Days   |
| Topical Corticosteroids                        | ALA-SCALP                            | HYDROCORTISONE LOTION 2%                                    | 118 mLs Per 30 Days      |
| Topical Corticosteroids                        | AMCINONIDE                           | AMCINONIDE CREAM 0.1%                                       | 120 Grams Per 30 Days    |
| Topical Corticosteroids                        | AMCINONIDE                           | AMCINONIDE LOTION 0.1%                                      | 120 mLs Per 30 Days      |
| Topical Corticosteroids                        | AMCINONIDE                           | AMCINONIDE OINT 0.1%  | 120 Grams Per 30 Days    |
| Topical Corticosteroids                        | APEXICON E                           | DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05%            | 120 Grams Per 30 Days    |
| Topical Corticosteroids                        | BETAMETHASONE DIPROPIONATE AUGMENTED | BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%              | 200 Grams Per 28 Days    |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME            | Target                          | GPI Name   | Quantity Limit        |
|-------------------------|---------------------------------|--|-----------------------|
| Topical Corticosteroids | BRYHALI                         | HALOBETASOL PROPIONATE LOTION 0.01%                          | 200 Grams Per 28 Days |
| Topical Corticosteroids | CAPEX                           | FLUOCINOLONE ACETONIDE SHAMPOO 0.01%                         | 840 mLs Per 28 Days   |
| Topical Corticosteroids | CLOBEX                          | CLOBETASOL PROPIONATE LOTION 0.05%                           | 177 mLs Per 28 Days   |
| Topical Corticosteroids | CLOBEX                          | CLOBETASOL PROPIONATE SHAMPOO 0.05%                          | 236 mLs Per 30 Days   |
| Topical Corticosteroids | CLOBEX                          | CLOBETASOL PROPIONATE SPRAY 0.05%                            | 236 mLs Per 28 Days   |
| Topical Corticosteroids | CLODERM                         | CLOCORTOLONE PIVALATE CREAM 0.1%                             | 135 Grams Per 30 Days |
| Topical Corticosteroids | CORDRAN                         | FLURANDRENOLIDE CREAM 0.025%                                 | 120 Grams Per 30 Days |
| Topical Corticosteroids | CORDRAN                         | FLURANDRENOLIDE CREAM 0.05%                                  | 120 Grams Per 30 Days |
| Topical Corticosteroids | CORDRAN                         | FLURANDRENOLIDE LOTION 0.05%                                 | 120 mLs Per 30 Days   |
| Topical Corticosteroids | CORDRAN                         | FLURANDRENOLIDE OINT 0.05%                                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | CORDRAN                         | FLURANDRENOLIDE TAPE 4 MCG/SQCM                              | 1 Box Per 30 Days     |
| Topical Corticosteroids | CUTIVATE                        | FLUTICASONE PROPIONATE LOTION 0.05%                          | 120 mLs Per 30 Days   |
| Topical Corticosteroids | DERMA-SMOOTHIE/FS BODY          | FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)                  | 118 mLs Per 30 Days   |
| Topical Corticosteroids | DERMA-SMOOTHIE/FS SCALP         | FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)                 | 118 mLs Per 30 Days   |
| Topical Corticosteroids | DESOWEN                         | DESONIDE CREAM 0.05%   | 120 Grams Per 30 Days |
| Topical Corticosteroids | DIFLORASONE DIACETATE           | DIFLORASONE DIACETATE CREAM 0.05%                            | 120 Grams Per 30 Days |
| Topical Corticosteroids | DIPROLENE                       | BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%              | 200 Grams Per 28 Days |
| Topical Corticosteroids | FLUOCINOLONE ACETONIDE          | FLUOCINOLONE ACETONIDE CREAM 0.01%                           | 120 Grams Per 30 Days |
| Topical Corticosteroids | FLUTICASONE PROPIONATE          | FLUTICASONE PROPIONATE LOTION 0.05%                          | 120 mLs Per 30 Days   |
| Topical Corticosteroids | HALOG                           | HALCINONIDE CREAM 0.1%                                       | 120 Grams Per 30 Days |
| Topical Corticosteroids | HALOG                           | HALCINONIDE OINT 0.1%  | 120 Grams Per 30 Days |
| Topical Corticosteroids | HALOG                           | HALCINONIDE SOLN 0.1%  | 120 mLs Per 30 Days   |
| Topical Corticosteroids | HYDROCORTISONE BUTYRATE         | HYDROCORTISONE BUTYRATE CREAM 0.1%                           | 135 Grams Per 30 Days |
| Topical Corticosteroids | HYDROCORTISONE BUTYRATE         | HYDROCORTISONE BUTYRATE SOLN 0.1%                            | 120 mLs Per 30 Days   |
| Topical Corticosteroids | HYDROCORTISONE BUTYRATE (LIPID) | HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%     | 120 Grams Per 30 Days |
| Topical Corticosteroids | IMPEKLO                         | CLOBETASOL PROPIONATE LOTION 0.15 MG/ACT (0.05%)             | 204 Grams Per 28 Days |
| Topical Corticosteroids | IMPOYZ                          | CLOBETASOL PROPIONATE CREAM 0.025%                           | 200 Grams Per 28 Days |
| Topical Corticosteroids | KENALOG                         | TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM             | 126 Grams Per 30 Days |
| Topical Corticosteroids | LEXETTE                         | HALOBETASOL PROPIONATE FOAM 0.05%                            | 200 Grams Per 28 Days |
| Topical Corticosteroids | LOCOID                          | HYDROCORTISONE BUTYRATE LOTION 0.1%                          | 118 mLs Per 30 Days   |
| Topical Corticosteroids | LOCOID LIPOCREAM                | HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%     | 120 Grams Per 30 Days |
| Topical Corticosteroids | LUXIQ                           | BETAMETHASONE VALERATE AEROSOL FOAM 0.12%                    | 150 Grams Per 30 Days |
| Topical Corticosteroids | OLUX                            | CLOBETASOL PROPIONATE FOAM 0.05%                             | 200 Grams Per 28 Days |
| Topical Corticosteroids | OLUX-E                          | CLOBETASOL PROPIONATE EMULSION FOAM 0.05%                    | 200 Grams Per 28 Days |
| Topical Corticosteroids | PANDEL                          | HYDROCORTISONE PROBUTATE CREAM 0.1%                          | 160 Grams Per 30 Days |
| Topical Corticosteroids | PREDNICARBATE                   | PREDNICARBATE OINT 0.1%                                      | 120 Grams Per 30 Days |
| Topical Corticosteroids | SERNIVO                         | BETAMETHASONE DIPROPIONATE SPRAY EMULSION 0.05% (BASE EQUIV) | 120 mLs Per 30 Days   |
| Topical Corticosteroids | SYNALAR                         | FLUOCINOLONE ACETONIDE CREAM 0.025%                          | 120 Grams Per 30 Days |
| Topical Corticosteroids | SYNALAR                         | FLUOCINOLONE ACETONIDE OINT 0.025%                           | 120 Grams Per 30 Days |
| Topical Corticosteroids | SYNALAR                         | FLUOCINOLONE ACETONIDE SOLN 0.01%                            | 120 mLs Per 30 Days   |
| Topical Corticosteroids | TEMOVATE                        | CLOBETASOL PROPIONATE CREAM 0.05%                            | 210 Grams Per 28 Days |
| Topical Corticosteroids | TEMOVATE                        | CLOBETASOL PROPIONATE OINT 0.05%                             | 210 Grams Per 28 Days |
| Topical Corticosteroids | TEXACORT                        | HYDROCORTISONE SOLN 2.5%                                     | 120 mLs Per 30 Days   |
| Topical Corticosteroids | TOPICORT                        | DESOXIMETASONE CREAM 0.05%                                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | TOPICORT                        | DESOXIMETASONE CREAM 0.25%                                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | TOPICORT                        | DESOXIMETASONE GEL 0.05%                                     | 120 Grams Per 30 Days |
