

# Quantity Limit Program

## May 2024



The Quantity Limit Program encourages safe medication use. The chart below lists quantity limits for medications on Blue Cross Blue Shield of Michigan’s Clinical, Closed, Custom and Custom Select Drug Lists, Blue Cross and Blue Care Network’s Preferred Drug List and Blue Care Network’s Closed, Custom and Custom Select Drug Lists. The quantities are consistent with the Food and Drug Administration’s approved dosing guidelines.

All opioids are limited to a 90 morphine milligram equivalent per day.

**Note:** Some member limits may be slightly different. Please see your benefit information for your specific limits.

**Key**

SC = subcutaneous, mg = milligram, gm = gram, mcg = microgram, ml = milliliter, IU = international unit

Not covered: You may be responsible for the full cost of the medication.

Not applicable: Quantity limits may not apply.

**Sample**

Absorica = brand name

(isotretinoin) = generic name

| Medication   | Quantity limits for:                      |                               |                                   |                               |                             |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Abilify Asimtufii</b><br>(aripiprazole, extended release) | 1 injection per 60 days                   | 1 injection per 60 days       | 1 injection per 60 days           | 1 injection per 60 days       | 1 injection per 60 days     |
| <b>Abrysvo</b><br>(respiratory syncytial virus vaccine)      | 0.5 ml per fill                           | 0.5 ml per fill               | 0.5 ml per fill                   | 0.5 ml per fill               | 0.5 ml per fill             |
| <b>Absorica</b><br>(isotretinoin)                            | Not covered                               | Not covered                   | Not covered                       | Not covered                   | Not covered                 |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication                                      | Quantity limits for:  |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists                           | BCBSM Custom Select Drug List                                       | BCBSM and BCN Preferred Drug List                                   | BCN Custom, Closed Drug Lists                                       | BCN Custom Select Drug List   |
| <b>Absorica LD</b><br>(isotretinoin)            | Not covered   | Not covered   | 5 capsules per day  | Not covered   | Not covered   |
| <b>Accolate</b><br>(zafirlukast)                | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   |
| <b>Accrufer</b><br>(ferric maltol)              | 2 tablets per day   | 2 tablets per day   | Not covered   | 2 tablets per day   | 2 tablets per day   |
| <b>Accutane</b><br>(isotretinoin)               | 5 capsules per day  | 5 capsules per day  | 5 capsules per day  | 5 capsules per day  | 5 capsules per day  |
| <b>Actemra</b><br>(tocilizumab)                 | 4 packages (4 syringes) per 30 days                                 | 4 packages (4 syringes) per 30 days                                 | 4 packages (4 syringes) per 30 days                                 | 4 packages (4 syringes) per 30 days                                 | 4 packages (4 syringes) per 30 days                                 |
| <b>Acthar Gel</b><br>(repository corticotropin) | 4 vials (20 ml) per 30 days   | Not covered   | 4 vials (20 ml) per 30 days   | 4 vials (20 ml) per 30 days   | Not covered   |
| <b>Actiq</b><br>(fentanyl citrate)              | 4 lollipops per day**<br>(Limited to 5 day supply for the 1st fill) | 4 lollipops per day**<br>(Limited to 5 day supply for the 1st fill) | 4 lollipops per day**<br>(Limited to 5 day supply for the 1st fill) | 4 lollipops per day**<br>(Limited to 5 day supply for the 1st fill) | 4 lollipops per day**<br>(Limited to 5 day supply for the 1st fill) |
| <b>Actonel 5mg, 30mg</b><br>(risedronate)       | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  |
| <b>Actonel 35mg</b><br>(risedronate)            | 4 tablets per 30 days   | 4 tablets per 30 days   | 4 tablets per 30 days   | 4 tablets per 30 days   | 4 tablets per 30 days   |
| <b>Actonel 150mg</b><br>(risedronate)           | 1 tablet per 30 days  | 1 tablet per 30 days  | 1 tablet per 30 days  | 1 tablet per 30 days  | 1 tablet per 30 days  |
| <b>Aczone 5%</b><br>(dapsone)                   | 90 grams per 30 days  | Not covered   | 90 grams per 30 days  | 90 grams per 30 days  | Not covered   |
| <b>Adacel</b>                                   | 0.5 ml per fill   | 0.5 ml per fill   | 0.5 ml per fill   | 0.5 ml per fill   | 0.5 ml per fill   |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Adbry</b><br>(tralokinumab-ldrm)   | 4 syringes per 28 days                    | 4 syringes per 28 days        | 4 syringes per 28 days            | 4 syringes per 28 days        | 4 syringes per 28 days      |
| <b>Adcirca</b><br>(tadalafil)   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Adderall 5, 7.5, 10, 12.5, 15mg</b><br>(amphetamine + dextroamphetamine) | 4 tablets per day                         | 4 tablets per day             | 4 tablets per day                 | 4 tablets per day             | 4 tablets per day           |
| <b>Adderall 20mg</b><br>(amphetamine + dextroamphetamine)                   | 3 tablets per day                         | 3 tablets per day             | 3 tablets per day                 | 3 tablets per day             | 3 tablets per day           |
| <b>Adderall 30mg</b><br>(amphetamine + dextroamphetamine)                   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Adderall XR</b><br>(amphetamine + dextroamphetamine)                     | 2 capsules per day                        | 2 capsules per day            | 2 capsules per day                | 2 capsules per day            | 2 capsules per day          |
| <b>Addyi</b><br>(fibanserin)  | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                 |
| <b>Adempas</b><br>(riociguat)   | 3 tablets per day                         | 3 tablets per day             | 3 tablets per day                 | 3 tablets per day             | 3 tablets per day           |
| <b>Adlarity</b><br>(donepezil)  | 1 patch per day                           | 1 patch per day               | 1 patch per day                   | 1 patch per day               | 1 patch per day             |
| <b>Advair HFA</b><br>(fluticasone propionate + salmeterol)                  | 1 inhaler per 30 days                     | 1 inhaler per 30 days         | 1 inhaler per 30 days             | 1 inhaler per 30 days         | 1 inhaler per 30 days       |

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| Medication  | Quantity limits for:                          |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists     | BCBSM Custom Select Drug List                 | BCBSM and BCN Preferred Drug List             | BCN Custom, Closed Drug Lists                 | BCN Custom Select Drug List                   |
| <b>Adzenys ER</b><br>(amphetamine extended-release)     | 15 ml (18.8mg) per day                        | Not covered                                   | 15 ml (18.8mg) per day                        | 15 ml (18.8mg) per day                        | Not covered                                   |
| <b>Adzenys XR-ODT</b><br>(amphetamine extended-release) | 2 tablets per day                             | Not covered                                   | 2 tablets per day                             | 2 tablets per day                             | Not covered                                   |
| <b>Aemcolo</b><br>(rifamycin)                           | 12 tablets per 90 days                        | Not covered                                   | 12 tablets per 90 days                        | 12 tablets per 90 days                        | Not covered                                   |
| <b>Afinitor, Disperz</b><br>(everolimus)                | 30 tablets per 30 days*                       | 30 tablets per 30 days*                       | 30 tablets per 30 days*                       | 30 tablets per 30 days*                       | 30 tablets per 30 days*                       |
| <b>Agamree</b><br>(vamorolone)                          | 300 mg (7.5 ml) per day                       | 300 mg (7.5 ml) per day                       | 300 mg (7.5 ml) per day                       | 300 mg (7.5 ml) per day                       | 300 mg (7.5 ml) per day                       |
| <b>Aimovig</b><br>(erenumab)                            | 1 autoinjector / syringe (1 pack) per 30 days | 1 autoinjector / syringe (1 pack) per 30 days | 1 autoinjector / syringe (1 pack) per 30 days | 1 autoinjector / syringe (1 pack) per 30 days | 1 autoinjector / syringe (1 pack) per 30 days |
| <b>Airsupra</b><br>(albuterol/budesonide)               | 2 inhalers per 30 days                        | Not covered                                   | Not covered                                   | 2 inhalers per 30 days                        | Not covered                                   |
| <b>Ajovy</b><br>(fremanezumab-vfrm)                     | 1 syringe (1 pack) per 30 days                | 1 syringe (1 pack) per 30 days                | 1 syringe (1 pack) per 30 days                | 1 syringe (1 pack) per 30 days                | 1 syringe (1 pack) per 30 days                |
| <b>Akeega</b><br>(niraparib/abiraterone acetate)        | 2 tablets per day*                            | 2 tablets per day*                            | 2 tablets per day*                            | 2 tablets per day*                            | 2 tablets per day*                            |
| <b>Akynzeo</b><br>(etupitant + palonosetron)            | 4 capsules per 30 days                        | 4 capsules per 30 days                        | Not covered                                   | 4 capsules per 30 days                        | 4 capsules per 30 days                        |
| <b>Albenza</b><br>(albendazole)                         | 4 tablets per day                             | 4 tablets per day                             | 4 tablets per day                             | 4 tablets per day                             | 4 tablets per day                             |
| <b>Aldara</b><br>(imiquimod)                            | 1 packet per day                              | 1 packet per day                              | 1 packet per day                              | 1 packet per day                              | 1 packet per day                              |