| Topical Corticosteroids | TOPICORT                        | DESOXIMETASONE OINT 0.05%                                    | 120 Grams Per 30 Days |
| Topical Corticosteroids | TOPICORT                        | DESOXIMETASONE OINT 0.25%                                    | 120 Grams Per 30 Days |



BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME            | Target                               | GPI Name   | Quantity Limit        |
|-------------------------|--------------------------------------|--|-----------------------|
| Topical Corticosteroids | TOPICORT                             | DESOXIMETASONE SPRAY 0.25%                           | 100 mLs Per 30 Days   |
| Topical Corticosteroids | TRIDESILON                           | DESONIDE CREAM 0.05%                                 | 120 Grams Per 30 Days |
| Topical Corticosteroids | ULTRAVATE                            | HALOBETASOL PROPIONATE LOTION 0.05%                  | 240 mLs Per 30 Days   |
| Topical Corticosteroids | VANOS                                | FLUOCINONIDE CREAM 0.1%                              | 240 Grams Per 28 Days |
| Topical Corticosteroids | VERDESO                              | DESONIDE FOAM 0.05%                                  | 100 Grams Per 30 Days |
| Topical Corticosteroids | ala-cort                             | HYDROCORTISONE CREAM 1%                              | 454 Grams Per 30 Days |
| Topical Corticosteroids | alclometasone dipropionate           | ALCLOMETASONE DIPROPIONATE CREAM 0.05%               | 120 Grams Per 30 Days |
| Topical Corticosteroids | alclometasone dipropionate           | ALCLOMETASONE DIPROPIONATE OINT 0.05%                | 120 Grams Per 30 Days |
| Topical Corticosteroids | betamethasone dipropionate           | BETAMETHASONE DIPROPIONATE CREAM 0.05%               | 135 Grams Per 30 Days |
| Topical Corticosteroids | betamethasone dipropionate           | BETAMETHASONE DIPROPIONATE LOTION 0.05%              | 120 mLs Per 30 Days   |
| Topical Corticosteroids | betamethasone dipropionate           | BETAMETHASONE DIPROPIONATE OINT 0.05%                | 135 Grams Per 30 Days |
| Topical Corticosteroids | betamethasone dipropionate augmented | BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%     | 200 Grams Per 28 Days |
| Topical Corticosteroids | betamethasone dipropionate augmented | BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%    | 210 mLs Per 30 Days   |
| Topical Corticosteroids | betamethasone dipropionate augmented | BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%      | 200 Grams Per 28 Days |
| Topical Corticosteroids | betamethasone valerate               | BETAMETHASONE VALERATE AEROSOL FOAM 0.12%            | 150 Grams Per 30 Days |
| Topical Corticosteroids | betamethasone valerate               | BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)  | 135 Grams Per 30 Days |
| Topical Corticosteroids | betamethasone valerate               | BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT) | 120 mLs Per 30 Days   |
| Topical Corticosteroids | betamethasone valerate               | BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)   | 135 Grams Per 30 Days |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE CREAM 0.05%                    | 210 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%     | 210 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE EMULSION FOAM 0.05%            | 200 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE FOAM 0.05%                     | 200 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE GEL 0.05%                      | 210 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE LOTION 0.05%                   | 177 mLs Per 28 Days   |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE OINT 0.05%                     | 210 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE SHAMPOO 0.05%                  | 236 mLs Per 30 Days   |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE SOLN 0.05%                     | 200 mLs Per 28 Days   |
| Topical Corticosteroids | clobetasol propionate                | CLOBETASOL PROPIONATE SPRAY 0.05%                    | 236 mLs Per 28 Days   |
| Topical Corticosteroids | clobetasol propionate e              | CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%     | 210 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate emollient      | CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%     | 210 Grams Per 28 Days |
| Topical Corticosteroids | clobetasol propionate emollient      | CLOBETASOL PROPIONATE EMULSION FOAM 0.05%            | 200 Grams Per 28 Days |
| Topical Corticosteroids | clocortolone pivalate                | CLOCORTOLONE PIVALATE CREAM 0.1%                     | 135 Grams Per 30 Days |
| Topical Corticosteroids | clodan                               | CLOBETASOL PROPIONATE SHAMPOO 0.05%                  | 236 mLs Per 30 Days   |
| Topical Corticosteroids | desonide                             | DESONIDE CREAM 0.05%                                 | 120 Grams Per 30 Days |
| Topical Corticosteroids | desonide                             | DESONIDE GEL 0.05%                                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | desonide                             | DESONIDE LOTION 0.05%                                | 118 mLs Per 30 Days   |
| Topical Corticosteroids | desonide                             | DESONIDE OINT 0.05%                                  | 120 Grams Per 30 Days |
| Topical Corticosteroids | desoximetasone                       | DESOXIMETASONE CREAM 0.05%                           | 120 Grams Per 30 Days |
| Topical Corticosteroids | desoximetasone                       | DESOXIMETASONE CREAM 0.25%                           | 120 Grams Per 30 Days |
| Topical Corticosteroids | desoximetasone                       | DESOXIMETASONE GEL 0.05%                             | 120 Grams Per 30 Days |
| Topical Corticosteroids | desoximetasone                       | DESOXIMETASONE OINT 0.05%                            | 120 Grams Per 30 Days |
| Topical Corticosteroids | desoximetasone                       | DESOXIMETASONE OINT 0.25%                            | 120 Grams Per 30 Days |
| Topical Corticosteroids | desoximetasone                       | DESOXIMETASONE SPRAY 0.25%                           | 100 mLs Per 30 Days   |
| Topical Corticosteroids | desrx                                | DESONIDE GEL 0.05%                                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | diflorasone diacetate                | DIFLORASONE DIACETATE OINT 0.05%                     | 120 Grams Per 30 Days |
| Topical Corticosteroids | fluocinolone acetonide               | FLUOCINOLONE ACETONIDE CREAM 0.01%                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | fluocinolone acetonide               | FLUOCINOLONE ACETONIDE CREAM 0.025%                  | 120 Grams Per 30 Days |
| Topical Corticosteroids | fluocinolone acetonide               | FLUOCINOLONE ACETONIDE OINT 0.025%                   | 120 Grams Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME            | Target                                | GPI Name   | Quantity Limit        |
|-------------------------|---------------------------------------|--|-----------------------|
| Topical Corticosteroids | fluocinolone acetonide                | FLUOCINOLONE ACETONIDE SOLN 0.01%                        | 120 mLs Per 30 Days   |
| Topical Corticosteroids | fluocinolone acetonide body           | FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)              | 118 mLs Per 30 Days   |
| Topical Corticosteroids | fluocinolone acetonide scalp          | FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)             | 118 mLs Per 30 Days   |