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| <b>Alecensa</b><br>(alectinib)               | 8 capsules per day                        | 8 capsules per day            | 8 capsules per day                | 8 capsules per day            | 8 capsules per day            |
| <b>Alkindi Sprinkle</b><br>(hydrocortisone)  | 3 capsules per day                        | 3 capsules per day            | Not covered                       | 3 capsules per day            | 3 capsules per day            |
| <b>Altreno</b><br>(tretinoin)                | 1 tube (45 grams) per 30 days             | 1 tube (45 grams) per 30 days | 1 tube (45 grams) per 30 days     | 1 tube (45 grams) per 30 days | 1 tube (45 grams) per 30 days |
| <b>Alunbrig starter pack</b><br>(brigatinib) | 1 pack per 365 days                       | 1 pack per 365 days           | 1 pack per 365 days               | 1 pack per 365 days           | 1 pack per 365 days           |
| <b>Alunbrig 30mg</b><br>(brigatinib)         | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day             |
| <b>Alunbrig 90mg, 180mg</b><br>(brigatinib)  | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Alyq</b><br>(tadalafil)                   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day             |
| <b>Ambien</b><br>(zolpidem tartrate)         | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Ambien CR</b><br>(zolpidem tartrate)      | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Amerge</b><br>(naratriptan)               | 12 tablets per 30 days                    | 12 tablets per 30 days        | 12 tablets per 30 days            | 12 tablets per 30 days        | 12 tablets per 30 days        |
| <b>Amitiza</b><br>(lubiprostone)             | 2 capsules per day                        | 2 capsules per day            | Not covered                       | 2 capsules per day            | 2 capsules per day            |
| <b>Ampyra</b><br>(dalfampridine)             | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day             |

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| <b>Amzeeq</b><br>(minocycline)                                 | 1 can per 30 days                         | Not covered                        | 1 can per 30 days                  | 1 can per 30 days                  | Not covered                        |
| <b>Androderm</b><br>(testosterone)                             | 1 patch per day                           | 1 patch per day                    | 1 patch per day                    | 1 patch per day                    | 1 patch per day                    |
| <b>AndroGel packet 1%</b><br>(2.5gm/day)<br>(testosterone)     | 90 packets (225 gm)<br>per 30 days        | 90 packets (225 gm)<br>per 30 days | 90 packets (225 gm)<br>per 30 days | 90 packets (225 gm)<br>per 30 days | 90 packets (225 gm)<br>per 30 days |
| <b>AndroGel packet 1%</b><br>(5gm/day)<br>(testosterone)       | 60 packets (300 gm)<br>per 30 days        | 60 packets (300 gm)<br>per 30 days | 60 packets (300 gm)<br>per 30 days | 60 packets (300 gm)<br>per 30 days | 60 packets (300 gm)<br>per 30 days |
| <b>AndroGel packet 1.62%</b><br>(1.25gm/day)<br>(testosterone) | 30 packets (38 gm)<br>per 30 days         | 30 packets (38 gm)<br>per 30 days  | 30 packets (38 gm)<br>per 30 days  | 30 packets (38 gm)<br>per 30 days  | 30 packets (38 gm)<br>per 30 days  |
| <b>AndroGel packet 1.62%</b><br>(2.5gm/day)<br>(testosterone)  | 60 packets (150 gm)<br>per 30 days        | 60 packets (150 gm)<br>per 30 days | 60 packets (150 gm)<br>per 30 days | 60 packets (150 gm)<br>per 30 days | 60 packets (150 gm)<br>per 30 days |
| <b>AndroGel pump 1%</b><br>(testosterone)                      | 4 bottles (300 gm)<br>per 30 days         | 4 bottles (300 gm)<br>per 30 days  | 4 bottles (300 gm)<br>per 30 days  | 4 bottles (300 gm)<br>per 30 days  | 4 bottles (300 gm)<br>per 30 days  |
| <b>AndroGel pump 1.62%</b><br>(testosterone)                   | 2 bottles (150 gm)<br>per 30 days         | 2 bottles (150 gm)<br>per 30 days  | 2 bottles (150 gm)<br>per 30 days  | 2 bottles (150 gm)<br>per 30 days  | 2 bottles (150 gm)<br>per 30 days  |
| <b>Android</b><br>(methyltestosterone)                         | 1 tablet per day                          | Not covered                        | 1 tablet per day                   | 1 tablet per day                   | Not covered                        |
| <b>Annovera</b><br>(segesteron acetate + ethinyl<br>estradiol) | 1 ring per 365 days                       | 1 ring per 365 days                | 1 ring per 365 days                | 1 ring per 365 days                | 1 ring per 365 days                |
| <b>Anoro Ellipta</b><br>(umeclidinium + vilanterol)            | 1 inhaler per 30 days                     | 1 inhaler per 30 days              | 1 inhaler per 30 days              | 1 inhaler per 30 days              | 1 inhaler per 30 days              |

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| Medication   | Quantity limits for:                      |                                   |                                   |                                   |                                   |
|--|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List     | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List       |
| <b>Aptensio XR</b><br>(methylphenidate extended-release)   | 1 capsule per day                         | Not covered                       | 1 capsule per day                 | 1 capsule per day                 | Not covered                       |
| <b>Aptiom 200mg, 400mg</b><br>(eslicarbazepine acetate)    | 1 tablet per day                          | Not covered                       | Not covered                       | 1 tablet per day                  | Not covered                       |
| <b>Aptiom 600mg, 800mg</b><br>(eslicarbazepine acetate)    | 2 tablets per day                         | Not covered                       | Not covered                       | 2 tablets per day                 | Not covered                       |
| <b>Arakoda</b><br>(tafenoquine)                            | 1 carton (16 tablets) per 30 days         | 1 carton (16 tablets) per 30 days | 1 carton (16 tablets) per 30 days | 1 carton (16 tablets) per 30 days | 1 carton (16 tablets) per 30 days |
| <b>Arcalyst</b><br>(rilonacept)                            | 8 vials per 28 days                       | 8 vials per 28 days               | 8 vials per 28 days               | 8 vials per 28 days               | 8 vials per 28 days               |
| <b>Arcapta Neohaler</b><br>(indacaterol)                   | 1 capsule per day                         | 1 capsule per day                 | 1 capsule per day                 | 1 capsule per day                 | 1 capsule per day                 |
| <b>Arexvy</b><br>(respiratory syncytial virus vaccine)     | 0.5 ml per fill                           | 0.5 ml per fill                   | 0.5 ml per fill                   | 0.5 ml per day                    | 0.5 ml per fill                   |
| <b>Aricept 23mg</b><br>(donepezil)                         | 1 tablet per day                          | Not covered                       | 1 tablet per day                  | 1 tablet per day                  | Not covered                       |
| <b>Arikayce</b><br>(amikacin)                              | 1 kit (28 vials) per 28 days              | 1 kit (28 vials) per 28 days      | 1 kit (28 vials) per 28 days      | 1 kit (28 vials) per 28 days      | 1 kit (28 vials) per 28 days      |
| <b>Arimidex</b><br>(anastrozole)                           | 1 tablet per day                          | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  |
| <b>Aristada 441, 662, 882mg</b><br>(aripiprazole lauroxil) | 1 syringe per 30 days                     | 1 syringe per 30 days             | 1 syringe per 30 days             | 1 syringe per 30 days             | 1 syringe per 30 days             |