| Topical Corticosteroids | fluocinolone acetonide topical        | FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)              | 118 mLs Per 30 Days   |
| Topical Corticosteroids | fluocinonide                          | FLUOCINONIDE CREAM 0.05%                                 | 120 Grams Per 30 Days |
| Topical Corticosteroids | fluocinonide                          | FLUOCINONIDE CREAM 0.1%                                  | 240 Grams Per 28 Days |
| Topical Corticosteroids | fluocinonide                          | FLUOCINONIDE GEL 0.05%                                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | fluocinonide                          | FLUOCINONIDE OINT 0.05%                                  | 120 Grams Per 30 Days |
| Topical Corticosteroids | fluocinonide                          | FLUOCINONIDE SOLN 0.05%                                  | 120 mLs Per 30 Days   |
| Topical Corticosteroids | fluocinonide emulsified base          | FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%                 | 120 Grams Per 30 Days |
| Topical Corticosteroids | flurandrenolide                       | FLURANDRENOLIDE CREAM 0.05%                              | 120 Grams Per 30 Days |
| Topical Corticosteroids | flurandrenolide                       | FLURANDRENOLIDE LOTION 0.05%                             | 120 mLs Per 30 Days   |
| Topical Corticosteroids | fluticasone propionate                | FLUTICASONE PROPIONATE CREAM 0.05%                       | 120 Grams Per 30 Days |
| Topical Corticosteroids | fluticasone propionate                | FLUTICASONE PROPIONATE LOTION 0.05%                      | 120 mLs Per 30 Days   |
| Topical Corticosteroids | fluticasone propionate                | FLUTICASONE PROPIONATE OINT 0.005%                       | 120 Grams Per 30 Days |
| Topical Corticosteroids | halcinonide                           | HALCINONIDE CREAM 0.1%                                   | 120 Grams Per 30 Days |
| Topical Corticosteroids | halobetasol propionate                | HALOBETASOL PROPIONATE CREAM 0.05%                       | 200 Grams Per 28 Days |
| Topical Corticosteroids | halobetasol propionate                | HALOBETASOL PROPIONATE FOAM 0.05%                        | 200 Grams Per 28 Days |
| Topical Corticosteroids | halobetasol propionate                | HALOBETASOL PROPIONATE OINT 0.05%                        | 200 Grams Per 28 Days |
| Topical Corticosteroids | hydrocortisone                        | HYDROCORTISONE CREAM 1%                                  | 454 Grams Per 30 Days |
| Topical Corticosteroids | hydrocortisone                        | HYDROCORTISONE CREAM 2.5%                                | 454 Grams Per 30 Days |
| Topical Corticosteroids | hydrocortisone                        | HYDROCORTISONE LOTION 2.5%                               | 118 mLs Per 30 Days   |
| Topical Corticosteroids | hydrocortisone                        | HYDROCORTISONE OINT 1%                                   | 454 Grams Per 30 Days |
| Topical Corticosteroids | hydrocortisone                        | HYDROCORTISONE OINT 2.5%                                 | 454 Grams Per 30 Days |
| Topical Corticosteroids | hydrocortisone butyrate               | HYDROCORTISONE BUTYRATE LOTION 0.1%                      | 118 mLs Per 30 Days   |
| Topical Corticosteroids | hydrocortisone butyrate               | HYDROCORTISONE BUTYRATE OINT 0.1%                        | 135 Grams Per 30 Days |
| Topical Corticosteroids | hydrocortisone butyrate (lipophilic)  | HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1% | 120 Grams Per 30 Days |
| Topical Corticosteroids | hydrocortisone valerate               | HYDROCORTISONE VALERATE CREAM 0.2%                       | 120 Grams Per 30 Days |
| Topical Corticosteroids | hydrocortisone valerate               | HYDROCORTISONE VALERATE OINT 0.2%                        | 120 Grams Per 30 Days |
| Topical Corticosteroids | mometasone furoate                    | MOMETASONE FUROATE CREAM 0.1%                            | 135 Grams Per 30 Days |
| Topical Corticosteroids | mometasone furoate                    | MOMETASONE FUROATE OINT 0.1%                             | 135 Grams Per 30 Days |
| Topical Corticosteroids | mometasone furoate                    | MOMETASONE FUROATE SOLUTION 0.1% (LOTION)                | 120 mLs Per 30 Days   |
| Topical Corticosteroids | nolix                                 | FLURANDRENOLIDE CREAM 0.05%                              | 120 Grams Per 30 Days |
| Topical Corticosteroids | nolix                                 | FLURANDRENOLIDE LOTION 0.05%                             | 120 mLs Per 30 Days   |
| Topical Corticosteroids | tovet                                 | CLOBETASOL PROPIONATE EMULSION FOAM 0.05%                | 200 Grams Per 28 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM         | 126 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE CREAM 0.025%                     | 454 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE CREAM 0.1%                       | 454 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE CREAM 0.5%                       | 454 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE LOTION 0.025%                    | 120 mLs Per 30 Days   |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE LOTION 0.1%                      | 120 mLs Per 30 Days   |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE OINT 0.025%                      | 454 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE OINT 0.05%                       | 430 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE OINT 0.1%                        | 454 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide               | TRIAMCINOLONE ACETONIDE OINT 0.5%                        | 120 Grams Per 30 Days |
| Topical Corticosteroids | triamcinolone acetonide in absorbbase | TRIAMCINOLONE ACETONIDE OINT 0.05%                       | 430 Grams Per 30 Days |
| Topical Corticosteroids | trianex                               | TRIAMCINOLONE ACETONIDE OINT 0.05%                       | 430 Grams Per 30 Days |
| Topical Corticosteroids | triderm                               | TRIAMCINOLONE ACETONIDE CREAM 0.5%                       | 454 Grams Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME            | Target                   | GPI Name  | Quantity Limit               |
|-------------------------|--------------------------|---|------------------------------|
| Topical Corticosteroids | tritocin                 | TRIAMCINOLONE ACETONIDE OINT 0.05%                          | 430 Grams Per 30 Days        |
| Topical Doxepin         | PRUDOXIN                 | DOXEPIN HCL CREAM 5%  | 45 Grams Per 30 Days         |
| Topical Doxepin         | ZONALON                  | DOXEPIN HCL CREAM 5%  | 45 Grams Per 30 Days         |
| Topical Doxepin         | doxepin hydrochloride    | DOXEPIN HCL CREAM 5%  | 45 Grams Per 30 Days         |
| Topical Estrogens       | ALORA                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR               | 8 Patches Per 28 Days        |
| Topical Estrogens       | ALORA                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR                | 8 Patches Per 28 Days        |
| Topical Estrogens       | ALORA                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR               | 8 Patches Per 28 Days        |
| Topical Estrogens       | ALORA                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR                 | 8 Patches Per 28 Days        |
| Topical Estrogens       | CLIMARA                  | ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR                     | 4 Patches Per 28 Days        |
| Topical Estrogens       | CLIMARA                  | ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)    | 4 Patches Per 28 Days        |
| Topical Estrogens       | CLIMARA                  | ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR                      | 4 Patches Per 28 Days        |
| Topical Estrogens       | CLIMARA                  | ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR                      | 4 Patches Per 28 Days        |
| Topical Estrogens       | CLIMARA                  | ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR                     | 4 Patches Per 28 Days        |
| Topical Estrogens       | CLIMARA                  | ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR                       | 4 Patches Per 28 Days        |
| Topical Estrogens       | CLIMARA PRO              | ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG/DAY | 4 Patches Per 28 Days        |
| Topical Estrogens       | COMBIPATCH               | ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY        | 8 Patches Per 28 Days        |
| Topical Estrogens       | COMBIPATCH               | ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY        | 8 Patches Per 28 Days        |
| Topical Estrogens       | DIVIGEL                  | ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)                      | 30 Packets Per 30 Days       |
| Topical Estrogens       | DIVIGEL                  | ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)                        | 30 Packets Per 30 Days       |
| Topical Estrogens       | DIVIGEL                  | ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)                      | 30 Packets Per 30 Days       |
| Topical Estrogens       | DIVIGEL                  | ESTRADIOL TD GEL 1 MG/GM (0.1%)                             | 30 Packets Per 30 Days       |
| Topical Estrogens       | DIVIGEL                  | ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)                      | 37.5 Grams Per 30 Days       |
| Topical Estrogens       | ELESTRIN                 | ESTRADIOL GEL 0.06% (0.52 MG/0.87 GM METERED-DOSE PUMP)     | 1 Pump Per 30 Days           |
| Topical Estrogens       | ESTRACE                  | ESTRADIOL VAGINAL CREAM 0.1 MG/GM                           | 6 Tubes Per 365 Days         |
| Topical Estrogens       | ESTRING                  | ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)                 | 1 Ring Per 90 Days           |
| Topical Estrogens       | ESTROGEL                 | ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)     | 1 Pump Per 30 Days           |
| Topical Estrogens       | EVAMIST                  | ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/SPRAY                   | 5 Vials Per 93 Days          |
| Topical Estrogens       | FEMRING                  | ESTRADIOL ACETATE VAGINAL RING 0.05 MG/24HR                 | 1 Ring Per 90 Days           |
| Topical Estrogens       | FEMRING                  | ESTRADIOL ACETATE VAGINAL RING 0.1 MG/24HR                  | 1 Ring Per 90 Days           |
| Topical Estrogens       | IMVEXXY MAINTENANCE PACK | ESTRADIOL VAGINAL INSERT 10 MCG                             | 8 Suppositories Per 28 Days  |
| Topical Estrogens       | IMVEXXY MAINTENANCE PACK | ESTRADIOL VAGINAL INSERT 4 MCG                              | 8 Suppositories Per 28 Days  |
| Topical Estrogens       | IMVEXXY STARTER PACK     | ESTRADIOL VAGINAL INSERT STARTER PACK 10 MCG                | 18 Suppositories Per 28 Days |
| Topical Estrogens       | IMVEXXY STARTER PACK     | ESTRADIOL VAGINAL INSERT STARTER PACK 4 MCG                 | 18 Suppositories Per 28 Days |
| Topical Estrogens       | MENOSTAR                 | ESTRADIOL TD PATCH WEEKLY 14 MCG/24HR                       | 4 Patches Per 28 Days        |
| Topical Estrogens       | MINIVELLE                | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR               | 8 Patches Per 28 Days        |
| Topical Estrogens       | MINIVELLE                | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR              | 8 Patches Per 28 Days        |
| Topical Estrogens       | MINIVELLE                | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR                | 8 Patches Per 28 Days        |
| Topical Estrogens       | MINIVELLE                | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR               | 8 Patches Per 28 Days        |
| Topical Estrogens       | MINIVELLE                | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR                 | 8 Patches Per 28 Days        |
| Topical Estrogens       | VIVELLE-DOT              | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR               | 8 Patches Per 28 Days        |
| Topical Estrogens       | VIVELLE-DOT              | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR              | 8 Patches Per 28 Days        |
| Topical Estrogens       | VIVELLE-DOT              | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR                | 8 Patches Per 28 Days        |
| Topical Estrogens       | VIVELLE-DOT              | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR               | 8 Patches Per 28 Days        |
| Topical Estrogens       | VIVELLE-DOT              | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR                 | 8 Patches Per 28 Days        |
| Topical Estrogens       | dotti                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR               | 8 Patches Per 28 Days        |
| Topical Estrogens       | dotti                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR              | 8 Patches Per 28 Days        |
| Topical Estrogens       | dotti                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR                | 8 Patches Per 28 Days        |
| Topical Estrogens       | dotti                    | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR               | 8 Patches Per 28 Days        |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME      | Target                  | GPI Name   | Quantity Limit         |
|-------------------|-------------------------|--|------------------------|
| Topical Estrogens | dotti                   | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR              | 8 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)                   | 30 Packets Per 30 Days |
| Topical Estrogens | estradiol               | ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)                     | 30 Packets Per 30 Days |
| Topical Estrogens | estradiol               | ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)                   | 30 Packets Per 30 Days |
| Topical Estrogens | estradiol               | ESTRADIOL TD GEL 1 MG/GM (0.1%)                          | 30 Packets Per 30 Days |
| Topical Estrogens | estradiol               | ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)                   | 37.5 Grams Per 30 Days |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR            | 8 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR           | 8 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR             | 8 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR            | 8 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR              | 8 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR                  | 4 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR) | 4 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR                   | 4 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR                   | 4 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR                  | 4 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR                    | 4 Patches Per 28 Days  |
| Topical Estrogens | estradiol               | ESTRADIOL VAGINAL CREAM 0.1 MG/GM                        | 6 Tubes Per 365 Days   |