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| <b>Aristada 1,064mg</b><br>(aripiprazole lauroxil)   | 1 syringe per 60 days                     | 1 syringe per 60 days         | 1 syringe per 60 days             | 1 syringe per 60 days         | 1 syringe per 60 days         |
| <b>Arnuity Ellipta</b><br>(fluticasone furoate)      | 1 inhaler per 30 days                     | 1 inhaler per 30 days         | 1 inhaler per 30 days             | 1 inhaler per 30 days         | 1 inhaler per 30 days         |
| <b>Aromasin</b><br>(exemestane)                      | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Asmanex</b><br>(mometasone furoate)               | 1 inhaler per 30 days                     | 1 inhaler per 30 days         | 1 inhaler per 30 days             | 1 inhaler per 30 days         | 1 inhaler per 30 days         |
| <b>Aspruzyo Sprinkle</b><br>(ranolazine)             | 2 sachets per day                         | 2 sachets per day             | 2 sachets per day                 | 2 sachets per day             | 2 sachets per day             |
| <b>Astelin</b><br>(azelastine)                       | 2 (30 ml bottles) per 30 days             | 2 (30 ml bottles) per 30 days | 2 (30 ml bottles) per 30 days     | 2 (30 ml bottles) per 30 days | 2 (30 ml bottles) per 30 days |
| <b>Astepro</b><br>(azelastine)                       | 2 (30 ml bottles) per 30 days             | Not covered                   | 2 (30 ml bottles) per 30 days     | Not covered                   | Not covered                   |
| <b>Atelvia</b><br>(risedronate)                      | 4 tablets per 30 days                     | 4 tablets per 30 days         | 4 tablets per 30 days             | 4 tablets per 30 days         | 4 tablets per 30 days         |
| <b>Atrovent HFA</b><br>(ipratropium bromide)         | 2 inhalers per 30 days                    | 2 inhalers per 30 days        | 2 inhalers per 30 days            | 2 inhalers per 30 days        | 2 inhalers per 30 days        |
| <b>Atrovent nasal 21mcg</b><br>(ipratropium bromide) | 2 (30 ml bottles) per 30 days             | 2 (30 ml bottles) per 30 days | 2 (30 ml bottles) per 30 days     | 2 (30 ml bottles) per 30 days | 2 (30 ml bottles) per 30 days |
| <b>Atrovent nasal 42mcg</b><br>(ipratropium bromide) | 3 (15 ml bottles) per 30 days             | 3 (15 ml bottles) per 30 days | 3 (15 ml bottles) per 30 days     | 3 (15 ml bottles) per 30 days | 3 (15 ml bottles) per 30 days |
| <b>Aubagio</b><br>(teriflunomide)                    | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |

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| <b>Augtyro</b><br>(repotrectinib)                        | 8 capsules per day*                       | 8 capsules per day*           | 8 capsules per day*                               | 8 capsules per day*            | 8 capsules per day*           |
| <b>Austedo 6mg</b><br>(deutetrabenazine)                 | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                                 | 2 tablets per day              | 2 tablets per day             |
| <b>Austedo 9mg, 12mg</b><br>(deutetrabenazine)           | 4 tablets per day                         | 4 tablets per day             | 4 tablets per day                                 | 4 tablets per day              | 4 tablets per day             |
| <b>Austedo XR</b><br>(deutetrabenazine extended-release) | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                                 | 2 tablets per day              | 2 tablets per day             |
| <b>Auvelity</b><br>(dextromethorphan + bupropion)        | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                                 | 2 tablets per day              | 2 tablets per day             |
| <b>Auvi-Q 0.15mg/0.15ml</b><br>(epinephrine)             | Not covered                               | Not covered                   | 4 injections per Rx,<br>8 injections per 365 days | Not covered                    | Not covered                   |
| <b>Avandia</b><br>(rosiglitazone maleate)                | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                                 | 2 tablets per day              | 2 tablets per day             |
| <b>Avinza</b><br>(morphine)                              | 1 capsule per day                         | Not covered                   | 1 capsule per day                                 | 1 capsule per day              | Not covered                   |
| <b>Avonex</b><br>(interferon beta 1a)                    | 4 syringes / pens per 28 days             | 4 syringes / pens per 28 days | 4 syringes / pens per 28 days                     | 4 syringes / pens per 28 days  | 4 syringes / pens per 28 days |
| <b>Axert</b><br>(almotriptan)                            | 12 tablets per 30 days                    | 12 tablets per 30 days        | 12 tablets per 30 days                            | 12 tablets per 30 days         | 12 tablets per 30 days        |
| <b>Axiron</b><br>(testosterone)                          | 2 bottles (180 ml) per 30 days            | Not covered                   | 2 bottles (180 ml) per 30 days                    | 2 bottles (180 ml) per 30 days | Not covered                   |
| <b>Ayvakit</b><br>(avapritinib)                          | 30 tablets per 30 days*                   | 30 tablets per 30 days*       | 30 tablets per 30 days*                           | 30 tablets per 30 days*        | 30 tablets per 30 days*       |

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|---|---|--|---|---|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists                       | BCBSM Custom Select Drug List                | BCBSM and BCN Preferred Drug List                               | BCN Custom, Closed Drug Lists                                   | BCN Custom Select Drug List                  |
| <b>Azstarys</b><br>(serdexmethylphenidate + dexmethylphenidate) | 1 tablet per day  | Not covered                                  | 1 tablet per day  | 1 tablet per day  | Not covered                                  |
| <b>Bafiertam</b><br>(monomethyl fumarate)                       | 4 capsules per day  | Not covered                                  | 4 capsules per day  | 4 capsules per day  | Not covered                                  |
| <b>Balversa 3mg</b><br>(erdafitinib)                            | 90 tablets per 30 days*   | 90 tablets per 30 days*                      | Not covered   | 90 tablets per 30 days*   | 90 tablets per 30 days*                      |
| <b>Balversa 4mg</b><br>(erdafitinib)                            | 60 tablets per 30 days*   | 60 tablets per 30 days*                      | Not covered   | 60 tablets per 30 days*   | 60 tablets per 30 days*                      |
| <b>Balversa 5mg</b><br>(erdafitinib)                            | 30 tablets per 30 days*   | 30 tablets per 30 days*                      | Not covered   | 30 tablets per 30 days*   | 30 tablets per 30 days*                      |
| <b>Banzel 200mg tablet</b><br>(rufinamide)                      | 2 tablets per day   | 2 tablets per day                            | 2 tablets per day   | 2 tablets per day   | 2 tablets per day                            |
| <b>Banzel 400mg tablet</b><br>(rufinamide)                      | 8 tablets per day   | 8 tablets per day                            | 8 tablets per day   | 8 tablets per day   | 8 tablets per day                            |
| <b>Baqsimi</b><br>(glucagon)                                    | 8 units per 30 days<br>16 units per 365 days                    | 8 units per 30 days<br>16 units per 365 days | 8 units per 30 days<br>16 units per 365 days                    | 8 units per 30 days<br>16 units per 365 days                    | 8 units per 30 days<br>16 units per 365 days |
| <b>Beconase AQ</b><br>(beclomethasone dipropionate)             | 2 (25 gm bottles) per 30 days                                   | Not covered                                  | Not covered   | Not covered   | Not covered                                  |
| <b>Belbuca</b><br>(buprenorphine)                               | 2 films per day**<br>(Limited to 5 day supply for the 1st fill) | Not covered                                  | 2 films per day**<br>(Limited to 5 day supply for the 1st fill) | 2 films per day**<br>(Limited to 5 day supply for the 1st fill) | Not covered                                  |
| <b>Belsomra</b><br>(suvorexant)                                 | 1 tablet per day  | Not covered                                  | 1 tablet per day  | 1 tablet per day  | Not covered                                  |

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| Medication   | Quantity limits for:                      |                                |                                   |                                |                                |
|--|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List    |
| <b>Benlysta</b><br>(belimumab)   | 4 syringes per 28 days                    | 4 syringes per 28 days         | 4 syringes per 28 days            | 4 syringes per 28 days         | 4 syringes per 28 days         |
| <b>Benznidazole 12.5mg</b><br>(benznidazole)                             | 12 tablets per day                        | 12 tablets per day             | 12 tablets per day                | 12 tablets per day             | 12 tablets per day             |
| <b>Benznidazole 100mg</b><br>(benznidazole)                              | 4 tablets per day                         | 4 tablets per day              | 4 tablets per day                 | 4 tablets per day              | 4 tablets per day              |
| <b>Besremi</b><br>(ropeginterferon alfa-2b-njft)                         | 2 syringes per 28 days*                   | 2 syringes per 28 days*        | 2 syringes per 28 days*           | 2 syringes per 28 days*        | 2 syringes per 28 days*        |
| <b>Betaseron</b><br>(interferon beta 1b)                                 | 14 syringes per 28 days                   | 14 syringes per 28 days        | 14 syringes per 28 days           | 14 syringes per 28 days        | 14 syringes per 28 days        |
| <b>Bethkis</b><br>(tobramycin)   | 56 ampules per 56 rolling days            | 56 ampules per 56 rolling days | 56 ampules per 56 rolling days    | 56 ampules per 56 rolling days | 56 ampules per 56 rolling days |
| <b>Bevyxxa</b><br>(betrixaban)   | 1 tablet per day                          | 1 tablet per day               | 1 tablet per day                  | 1 tablet per day               | 1 tablet per day               |
| <b>Beyfortus 50mg/0.5ml</b><br>(nirsevimab-alip)                         | 50mg (0.5ml) per fill                     | 50mg (0.5ml) per fill          | 50mg (0.5ml) per fill             | 50mg (0.5ml) per fill          | 50mg (0.5ml) per fill          |
| <b>Beyfortus 100mg/ml</b><br>(nirsevimab-alip)                           | 200mg (2ml) per fill                      | 200mg (2ml) per fill           | 200mg (2ml) per fill              | 200mg (2ml) per fill           | 200mg (2ml) per fill           |
| <b>Bijuva</b><br>(estradiol + progesterone)                              | 1 capsule per day                         | Not covered                    | Not covered                       | 1 capsule per day              | Not covered                    |
| <b>Biktarvy</b><br>(bictegravir + emtricitabine + tenofovir alafenamide) | 1 tablet per day                          | 1 tablet per day               | 1 tablet per day                  | 1 tablet per day               | 1 tablet per day               |
| <b>Binosto</b><br>(alendronate)  | 4 tablets per 30 days                     | Not covered                    | 4 tablets per 30 days             | 4 tablets per 30 days          | Not covered                    |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                                  |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists             | BCBSM Custom Select Drug List                         | BCBSM and BCN Preferred Drug List                     | BCN Custom, Closed Drug Lists                         | BCN Custom Select Drug List                           |
| <b>Boniva 150mg</b><br>(ibandronate)  | 1 tablet per 30 days                                  | 1 tablet per 30 days                                  | 1 tablet per 30 days                                  | 1 tablet per 30 days                                  | 1 tablet per 30 days                                  |
| <b>Bonjesta</b><br>(doxylamine succinate + pyridoxine extended-release)   | 2 tablets per day                                     | Not covered   | 2 tablets per day                                     | 2 tablets per day                                     | Not covered   |
| <b>Boostrix / Boostrix TDAP vaccine</b>   | 0.5 ml per fill                                       | 0.5 ml per fill                                       | 0.5 ml per fill                                       | 0.5 ml per fill                                       | 0.5 ml per fill                                       |
| <b>Bosulif capsule</b><br>(bosutinib)   | 10 capsules per day                                   | 10 capsules per day                                   | 10 capsules per day                                   | 10 capsules per day                                   | 10 capsules per day                                   |
| <b>Bosulif tablet 100mg</b><br>(bosutinib)  | 3 tablets per day*                                    | 3 tablets per day*                                    | 3 tablets per day*                                    | 3 tablets per day*                                    | 3 tablets per day*                                    |
| <b>Bosulif tablet 400mg, 500mg</b><br>(bosutinib)   | 1 tablet per day*                                     | 1 tablet per day*                                     | 1 tablet per day*                                     | 1 tablet per day*                                     | 1 tablet per day*                                     |
| <b>Bowel preparation medications</b><br>(Bisacodyl<br>Magnesium Citrate<br>Magnesium hydroxide<br>Phosphate laxative) | 2 fills per 365 days                                  | 2 fills per 365 days                                  | 2 fills per 365 days                                  | 2 fills per 365 days                                  | 2 fills per 365 days                                  |
| <b>Bowel preparation medications</b><br>(generic polyethylene glycol 3350 products)                                   | 2 fills per 365 days                                  | 2 fills per 365 days                                  | 2 fills per 365 days                                  | 2 fills per 365 days                                  | 2 fills per 365 days                                  |
| <b>Braftovi 50mg</b><br>(encorafenib)   | 1 carton<br>(2 bottles of 60 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 60 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 60 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 60 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 60 capsules)<br>per 30 days |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                                  |   |   |   |   |
|--|---|---|---|---|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists             | BCBSM Custom Select Drug List                         | BCBSM and BCN Preferred Drug List                     | BCN Custom, Closed Drug Lists                         | BCN Custom Select Drug List                           |
| <b>Braftovi 75mg</b><br>(encorafenib)  | 1 carton<br>(2 bottles of 90 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 90 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 90 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 90 capsules)<br>per 30 days | 1 carton<br>(2 bottles of 90 capsules)<br>per 30 days |
| <b>Breo Ellipta</b><br>(fluticasone furoate + vilanterol)                        | 1 inhaler (60 blisters)<br>per 30 days                | 1 inhaler (60 blisters)<br>per 30 days                | 1 inhaler (60 blisters)<br>per 30 days                | 1 inhaler (60 blisters)<br>per 30 days                | 1 inhaler (60 blisters)<br>per 30 days                |
| <b>Brexafemme</b><br>(ibrexafungerp)   | 4 tablets per fill                                    | 4 tablets per fill                                    | 4 tablets per fill                                    | 4 tablets per fill                                    | 4 tablets per fill                                    |
| <b>Breztri Aerosphere</b><br>(budesonide + glycopyrrolate + formoterol fumarate) | 1 inhaler per 30 days                                 | 1 inhaler per 30 days                                 | 1 inhaler per 30 days                                 | 1 inhaler per 30 days                                 | 1 inhaler per 30 days                                 |
| <b>Brilinta</b><br>(ticagrelor)  | 2 tablets per day                                     | 2 tablets per day                                     | 2 tablets per day                                     | 2 tablets per day                                     | 2 tablets per day                                     |
| <b>Brisdelle</b><br>(paroxetine mesylate)  | 1 capsule per day                                     | Not covered   | 1 capsule per day                                     | 1 capsule per day                                     | Not covered   |
| <b>Briviact oral solution</b><br>(brivaracetam)                                  | 20 ml per day   | 20 ml per day   | 20 ml per day   | 20 ml per day   | 20 ml per day   |
| <b>Briviact tablet</b><br>(brivaracetam)   | 2 tablets per day                                     | 2 tablets per day                                     | 2 tablets per day                                     | 2 tablets per day                                     | 2 tablets per day                                     |
| <b>Bronchitol</b><br>(mannitol)  | 4 inhalers per 28 days                                | 4 inhalers per 28 days                                | 4 inhalers per 28 days                                | 4 inhalers per 28 days                                | 4 inhalers per 28 days                                |
| <b>Brovana</b><br>(arformoterol tartrate)  | 2 vials (4 mL) per day                                | 2 vials (4 ml) per day                                | Not covered   | 2 vials (4 ml) per day                                | 2 vials (4 ml) per day                                |
| <b>Brukinsa</b><br>(zanubrutinib)  | 120 capsules per 30 days*                             | 120 capsules per 30 days*                             | 120 capsules per 30 days*                             | 120 capsules per 30 days*                             | 120 capsules per 30 days*                             |
| <b>Bryhali</b><br>(halobetasol propionate)                                       | 1 tube per 30 days                                    | 1 tube per 30 days                                    | 1 tube per 30 days                                    | 1 tube per 30 days                                    | 1 tube per 30 days                                    |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Bunavail</b><br>(buprenorphine + naloxone)   | 2 films per day  | 2 films per day  | Not covered  | 2 films per day  | 2 films per day  |
| <b>Buphenyl tablet</b><br>(sodium phenylbutyrate)   | 40 tablets per day   | 40 tablets per day   | 40 tablets per day   | 40 tablets per day   | 40 tablets per day   |
| <b>butalbital + acetaminophen + caffeine + codeine</b>  | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            |
| <b>butalbital + aspirin + caffeine + codeine</b><br>(Fiorinal w/codeine, Ascomp w/codeine, Butalbital compound w/codeine) | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Butrans</b><br>(buprenorphine)   | 4 patches per 28 days**<br>(Limited to 5 day supply for the 1st fill)            | 4 patches per 28 days**<br>(Limited to 5 day supply for the 1st fill)            | 4 patches per 28 days**<br>(Limited to 5 day supply for the 1st fill)            | 4 patches per 28 days**<br>(Limited to 5 day supply for the 1st fill)            | 4 patches per 28 days**<br>(Limited to 5 day supply for the 1st fill)            |
| <b>Bydureon</b><br>(exenatide)  | Not covered  | Not covered  | 4 syringes / vials per 30 days   | Not covered  | Not covered  |
| <b>Byetta</b><br>(exenatide)  | Not covered  | Not covered  | 1 pen per 30 days  | Not covered  | Not covered  |
| <b>Bylvay</b><br>(odevixibat)   | 2 capsules / pellets per day   | 2 capsules / pellets per day   | 2 capsules / pellets per day   | 2 capsules / pellets per day   | 2 capsules / pellets per day   |
| <b>Bystolic 2.5, 5, 10mg</b><br>(nebivolol)   | 2 tablets per day  | 2 tablets per day  | Not covered  | 2 tablets per day  | 2 tablets per day  |
| <b>Cablivi</b><br>(caplacizumab-yhdp)   | 1 vial (kit) per day   | 1 vial (kit) per day   | 1 vial (kit) per day   | 1 vial (kit) per day   | 1 vial (kit) per day   |
| <b>Cabometyx 20mg, 60mg</b><br>(cabozantinib)   | 30 tablets per 30 days*  | 30 tablets per 30 days*  | 30 tablets per 30 days*  | 30 tablets per 30 days*  | 30 tablets per 30 days*  |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                              |
|---|---|-------------------------------|-----------------------------------|-------------------------------|------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List  |
| <b>Cabometyx 40mg</b><br>(cabozantinib)                         | 60 tablets per 30 days*                   | 60 tablets per 30 days*       | 60 tablets per 30 days*           | 60 tablets per 30 days*       | 60 tablets per 30 days*      |
| <b>Caduet</b><br>(amlodipine + atorvastatin)                    | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day             |
| <b>Calquence</b><br>(acalabrutinib)                             | 120 tablets per 30 days*                  | 120 tablets per 30 days*      | 120 tablets per 30 days*          | 120 tablets per 30 days*      | 120 tablets per 30 days*     |
| <b>Cambia</b><br>(diclofenac)                                   | Not covered                               | Not covered                   | 9 packets per 30 days             | Not covered                   | Not covered                  |
| <b>Camzyos</b><br>(mavacamten)                                  | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day             | 1 capsule per day            |
| <b>Caplyta</b><br>(lumateperone)                                | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day             |
| <b>Caprelsa 100mg</b><br>(vandetanib)                           | 60 tablets per 30 days*                   | 60 tablets per 30 days*       | 60 tablets per 30 days*           | 60 tablets per 30 days*       | 60 tablets per 30 days*      |
| <b>Caprelsa 300mg</b><br>(vandetanib)                           | 30 tablets per 30 days*                   | 30 tablets per 30 days*       | 30 tablets per 30 days*           | 30 tablets per 30 days*       | 30 tablets per 30 days*      |
| <b>Caverject</b><br>(alprostadil)                               | 12 vials / units per 30 days              | Not covered                   | 12 vials / units per 30 days      | 12 vials / units per 30 days  | Not covered                  |
| <b>Cayston</b><br>(aztreonam)                                   | 1 kit per 28 days                         | 1 kit per 28 days             | 1 kit per 28 days                 | 1 kit (84 vials) per 42 days  | 1 kit (84 vials) per 42 days |
| <b>Cequa</b><br>(cyclosporine)                                  | 1 box (60 vials) per 30 days              | Not covered                   | 1 box (60 vials) per 30 days      | 1 box (60 vials) per 30 days  | Not covered                  |
| <b>Cequir Simplicity 2 U kit</b><br>(Diabetic Supplies,Miscell) | 10 units per 30 days                      | 10 units per 30 days          | 10 units per 30 days              | 10 units per 30 days          | 10 units per 30 days         |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                                       |   |  |   |  |
|---|--|---|--|---|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists                  | BCBSM Custom Select Drug List                             | BCBSM and BCN Preferred Drug List                          | BCN Custom, Closed Drug Lists                             | BCN Custom Select Drug List                                |
| <b>CeQur Simplicity Inserter</b><br>(Diabetic Supplies,Miscell) | 1 inserter per 90 days                                     | 1 inserter per 90 days                                    | 1 inserter per 90 days                                     | 1 inserter per 90 days                                    | 1 inserter per 90 days                                     |
| <b>Cerdelga</b><br>(eliglustat)                                 | 56 capsules per 30 days                                    | 56 capsules per 30 days                                   | 56 capsules per 30 days                                    | 56 capsules per 30 days                                   | 56 capsules per 30 days                                    |
| <b>Chantix</b><br>(varenicline)                                 | 2 tablets per day  | 2 tablets per day   | 2 tablets per day  | 2 tablets per day   | 2 tablets per day  |
| <b>Chicken pox vaccine</b><br>(Varivax)                         | 0.5 ml per Rx  | 0.5 ml per Rx   | 0.5 ml per Rx  | 0.5 ml per Rx   | 0.5 ml per Rx  |
| <b>Cholbam</b><br>(cholic acid)                                 | 8 capsules per day   | 8 capsules per day  | 8 capsules per day   | 8 capsules per day  | 8 capsules per day   |
| <b>chorionic gonadotropin</b>                                   | Not applicable   | 2 vials per 30 days,<br>6 vials per 365 days              | Not covered  | Not applicable  | 2 vials per 30 days,<br>6 vials per 365 days               |
| <b>Cialis</b><br>(tadalafil)                                    | 12 tablets per 30 days                                     | Not covered   | 12 tablets per 30 days                                     | 12 tablets per 30 days                                    | Not covered  |
| <b>Cibinqo</b><br>(abrocitinib)                                 | 1 tablet per day   | 1 tablet per day  | 1 tablet per day   | 1 tablet per day  | 1 tablet per day   |
| <b>Cimduo</b><br>(lamivudine + tenofovir disoproxil fumarate)   | 1 tablet per day   | 1 tablet per day  | 1 tablet per day   | 1 tablet per day  | 1 tablet per day   |
| <b>Cimzia starter kit</b><br>(certolizumab)                     | 2 starter kits per 365 days                                | 2 starter kits per 365 days                               | 2 starter kits per 365 days                                | 2 starter kits per 365 days                               | 2 starter kits per 365 days                                |
| <b>Cimzia</b><br>(certolizumab)                                 | 2 packages (4 syringes)<br>per 30 days / 2 kits in 30 days | 2 packages (4 syringes)<br>per 30 days/ 2 kits in 30 days | 2 packages (4 syringes)<br>per 30 days / 2 kits in 30 days | 2 packages (4 syringes)<br>per 30 days/ 2 kits in 30 days | 2 packages (4 syringes)<br>per 30 days / 2 kits in 30 days |
| <b>Clarinet / Clarinet Reditab</b><br>(desloratadine)           | 1 tablet per day   | Not covered   | 1 tablet per day   | Not covered   | Not covered  |