| Topical Estrogens | lyllana                 | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR            | 8 Patches Per 28 Days  |
| Topical Estrogens | lyllana                 | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR           | 8 Patches Per 28 Days  |
| Topical Estrogens | lyllana                 | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR             | 8 Patches Per 28 Days  |
| Topical Estrogens | lyllana                 | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR            | 8 Patches Per 28 Days  |
| Topical Estrogens | lyllana                 | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR              | 8 Patches Per 28 Days  |
| Topical Lidocaine | 7t lido gel             | LIDOCAINE HCL GEL 2%                                     | 150 mLs Per 30 Days    |
| Topical Lidocaine | LIDOCAINE HCL JELLY     | LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2%                    | 150 mLs Per 30 Days    |
| Topical Lidocaine | LIDOCAINE/TETRACAINE    | LIDOCAINE-TETRACAINE CREAM 7-7%                          | 120 Grams Per 30 Days  |
| Topical Lidocaine | LIDODERM                | LIDOCAINE PATCH 5%                                       | 90 Patches Per 30 Days |
| Topical Lidocaine | PLIAGLIS                | LIDOCAINE-TETRACAINE CREAM 7-7%                          | 120 Grams Per 30 Days  |
| Topical Lidocaine | SYNERA                  | LIDOCAINE-TETRACAINE TOPICAL PATCH 70-70 MG              | 4 Patches Per 30 Days  |
| Topical Lidocaine | ZTLIDO                  | LIDOCAINE PATCH 1.8% (36 MG)                             | 90 Systems Per 30 Days |
| Topical Lidocaine | glydo                   | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%  | 150 mLs Per 30 Days    |
| Topical Lidocaine | lidocaine               | LIDOCAINE OINT 5%  | 100 Grams Per 30 Days  |
| Topical Lidocaine | lidocaine               | LIDOCAINE PATCH 5%                                       | 90 Patches Per 30 Days |
| Topical Lidocaine | lidocaine hcl           | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%  | 150 mLs Per 30 Days    |
| Topical Lidocaine | lidocaine hcl jelly     | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%  | 150 mLs Per 30 Days    |
| Topical Lidocaine | lidocaine hydrochloride | LIDOCAINE HCL SOLN 4%                                    | 150 mLs Per 30 Days    |
| Topical Lidocaine | lidocaine patch 5%      | LIDOCAINE PATCH 5%                                       | 90 Patches Per 30 Days |
| Topical Lidocaine | lidocaine/prilocaine    | LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%                      | 30 Grams Per 30 Days   |
| Topical Lidocaine | lidocan                 | LIDOCAINE PATCH 5%                                       | 90 Patches Per 30 Days |
| Topical Lidocaine | lidocan ii              | LIDOCAINE PATCH 5%                                       | 90 Patches Per 30 Days |
| Topical Lidocaine | lidocan iii             | LIDOCAINE PATCH 5%                                       | 90 Patches Per 30 Days |
| Topical Lidocaine | premium lidocaine       | LIDOCAINE OINT 5%  | 100 Grams Per 30 Days  |
| Topical Lidocaine | proxivol                | LIDOCAINE HCL GEL 2%                                     | 150 mLs Per 30 Days    |
| Topical NSAID     | DICLOFENAC EPOLAMINE    | DICLOFENAC EPOLAMINE PATCH 1.3%                          | 60 Patches Per 30 Days |
| Topical NSAID     | FLECTOR                 | DICLOFENAC EPOLAMINE PATCH 1.3%                          | 60 Patches Per 30 Days |
| Topical NSAID     | LICART                  | DICLOFENAC EPOLAMINE PATCH 24HR 1.3%                     | 30 Patches Per 30 Days |
| Topical NSAID     | PENNSAID                | DICLOFENAC SODIUM SOLN 2%                                | 2 Bottles Per 28 Days  |
| Topical NSAID     | diclofenac sodium       | DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)      | 10 Tubes Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                            | Target                             | GPI Name  | Quantity Limit           |
|---|------------------------------------|---|--------------------------|
| Topical NSAID                           | diclofenac sodium                  | DICLOFENAC SODIUM SOLN 1.5%                           | 2 Bottles Per 30 Days    |
| Topiramate ER                           | QUDEXY XR                          | TOPIRAMATE CAP ER 24HR SPRINKLE 100 MG                | 30 Capsules Per 30 Days  |
| Topiramate ER                           | QUDEXY XR                          | TOPIRAMATE CAP ER 24HR SPRINKLE 150 MG                | 30 Capsules Per 30 Days  |
| Topiramate ER                           | QUDEXY XR                          | TOPIRAMATE CAP ER 24HR SPRINKLE 200 MG                | 60 Capsules Per 30 Days  |
| Topiramate ER                           | QUDEXY XR                          | TOPIRAMATE CAP ER 24HR SPRINKLE 25 MG                 | 30 Capsules Per 30 Days  |
| Topiramate ER                           | QUDEXY XR                          | TOPIRAMATE CAP ER 24HR SPRINKLE 50 MG                 | 30 Capsules Per 30 Days  |
| Topiramate ER                           | TROKENDI XR                        | TOPIRAMATE CAP ER 24HR 100 MG                         | 30 Capsules Per 30 Days  |
| Topiramate ER                           | TROKENDI XR                        | TOPIRAMATE CAP ER 24HR 200 MG                         | 60 Capsules Per 30 Days  |
| Topiramate ER                           | TROKENDI XR                        | TOPIRAMATE CAP ER 24HR 25 MG                          | 30 Capsules Per 30 Days  |
| Topiramate ER                           | TROKENDI XR                        | TOPIRAMATE CAP ER 24HR 50 MG                          | 30 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR 100 MG                         | 30 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR 200 MG                         | 60 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR 25 MG                          | 30 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR 50 MG                          | 30 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR SPRINKLE 100 MG                | 30 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR SPRINKLE 150 MG                | 30 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR SPRINKLE 200 MG                | 60 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR SPRINKLE 25 MG                 | 30 Capsules Per 30 Days  |
| Topiramate ER                           | topiramate er                      | TOPIRAMATE CAP ER 24HR SPRINKLE 50 MG                 | 30 Capsules Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | ACTIQ                              | FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG         | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | ACTIQ                              | FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG         | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | ACTIQ                              | FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG          | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | ACTIQ                              | FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG          | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | ACTIQ                              | FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG          | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | ACTIQ                              | FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG          | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | FENTANYL CITRATE                   | FENTANYL CITRATE BUCCAL TAB 100 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTANYL CITRATE                   | FENTANYL CITRATE BUCCAL TAB 200 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTANYL CITRATE                   | FENTANYL CITRATE BUCCAL TAB 400 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTANYL CITRATE                   | FENTANYL CITRATE BUCCAL TAB 600 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTANYL CITRATE                   | FENTANYL CITRATE BUCCAL TAB 800 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTORA                            | FENTANYL CITRATE BUCCAL TAB 100 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTORA                            | FENTANYL CITRATE BUCCAL TAB 200 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTORA                            | FENTANYL CITRATE BUCCAL TAB 400 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTORA                            | FENTANYL CITRATE BUCCAL TAB 600 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | FENTORA                            | FENTANYL CITRATE BUCCAL TAB 800 MCG (BASE EQUIV)      | 120 Tablets Per 30 Days  |
| Transmucosal Immediate Release Fentanyl | LAZANDA                            | FENTANYL CITRATE NASAL SPRAY 100 MCG/ACT (BASE EQUIV) | 1 Bottle Per 30 Days     |
| Transmucosal Immediate Release Fentanyl | LAZANDA                            | FENTANYL CITRATE NASAL SPRAY 400 MCG/ACT (BASE EQUIV) | 1 Bottle Per 30 Days     |
| Transmucosal Immediate Release Fentanyl | SUBSYS                             | FENTANYL SUBLINGUAL SPRAY 100 MCG                     | 120 SPRAYS Per 30 Days   |
| Transmucosal Immediate Release Fentanyl | SUBSYS                             | FENTANYL SUBLINGUAL SPRAY 1200 MCG (600 MCG X 2)      | 240 SPRAYS Per 30 Days   |
| Transmucosal Immediate Release Fentanyl | SUBSYS                             | FENTANYL SUBLINGUAL SPRAY 1600 MCG (800 MCG X 2)      | 240 SPRAYS Per 30 Days   |
| Transmucosal Immediate Release Fentanyl | SUBSYS                             | FENTANYL SUBLINGUAL SPRAY 200 MCG                     | 120 SPRAYS Per 30 Days   |
| Transmucosal Immediate Release Fentanyl | SUBSYS                             | FENTANYL SUBLINGUAL SPRAY 400 MCG                     | 120 SPRAYS Per 30 Days   |
| Transmucosal Immediate Release Fentanyl | SUBSYS                             | FENTANYL SUBLINGUAL SPRAY 600 MCG                     | 120 SPRAYS Per 30 Days   |
| Transmucosal Immediate Release Fentanyl | SUBSYS                             | FENTANYL SUBLINGUAL SPRAY 800 MCG                     | 120 SPRAYS Per 30 Days   |
| Transmucosal Immediate Release Fentanyl | fentanyl citrate oral transmucosal | FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG         | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | fentanyl citrate oral transmucosal | FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG         | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | fentanyl citrate oral transmucosal | FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG          | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | fentanyl citrate oral transmucosal | FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG          | 120 Lozenges Per 30 Days |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME                            | Target                             | GPI Name   | Quantity Limit           |
|---|------------------------------------|--|--------------------------|
| Transmucosal Immediate Release Fentanyl | fentanyl citrate oral transmucosal | FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG                 | 120 Lozenges Per 30 Days |
| Transmucosal Immediate Release Fentanyl | fentanyl citrate oral transmucosal | FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG                 | 120 Lozenges Per 30 Days |
| Triptans                                | AMERGE                             | NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)                        | 18 Tablets Per 30 Days   |
| Triptans                                | AMERGE                             | NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)                      | 18 Tablets Per 30 Days   |
| Triptans                                | FROVA                              | FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)          | 18 Tablets Per 30 Days   |
| Triptans                                | IMITREX                            | SUMATRIPTAN NASAL SPRAY 20 MG/ACT                            | 12 Inhalers Per 30 Days  |
| Triptans                                | IMITREX                            | SUMATRIPTAN NASAL SPRAY 5 MG/ACT                             | 12 Inhalers Per 30 Days  |
| Triptans                                | IMITREX                            | SUMATRIPTAN SUCCINATE TAB 100 MG                             | 18 Tablets Per 30 Days   |
| Triptans                                | IMITREX                            | SUMATRIPTAN SUCCINATE TAB 25 MG                              | 18 Tablets Per 30 Days   |
| Triptans                                | IMITREX                            | SUMATRIPTAN SUCCINATE TAB 50 MG                              | 18 Tablets Per 30 Days   |
| Triptans                                | IMITREX STATDOSE REFILL            | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML          | 12 Doses Per 30 Days     |
| Triptans                                | IMITREX STATDOSE REFILL            | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML          | 12 Doses Per 30 Days     |
| Triptans                                | IMITREX STATDOSE SYSTEM            | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML      | 12 Doses Per 30 Days     |
| Triptans                                | IMITREX STATDOSE SYSTEM            | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML      | 12 Doses Per 30 Days     |
| Triptans                                | MAXALT                             | RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)             | 18 Tablets Per 30 Days   |
| Triptans                                | MAXALT-MLT                         | RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ) | 18 Tablets Per 30 Days   |
| Triptans                                | ONZETRA XSAIL                      | SUMATRIPTAN SUCCINATE EXHALER POWDER 11 MG/NOSEPIECE         | 2 Kits Per 30 Days       |
| Triptans                                | RELPAX                             | ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)          | 12 Tablets Per 30 Days   |
| Triptans                                | RELPAX                             | ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)          | 12 Tablets Per 30 Days   |
| Triptans                                | SUMATRIPTAN SUCCINATE REFILL       | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML          | 12 Doses Per 30 Days     |
| Triptans                                | SUMATRIPTAN SUCCINATE REFILL       | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML          | 12 Doses Per 30 Days     |
| Triptans                                | TOSYMRA                            | SUMATRIPTAN NASAL SPRAY 10 MG/ACT                            | 18 Doses Per 30 Days     |
| Triptans                                | TREXIMET                           | SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG                    | 18 Tablets Per 30 Days   |
| Triptans                                | ZEMBRACE SYMTOUCH                  | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 3 MG/0.5ML      | 24 Pens Per 30 Days      |
| Triptans                                | ZOLMITRIPTAN                       | ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT                   | 2 Packs Per 30 Days      |
| Triptans                                | ZOMIG                              | ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT                   | 2 Packs Per 30 Days      |