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\*\* Limited to a 30 day supply



| Medication   | Quantity limits for:   |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Clarinet D</b><br>(desloratadine + pseudoephedrine)                           | 2 tablets per day  | Not covered  | 2 tablets per day  | Not covered  | Not covered  |
| <b>Clenpiq</b><br>(sodium picosulfate + magnesium oxide + anhydrous citric acid) | 2 fills per 365 days   | 2 fills per 365 days   | 2 fills per 365 days   | 2 fills per 365 days   | 2 fills per 365 days   |
| <b>Clomid</b><br>(clomiphene)  | Not applicable   | 30 tablets per 365 days  | Not applicable   | Not applicable   | 30 tablets per 365 days  |
| <b>Coartem</b><br>(artemether-lumefantrine)                                      | 24 tablets per Rx  | 24 tablets per Rx  | 24 tablets per Rx  | 24 tablets per Rx  | 24 tablets per Rx  |
| <b>Cometriq</b><br>(cabozantinib)  | 4 cards (1 box) per 30 days*   | 4 cards (1 box) per 30 days*   | 4 cards (1 box) per 30 days*   | 4 cards (1 box) per 30 days*   | 4 cards (1 box) per 30 days*   |
| <b>codeine</b>   | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Combivent Respimat</b><br>(ipratropium bromide + albuterol)                   | 2 inhalers per 30 days   | 2 inhalers per 30 days   | 2 inhalers per 30 days   | 2 inhalers per 30 days   | 2 inhalers per 30 days   |
| <b>Combunox</b><br>(oxycodone + ibuprofen)                                       | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Complera</b><br>(emtricitabine + rilpivirine + tenofovir disoproxil fumarate) | 1 tablet per day   | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   |
| <b>Concerta</b><br>(methylphenidate)   | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |

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| Medication   | Quantity limits for:                      |   |   |   |   |
|--|---|---|---|---|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List           | BCBSM and BCN Preferred Drug List       | BCN Custom, Closed Drug Lists           | BCN Custom Select Drug List             |
| <b>Consensi</b><br>(amlodipine and celecoxib)                | Not covered                               | Not covered                             | 1 tablet per day                        | Not covered                             | Not covered                             |
| <b>Contrave</b><br>(naltrexone + bupropion extended-release) | 4 tablets per day                         | Not covered                             | 4 tablets per day                       | 4 tablets per day                       | Not covered                             |
| <b>Copaxone 20mg</b><br>(glatiramer acetate)                 | 1 syringe per day                         | 1 syringe per day                       | 1 syringe per day                       | 1 syringe per day                       | 1 syringe per day                       |
| <b>Copaxone 40mg</b><br>(glatiramer acetate)                 | 12 syringes per 30 days                   | 12 syringes per 30 days                 | 12 syringes per 30 days                 | 12 syringes per 30 days                 | 12 syringes per 30 days                 |
| <b>Copiktra</b><br>(duvelisib)                               | 1 carton (56 capsules) per 30 days        | 1 carton (56 capsules) per 30 days      | 1 carton (56 capsules) per 30 days      | 1 carton (56 capsules) per 30 days      | 1 carton (56 capsules) per 30 days      |
| <b>Coreg CR</b><br>(carvedilol)                              | 1 capsule per day                         | Not covered                             | 1 capsule per day                       | 1 capsule per day                       | Not covered                             |
| <b>Corlanor solution</b><br>(ivabradine)                     | 4 cartons (112 pouches) per 30 days       | 4 cartons (112 pouches) per 30 days     | 4 cartons (112 pouches) per 30 days     | 4 cartons (112 pouches) per 30 days     | 4 cartons (112 pouches) per 30 days     |
| <b>Corlanor tablet</b><br>(ivabradine)                       | 2 tablets per day                         | 2 tablets per day                       | 2 tablets per day                       | 2 tablets per day                       | 2 tablets per day                       |
| <b>Cotellic</b><br>(cobimetinib)                             | 63 tablets per 28 days                    | 63 tablets per 28 days                  | 63 tablets per 28 days                  | 63 tablets per 28 days                  | 63 tablets per 28 days                  |
| <b>COVID-19 Vaccines</b><br>(Novavax/2023-24)                | 0.5 ml per fill<br>3 fills per 300 days   | 0.5 ml per fill<br>3 fills per 300 days | 0.5 ml per fill<br>3 fills per 300 days | 0.5 ml per fill<br>3 fills per 300 days | 0.5 ml per fill<br>3 fills per 300 days |
| <b>COVID-19 Vaccines</b><br>(Spikevax/2023-24)               | 0.5 ml per fill                           | 0.5 ml per fill                         | 0.5 ml per fill                         | 0.5 ml per fill                         | 0.5 ml per fill                         |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                               |                                   |                               |                               |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List   |
| <b>COVID-19 Vaccines</b><br>(Comirnaty/2023-24, Pfizer-BioNTech 6MO-4Y/2023-24, Pfizer-BioNTech 5-11Y/2023-24) | 0.3 ml per fill                           | 0.3 ml per fill               | 0.3 ml per fill                   | 0.3 ml per fill               | 0.3 ml per fill               |
| <b>COVID-19 Vaccines</b><br>(Moderna 6MO-11Y/2023-24)  | 0.25 ml per fill                          | 0.25 ml per fill              | 0.25 ml per fill                  | 0.25 ml per fill              | 0.25 ml per fill              |
| <b>Cresemba 74.5mg</b><br>(isavuconazonium sulfate)  | 6 capsules per day                        | 6 capsules per day            | 6 capsules per day                | 6 capsules per day            | 6 capsules per day            |
| <b>Cresemba 186mg</b><br>(isavuconazonium sulfate)   | 70 capsules per 30 days                   | 70 capsules per 30 days       | 70 capsules per 30 days           | 70 capsules per 30 days       | 70 capsules per 30 days       |
| <b>Crestor</b><br>(rosuvastatin)   | 1.5 tablets per day                       | 1.5 tablets per day           | 1.5 tablets per day               | 1.5 tablets per day           | 1.5 tablets per day           |
| <b>Cycloset</b><br>(bromocriptine mesylate)  | 6 tablets per day                         | 6 tablets per day             | 6 tablets per day                 | 6 tablets per day             | 6 tablets per day             |
| <b>Cystadrops</b><br>(cysteamine)  | 4 bottles per 30 days                     | 4 bottles per 30 days         | Not covered                       | 4 bottles per 30 days         | 4 bottles per 30 days         |
| <b>Cystaran</b><br>(cysteamine)  | 4 bottles (60 ml) per 30 days             | 4 bottles (60 ml) per 30 days | 4 bottles (60 ml) per 30 days     | 4 bottles (60 ml) per 30 days | 4 bottles (60 ml) per 30 days |
| <b>Daliresp</b><br>(roflumilast)   | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Dalmane</b><br>(flurazepam)   | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day             | 1 capsule per day             |
| <b>Daurismo 25mg</b><br>(glasdegib)  | 90 tablets per 30 days*                   | 90 tablets per 30 days*       | 90 tablets per 30 days*           | 90 tablets per 30 days*       | 90 tablets per 30 days*       |
| <b>Daurismo 100mg</b><br>(glasdegib)   | 30 tablets per 30 days*                   | 30 tablets per 30 days*       | 30 tablets per 30 days*           | 30 tablets per 30 days*       | 30 tablets per 30 days*       |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                              |
|---|---|-------------------------------|-----------------------------------|-------------------------------|------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List  |
| <b>Daybue</b><br>(trofinetide)  | 120 ml per day                            | 120 ml per day                | 120 ml per day                    | 120 ml per day                | 120 ml per day               |
| <b>Daytrana</b><br>(methylphenidate)  | 1 patch per day                           | 1 patch per day               | 1 patch per day                   | 1 patch per day               | 1 patch per day              |
| <b>Dayvigo</b><br>(lemborexant)   | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day             |
| <b>Delstrigo</b><br>(doravirine + lamivudine + tenofovir disoproxil fumarate) | 1 tablet per day                          | 1 tablet per day              | Not covered                       | 1 tablet per day              | 1 tablet per day             |
| <b>Depen</b><br>(penicillamine)   | 8 tablets per day                         | 8 tablets per day             | 8 tablets per day                 | 8 tablets per day             | 8 tablets per day            |
| <b>Descovy</b><br>(emtricitabine + tenofovir)                                 | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day             |
| <b>Desoxyn</b><br>(methamphetamine)   | 5 tablets per day                         | 5 tablets per day             | 5 tablets per day                 | 5 tablets per day             | 5 tablets per day            |
| <b>desvenlafaxine ER</b>  | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                  |
| <b>Dexcom G6 Receiver, Dexcom G7 Receiver</b>                                 | 1 receiver per 365 days                   | 1 receiver per 365 days       | 1 receiver per 365 days           | 1 receiver per 365 days       | 1 receiver per 365 days      |
| <b>Dexcom G6 Sensor, Dexcom G7 Sensor</b>                                     | 3 units per 30 days                       | 3 units per 30 days           | 3 units per 30 days               | 3 units per 30 days           | 3 units per 30 days          |
| <b>Dexcom G6 Transmitter, Dexcom G7 Transmitter</b>                           | 1 transmitter per 90 days                 | 1 transmitter per 90 days     | 1 transmitter per 90 days         | 1 transmitter per 90 days     | 1 transmitter per 90 days    |
| <b>Dexedrine</b><br>(dextroamphetamine)                                       | 4 tablets / capsules per day              | 4 tablets / capsules per day  | 4 tablets / capsules per day      | 4 tablets / capsules per day  | 4 tablets / capsules per day |
| <b>D.H.E. 45</b><br>(dihydroergotamine)                                       | 6 vials per 30 days                       | 6 vials per 30 days           | 6 vials per 30 days               | 6 vials per 30 days           | 6 vials per 30 days          |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists                              | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List                                      | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Diacomit</b><br>(stiripentol)                        | 3,000 mg per day   | 3,000 mg per day   | Not covered  | 3,000 mg per day   | 3,000 mg per day   |
| <b>Dibenzyline</b><br>(phenoxybenzamine)                | 12 capsules per day  | 12 capsules per day  | 12 capsules per day  | 12 capsules per day  | 12 capsules per day  |
| <b>Diclegis</b><br>(doxylamine succinate + pyridoxine)  | 4 tablets per day  | Not covered  | 4 tablets per day  | 4 tablets per day  | Not covered  |
| <b>Dificid suspension</b><br>(fidaxomicin)              | 1 bottle (150 ml) per 30 days  | 1 bottle (150 ml) per 30 days  | 1 bottle (150 ml) per 30 days  | 1 bottle (150 ml) per 30 days  | 1 bottle (150 ml) per 30 days  |
| <b>Dificid tablet</b><br>(fidaxomicin)                  | 20 tablets per 30 days   | 20 tablets per 30 days   | 20 tablets per 30 days   | 20 tablets per 30 days   | 20 tablets per 30 days   |
| <b>Doptelet</b><br>(avatrombopag)                       | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |
| <b>Dovato</b><br>(dolutegravir + lamivudine)            | 1 tablet per day   | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   |
| <b>Doxepin cream</b><br>(Prudoxin, Zonalon)             | 1 tube per 365 days  | 1 tube per 365 days  | 1 tube per 365 days  | 1 tube per 365 days  | 1 tube per 365 days  |
| <b>Duobrii</b><br>(halobetasol + tazarotene)            | 1 tube per 30 days   | 1 tube per 30 days   | 1 tube per 30 days   | 1 tube per 30 days   | 1 tube per 30 days   |
| <b>Duopa</b><br>(carbidopa + levodopa)                  | 4 cartons (2800ml) per 30 days   | 4 cartons (2800ml) per 30 days   | 4 cartons (2800ml) per 30 days   | 4 cartons (2800ml) per 30 days   | 4 cartons (2800ml) per 30 days   |
| <b>Dupixent</b><br>(duplumab)                           | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   |
| <b>Duragesic 12, 25, 50, 75 100mcg/hr</b><br>(fentanyl) | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |                               |  |  |                             |
|---|--|-------------------------------|--|--|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists                              | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List                                      | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List |
| <b>Duragesic 37.5, 62.5, 87.5mcg/hr</b><br>(fentanyl)           | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) | Not covered                   | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) | 10 patches per 30 days**<br>(Limited to 5 day supply for the 1st fill) | Not covered                 |
| <b>Duzallo</b><br>(lesinurad + allopurinol)                     | 1 tablet per day   | Not covered                   | Not covered  | 1 tablet per day   | Not covered                 |
| <b>Dyanavel XR suspension</b><br>(amphetamine extended-release) | 8 ml per day   | Not covered                   | 8 ml per day   | 8 ml per day   | Not covered                 |
| <b>Dyanavel XR tablet</b><br>(amphetamine extended-release)     | 1 tablet per day   | Not covered                   | 1 tablet per day   | 1 tablet per day   | Not covered                 |
| <b>Dymista</b><br>(azelastine + fluticasone)                    | 1 bottle (23 gm) per 30 days   | Not covered                   | 1 bottle (23 gm) per 30 days   | Not covered  | Not covered                 |
| <b>Ecoza</b><br>(econazole)                                     | 1 bottle per 30 days   | Not covered                   | Not covered  | 1 bottle per 30 days   | Not covered                 |
| <b>Edarbi</b><br>(azilsartan medoxomil)                         | 1 tablet per day   | 1 tablet per day              | Not covered  | 1 tablet per day   | 1 tablet per day            |
| <b>Edarbyclor</b><br>(azilsartan medoxomil + chlorthalidone)    | 1 tablet per day   | 1 tablet per day              | Not covered  | 1 tablet per day   | 1 tablet per day            |
| <b>Edex</b><br>(alprostadil)                                    | 12 units per 30 days   | Not covered                   | 12 units per 30 days   | 12 units per 30 days   | Not covered                 |
| <b>Eduar</b><br>(zolpidem)                                      | 1 tablet per day   | Not covered                   | 1 tablet per day   | 1 tablet per day   | Not covered                 |
| <b>Edurant</b><br>(rilpivirine)                                 | 1 tablet per day   | 1 tablet per day              | 1 tablet per day   | 1 tablet per day   | 1 tablet per day            |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                              |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists         | BCBSM Custom Select Drug List                     | BCBSM and BCN Preferred Drug List                 | BCN Custom, Closed Drug Lists                     | BCN Custom Select Drug List                       |
| <b>Effient</b><br>(prasugrel)                         | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  |
| <b>Egrifta 1mg</b><br>(tesamorelin)                   | 2 vials per day                                   | Not covered                                       | 2 vials per day                                   | 2 vials per day                                   | Not covered                                       |
| <b>Egrifta 2mg</b><br>(tesamorelin)                   | 1 vial per day                                    | Not covered                                       | 1 vial per day                                    | 1 vial per day                                    | Not covered                                       |
| <b>Elepsia XR</b><br>(levetiracetam extended-release) | 2 tablets per day                                 | Not covered                                       | Not covered                                       | 2 tablets per day                                 | Not covered                                       |
| <b>Eliquis starter pack</b><br>(apixaban)             | 1 pack per 365 days                               | 1 pack per 365 days                               | 1 pack per 365 days                               | 1 pack per 365 days                               | 1 pack per 365 days                               |
| <b>Eliquis</b><br>(apixaban)                          | 74 tablets per 30 days<br>194 tablets per 90 days | 74 tablets per 30 days<br>194 tablets per 90 days | 74 tablets per 30 days<br>194 tablets per 90 days | 74 tablets per 30 days<br>194 tablets per 90 days | 74 tablets per 30 days<br>194 tablets per 90 days |
| <b>Ella</b><br>(ulipristal acetate)                   | 2 tablets per 30 days                             | 2 tablets per 30 days                             | 2 tablets per 30 days                             | 2 tablets per 30 days                             | 2 tablets per 30 days                             |
| <b>Emend 40mg, 80mg</b><br>(aprepitant)               | 4 capsules per 30 days                            | 4 capsules per 30 days                            | 4 capsules per 30 days                            | 4 capsules per 30 days                            | 4 capsules per 30 days                            |
| <b>Emend 125mg</b><br>(aprepitant)                    | 2 capsules per 30 days                            | 2 capsules per 30 days                            | 2 capsules per 30 days                            | 2 capsules per 30 days                            | 2 capsules per 30 days                            |
| <b>Emend oral suspension</b><br>(aprepitant)          | 6 packets per 30 days                             | 6 packets per 30 days                             | 6 packets per 30 days                             | 6 packets per 30 days                             | 6 packets per 30 days                             |
| <b>Emend Trifold pack</b><br>(aprepitant)             | 2 packs (6 capsules)<br>per 30 days               | 2 packs (6 capsules)<br>per 30 days               | 2 packs (6 capsules)<br>per 30 days               | 2 packs (6 capsules)<br>per 30 days               | 2 packs (6 capsules)<br>per 30 days               |
| <b>Emgality 100mg</b><br>(galcanezumab-gnlm)          | 1 carton (3 syringes)<br>per 30 days              | 1 carton (3 syringes)<br>per 30 days              | 1 carton (3 syringes)<br>per 30 days              | 1 carton (3 syringes)<br>per 30 days              | 1 carton (3 syringes)<br>per 30 days              |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication                                   | Quantity limits for:                      |                                |                                   |                                |                                |
|--|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List    |
| <b>Emgality 120mg</b><br>(galcanezumab-gnlm) | 1 pen / syringe per 30 days               | 1 pen / syringe per 30 days    | 1 pen / syringe per 30 days       | 1 pen / syringe per 30 days    | 1 pen / syringe per 30 days    |
| <b>Empaveli</b><br>(pegcetacoplan)           | 5.4 ml per day                            | 5.4 ml per day                 | 5.4 ml per day                    | 5.4 ml per day                 | 5.4 ml per day                 |
| <b>Emsam</b><br>(selegiline)                 | 1 patch per day                           | 1 patch per day                | 1 patch per day                   | 1 patch per day                | 1 patch per day                |
| <b>Emverm</b><br>(mebendazole)               | 6 tablets per 30 days                     | Not covered                    | 6 tablets per 30 days             | 6 tablets per 30 days          | Not covered                    |
| <b>Enablex</b><br>(darifenacin)              | 1 tablet per day                          | Not covered                    | 1 tablet per day                  | 1 tablet per day               | Not covered                    |
| <b>Enbrel 25mg</b><br>(etanercept)           | 8 syringes / vials per 30 days            | 8 syringes / vials per 30 days | 8 syringes / vials per 30 days    | 8 syringes / vials per 30 days | 8 syringes / vials per 30 days |
| <b>Enbrel 50mg</b><br>(etanercept)           | 4 syringes / vials per 30 days            | 4 syringes / vials per 30 days | 4 syringes / vials per 30 days    | 4 syringes / vials per 30 days | 4 syringes / vials per 30 days |
| <b>Endari</b><br>(l-glutamine)               | 6 packets per day                         | 6 packets per day              | 6 packets per day                 | 6 packets per day              | 6 packets per day              |
| <b>Engerix B vaccine, 10mcg/0.5ml</b>        | 0.5 ml per fill                           | 0.5 ml per fill                | 0.5 ml per fill                   | 0.5 ml per fill                | 0.5 ml per fill                |
| <b>Engerix B vaccine, 20mcg/ml</b>           | 1 ml per fill                             | 1 ml per fill                  | 1 ml per fill                     | 1 ml per fill                  | 1 ml per fill                  |
| <b>Enspryng</b><br>(satralizumab)            | 1 syringe (120 mg) per 30 days            | 1 syringe (120 mg) per 30 days | 1 syringe (120 mg) per 30 days    | 1 syringe (120 mg) per 30 days | 1 syringe (120 mg) per 30 days |