| Triptans                                | ZOMIG                              | ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT                     | 2 Packs Per 30 Days      |
| Triptans                                | ZOMIG                              | ZOLMITRIPTAN TAB 2.5 MG                                      | 12 Tablets Per 30 Days   |
| Triptans                                | ZOMIG                              | ZOLMITRIPTAN TAB 5 MG  | 12 Tablets Per 30 Days   |
| Triptans                                | almotriptan                        | ALMOTRIPTAN MALATE TAB 12.5 MG                               | 12 Tablets Per 30 Days   |
| Triptans                                | almotriptan                        | ALMOTRIPTAN MALATE TAB 6.25 MG                               | 12 Tablets Per 30 Days   |
| Triptans                                | almotriptan malate                 | ALMOTRIPTAN MALATE TAB 12.5 MG                               | 12 Tablets Per 30 Days   |
| Triptans                                | almotriptan malate                 | ALMOTRIPTAN MALATE TAB 6.25 MG                               | 12 Tablets Per 30 Days   |
| Triptans                                | eletriptan hydrobromide            | ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)          | 12 Tablets Per 30 Days   |
| Triptans                                | eletriptan hydrobromide            | ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)          | 12 Tablets Per 30 Days   |
| Triptans                                | frovatriptan succinate             | FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)          | 18 Tablets Per 30 Days   |
| Triptans                                | naratriptan hcl                    | NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)                        | 18 Tablets Per 30 Days   |
| Triptans                                | naratriptan hcl                    | NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)                      | 18 Tablets Per 30 Days   |
| Triptans                                | rizatriptan benzoate               | RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)             | 18 Tablets Per 30 Days   |
| Triptans                                | rizatriptan benzoate               | RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)              | 18 Tablets Per 30 Days   |
| Triptans                                | rizatriptan benzoate odt           | RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ) | 18 Tablets Per 30 Days   |
| Triptans                                | rizatriptan benzoate odt           | RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)  | 18 Tablets Per 30 Days   |
| Triptans                                | sumatriptan                        | SUMATRIPTAN NASAL SPRAY 20 MG/ACT                            | 12 Inhalers Per 30 Days  |
| Triptans                                | sumatriptan                        | SUMATRIPTAN NASAL SPRAY 5 MG/ACT                             | 12 Inhalers Per 30 Days  |
| Triptans                                | sumatriptan succinate              | SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML                         | 10 Vials Per 30 Days     |
| Triptans                                | sumatriptan succinate              | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML      | 12 Doses Per 30 Days     |
| Triptans                                | sumatriptan succinate              | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML      | 12 Doses Per 30 Days     |
| Triptans                                | sumatriptan succinate              | SUMATRIPTAN SUCCINATE TAB 100 MG                             | 18 Tablets Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME       | Target                           | GPI Name   | Quantity Limit            |
|--------------------|----------------------------------|--|---------------------------|
| Triptans           | sumatriptan succinate            | SUMATRIPTAN SUCCINATE TAB 25 MG                              | 18 Tablets Per 30 Days    |
| Triptans           | sumatriptan succinate            | SUMATRIPTAN SUCCINATE TAB 50 MG                              | 18 Tablets Per 30 Days    |
| Triptans           | sumatriptan/naproxen sodium      | SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG                    | 18 Tablets Per 30 Days    |
| Triptans           | zolmitriptan                     | ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT                     | 2 Packs Per 30 Days       |
| Triptans           | zolmitriptan                     | ZOLMITRIPTAN TAB 2.5 MG                                      | 12 Tablets Per 30 Days    |
| Triptans           | zolmitriptan                     | ZOLMITRIPTAN TAB 5 MG  | 12 Tablets Per 30 Days    |
| Triptans           | zolmitriptan odt                 | ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG                | 12 Tablets Per 30 Days    |
| Triptans           | zolmitriptan odt                 | ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG                  | 12 Tablets Per 30 Days    |
| Vascepa            | VASCEPA                          | ICOSAPENT ETHYL CAP 0.5 GM                                   | 240 Capsules Per 30 Days  |
| Vascepa            | VASCEPA                          | ICOSAPENT ETHYL CAP 1 GM                                     | 120 Capsules Per 30 Days  |
| Vascepa            | icosapent ethyl                  | ICOSAPENT ETHYL CAP 0.5 GM                                   | 240 Capsules Per 30 Days  |
| Vascepa            | icosapent ethyl                  | ICOSAPENT ETHYL CAP 1 GM                                     | 120 Capsules Per 30 Days  |
| Verquvo            | VERQUVO                          | VERICIGUAT TAB 10 MG   | 30 Tablets Per 30 Days    |
| Verquvo            | VERQUVO                          | VERICIGUAT TAB 2.5 MG  | 30 Tablets Per 30 Days    |
| Verquvo            | VERQUVO                          | VERICIGUAT TAB 5 MG  | 30 Tablets Per 30 Days    |
| Vijoice            | VIJOICE                          | ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS) | 56 Tablets Per 28 Days    |
| Vijoice            | VIJOICE                          | ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE          | 28 Tablets Per 28 Days    |
| Vijoice            | VIJOICE                          | ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE           | 28 Tablets Per 28 Days    |
| VMAT2 Inhibitor    | AUSTEDO                          | DEUTETRABENAZINE TAB 12 MG                                   | 120 Tablets Per 30 Days   |
| VMAT2 Inhibitor    | AUSTEDO                          | DEUTETRABENAZINE TAB 6 MG                                    | 60 Tablets Per 30 Days    |
| VMAT2 Inhibitor    | AUSTEDO                          | DEUTETRABENAZINE TAB 9 MG                                    | 120 Tablets Per 30 Days   |
| VMAT2 Inhibitor    | AUSTEDO XR                       | DEUTETRABENAZINE TAB ER 24HR 12 MG                           | 30 Tablets Per 30 Days    |
| VMAT2 Inhibitor    | AUSTEDO XR                       | DEUTETRABENAZINE TAB ER 24HR 24 MG                           | 60 Tablets Per 30 Days    |
| VMAT2 Inhibitor    | AUSTEDO XR                       | DEUTETRABENAZINE TAB ER 24HR 6 MG                            | 30 Tablets Per 30 Days    |
| VMAT2 Inhibitor    | AUSTEDO XR PATIENT TITRATION KIT | DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 MG  | 1 Kit Per 180 Days        |
| VMAT2 Inhibitor    | INGREZZA                         | VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)                  | 30 Capsules Per 30 Days   |
| VMAT2 Inhibitor    | INGREZZA                         | VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)                  | 30 Capsules Per 30 Days   |
| VMAT2 Inhibitor    | INGREZZA                         | VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)                  | 30 Capsules Per 30 Days   |
| VMAT2 Inhibitor    | INGREZZA                         | VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21) | 28 Capsules Per 180 Days  |
| VMAT2 Inhibitor    | XENAZINE                         | TETRABENAZINE TAB 12.5 MG                                    | 240 Tablets Per 30 Days   |
| VMAT2 Inhibitor    | XENAZINE                         | TETRABENAZINE TAB 25 MG                                      | 120 Tablets Per 30 Days   |
| VMAT2 Inhibitor    | tetrabenazine                    | TETRABENAZINE TAB 12.5 MG                                    | 240 Tablets Per 30 Days   |
| VMAT2 Inhibitor    | tetrabenazine                    | TETRABENAZINE TAB 25 MG                                      | 120 Tablets Per 30 Days   |
| Vowst              | VOWST                            | FECAL MICROBIOTA SPORES, LIVE-BRPK CAPS                      | 12 Capsules Per 12 Months |
| Voxzogo            | VOXZOGO                          | VOSORITIDE FOR SUBCUTANEOUS INJ 0.4 MG                       | 30 Vials Per 30 Days      |
| Voxzogo            | VOXZOGO                          | VOSORITIDE FOR SUBCUTANEOUS INJ 0.56 MG                      | 30 Vials Per 30 Days      |
| Voxzogo            | VOXZOGO                          | VOSORITIDE FOR SUBCUTANEOUS INJ 1.2 MG                       | 30 Vials Per 30 Days      |
| Weight Loss Agents | ADIPEX-P                         | PHENTERMINE HCL CAP 37.5 MG                                  | 30 Capsules Per 30 Days   |
| Weight Loss Agents | ADIPEX-P                         | PHENTERMINE HCL TAB 37.5 MG                                  | 30 Tablets Per 30 Days    |
| Weight Loss Agents | CONTRAVE                         | NALTREXONE HCL-BUPROPION HCL TAB ER 12HR 8-90 MG             | 120 Tablets Per 30 Days   |
| Weight Loss Agents | DIETHYLPROPION HCL ER            | DIETHYLPROPION HCL TAB ER 24HR 75 MG                         | 30 Tablets Per 30 Days    |
| Weight Loss Agents | DIETHYLPROPION HYDROCHLORIDE ER  | DIETHYLPROPION HCL TAB ER 24HR 75 MG                         | 30 Tablets Per 30 Days    |
| Weight Loss Agents | LOMAIRA                          | PHENTERMINE HCL TAB 8 MG                                     | 90 Tablets Per 30 Days    |
| Weight Loss Agents | ORLISTAT                         | ORLISTAT CAP 120 MG  | 90 Capsules Per 30 Days   |
| Weight Loss Agents | PHENDIMETRAZINE TARTRATE ER      | PHENDIMETRAZINE TARTRATE CAP ER 24HR 105 MG                  | 30 Capsules Per 30 Days   |
| Weight Loss Agents | QSYMIA                           | PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 11.25-69 MG           | 30 Capsules Per 30 Days   |
| Weight Loss Agents | QSYMIA                           | PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 15-92 MG              | 30 Capsules Per 30 Days   |
| Weight Loss Agents | QSYMIA                           | PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 3.75-23 MG            | 30 Capsules Per 30 Days   |

BCBSND Formulary Quantity Limit Program Summary

| QL PROG NAME       | Target                       | GPI Name  | Quantity Limit           |
|--------------------|------------------------------|---|--------------------------|
| Weight Loss Agents | QSYMIA                       | PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 7.5-46 MG            | 30 Capsules Per 30 Days  |
| Weight Loss Agents | SAXENDA                      | LIRAGLUTIDE (WEIGHT MNGMT) SOLN PEN-INJ 18 MG/3ML (6 MG/ML) | 15 mLs Per 30 Days       |
| Weight Loss Agents | WEGOVY                       | SEMAGLUTIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 0.25 MG/0.5ML | 8 Pens Per 180 Days      |
| Weight Loss Agents | WEGOVY                       | SEMAGLUTIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 0.5 MG/0.5ML  | 8 Pens Per 180 Days      |
| Weight Loss Agents | WEGOVY                       | SEMAGLUTIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 1 MG/0.5ML    | 8 Pens Per 180 Days      |
| Weight Loss Agents | WEGOVY                       | SEMAGLUTIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 1.7 MG/0.75ML | 4 Pens Per 28 Days       |
| Weight Loss Agents | WEGOVY                       | SEMAGLUTIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 2.4 MG/0.75ML | 4 Pens Per 28 Days       |
| Weight Loss Agents | XENICAL                      | ORLISTAT CAP 120 MG   | 90 Capsules Per 30 Days  |
| Weight Loss Agents | ZEPBOUND                     | TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 10 MG/0.5ML   | 4 Pens Per 28 Days       |
| Weight Loss Agents | ZEPBOUND                     | TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 12.5 MG/0.5ML | 4 Pens Per 28 Days       |
| Weight Loss Agents | ZEPBOUND                     | TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 15 MG/0.5ML   | 4 Pens Per 28 Days       |
| Weight Loss Agents | ZEPBOUND                     | TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 2.5 MG/0.5ML  | 4 Pens Per 180 Days      |
| Weight Loss Agents | ZEPBOUND                     | TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 5 MG/0.5ML    | 4 Pens Per 28 Days       |
| Weight Loss Agents | ZEPBOUND                     | TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR 7.5 MG/0.5ML  | 4 Pens Per 28 Days       |
| Weight Loss Agents | benzphetamine hcl            | BENZPHETAMINE HCL TAB 50 MG                                 | 90 Tablets Per 30 Days   |
| Weight Loss Agents | diethylpropion hcl           | DIETHYLPROPION HCL TAB 25 MG                                | 90 Tablets Per 30 Days   |
| Weight Loss Agents | diethylpropion hydrochloride | DIETHYLPROPION HCL TAB 25 MG                                | 90 Tablets Per 30 Days   |
| Weight Loss Agents | phendimetrazine tartrate     | PHENDIMETRAZINE TARTRATE TAB 35 MG                          | 180 Tablets Per 30 Days  |
| Weight Loss Agents | phentermine hcl              | PHENTERMINE HCL TAB 37.5 MG                                 | 30 Tablets Per 30 Days   |
| Weight Loss Agents | phentermine hydrochloride    | PHENTERMINE HCL CAP 15 MG                                   | 30 Capsules Per 30 Days  |
| Weight Loss Agents | phentermine hydrochloride    | PHENTERMINE HCL CAP 30 MG                                   | 30 Capsules Per 30 Days  |
| Weight Loss Agents | phentermine hydrochloride    | PHENTERMINE HCL CAP 37.5 MG                                 | 30 Capsules Per 30 Days  |
| Weight Loss Agents | phentermine hydrochloride    | PHENTERMINE HCL TAB 37.5 MG                                 | 30 Tablets Per 30 Days   |
| Xermelo            | XERMELO                      | TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)      | 90 Tablets Per 30 Days   |
| Zeposia            | ZEPOSIA                      | OZANIMOD HCL CAP 0.92 MG                                    | 30 Capsules Per 30 Days  |
| Zeposia            | ZEPOSIA 7-DAY STARTER PACK   | OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG                 | 7 Capsules Per 180 Days  |
| Zeposia            | ZEPOSIA STARTER KIT          | OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG  | 28 Capsules Per 180 Days |
| Zeposia            | ZEPOSIA STARTER KIT          | OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 30 X 0.92 MG  | 37 Capsules Per 180 Days |
| Zokinvy            | ZOKINVY                      | LONAFARNIB CAP 50 MG  | 120 Capsules Per 30 Days |
| Zokinvy            | ZOKINVY                      | LONAFARNIB CAP 75 MG  | 120 Capsules Per 30 Days |





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](mailto: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.)