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\*\* Limited to a 30 day supply



| Medication  | Quantity limits for:                              |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists         | BCBSM Custom Select Drug List                     | BCBSM and BCN Preferred Drug List                 | BCN Custom, Closed Drug Lists                     | BCN Custom Select Drug List                       |
| <b>Enstilar</b><br>(calcipotriene + betamethasone dipropionate) | 7 cans per 30 days                                | Not covered                                       | 7 cans per 30 days                                | 7 cans per 30 days                                | Not covered                                       |
| <b>Entresto</b><br>(sacubitril + valsartan)                     | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 |
| <b>Epclusa pellet 200mg/50mg</b><br>(sofosbuvir + velpatasvir)  | 2 pellets per day                                 | 2 pellets per day                                 | 2 pellets per day                                 | 2 pellets per day                                 | 2 pellets per day                                 |
| <b>Epclusa pellet 50mg/37.5mg</b><br>(sofosbuvir + velpatasvir) | 1 pellet per day                                  | 1 pellet per day                                  | 1 pellet per day                                  | 1 pellet per day                                  | 1 pellet per day                                  |
| <b>Epclusa tablet</b><br>(sofosbuvir + velpatasvir)             | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  |
| <b>Epidiolex</b><br>(cannabidiol)                               | 20 ml per day<br>(6 bottles per month)            | 20 ml per day<br>(6 bottles per month)            | 20 ml per day<br>(6 bottles per month)            | 20 ml per day<br>(6 bottles per month)            | 20 ml per day<br>(6 bottles per month)            |
| <b>Epiduo Forte</b><br>(adapalene + benzoyl peroxide)           | 1 pump per 30 days                                | Not covered                                       | 1 pump per 30 days                                | 1 pump per 30 days                                | Not covered                                       |
| <b>epinephrine auto-injector</b><br>(EpiPen, EpiPen Jr.)        | 4 injections per Rx,<br>8 injections per 365 days | 4 injections per Rx,<br>8 injections per 365 days | 4 injections per Rx,<br>8 injections per 365 days | 4 injections per Rx,<br>8 injections per 365 days | 4 injections per Rx,<br>8 injections per 365 days |
| <b>Eprontia</b><br>(topiramate)                                 | 16 ml per day                                     | 16 ml per day                                     | 16 ml per day                                     | 16 ml per day                                     | 16 ml per day                                     |
| <b>Ergomar</b><br>(ergotamine tartrate tablets)                 | 20 tablets per 30 days                            | Not covered                                       | 20 tablets per 30 days                            | 20 tablets per 30 days                            | Not covered                                       |
| <b>Erivedge</b><br>(vismodegib)                                 | 30 capsules per 30 days*                          | 30 capsules per 30 days*                          | 30 capsules per 30 days*                          | 30 capsules per 30 days*                          | 30 capsules per 30 days*                          |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication                                   | Quantity limits for:   |                                   |  |  |                                   |
|--|--|-----------------------------------|--|--|-----------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists                        | BCBSM Custom Select Drug List     | BCBSM and BCN Preferred Drug List                                | BCN Custom, Closed Drug Lists                                    | BCN Custom Select Drug List       |
| <b>Erleada 60mg</b><br>(apalutamide)         | 4 tablets per day  | 4 tablets per day                 | 4 tablets per day  | 4 tablets per day  | 4 tablets per day                 |
| <b>Erleada 240mg</b><br>(apalutamide)        | 1 tablet per day   | 1 tablet per day                  | 1 tablet per day   | 1 tablet per day   | 1 tablet per day                  |
| <b>Esbriet 267mg</b><br>(pirfenidone)        | 9 capsules / tablets per day                                     | 9 capsules / tablets per day      | 9 capsules / tablets per day                                     | 9 capsules / tablets per day                                     | 9 capsules / tablets per day      |
| <b>Esbriet 534mg, 801mg</b><br>(pirfenidone) | 3 tablets per day  | 3 tablets per day                 | 3 tablets per day  | 3 tablets per day  | 3 tablets per day                 |
| <b>Esgic</b><br>(butalbital + acetaminophen) | 4 grams of APAP per day  | 4 grams of APAP per day           | 4 grams of APAP per day  | 4 grams of APAP per day  | 4 grams of APAP per day           |
| <b>Eucrisa</b><br>(crisaborole)              | 1 tube per Rx  | Not covered                       | 1 tube per Rx  | 1 tube per Rx  | Not covered                       |
| <b>Eulexin</b><br>(flutamide)                | 6 capsules per day*  | 6 capsules per day*               | 6 capsules per day*  | 6 capsules per day*  | 6 capsules per day*               |
| <b>Evekeo</b><br>(amphetamine sulfate)       | 4 tablets per day  | 4 tablets per day                 | 4 tablets per day  | 4 tablets per day  | 4 tablets per day                 |
| <b>Evista</b><br>(raloxifene)                | 1 tablet per day   | 1 tablet per day                  | 1 tablet per day   | 1 tablet per day   | 1 tablet per day                  |
| <b>Evotaz</b><br>(atazanavir + cobicistat)   | 1 tablet per day   | 1 tablet per day                  | 1 tablet per day   | 1 tablet per day   | 1 tablet per day                  |
| <b>Evrysdi</b><br>(risdiplam)                | 3 bottles (240 ml) per 30 days                                   | 3 bottles (240 ml) per 30 days    | 3 bottles (240 ml) per 30 days                                   | 3 bottles (240 ml) per 30 days                                   | 3 bottles (240 ml) per 30 days    |
| <b>Exalgo</b><br>(hydromorphone)             | 1 tablet per day**<br>(Limited to 5 day supply for the 1st fill) | Not covered                       | 1 tablet per day**<br>(Limited to 5 day supply for the 1st fill) | 1 tablet per day**<br>(Limited to 5 day supply for the 1st fill) | Not covered                       |
| <b>Exjade</b><br>(deferasirox)               | Limited to 15 day supply per fill                                | Limited to 15 day supply per fill | Limited to 15 day supply per fill                                | Limited to 15 day supply per fill                                | Limited to 15 day supply per fill |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication                             | Quantity limits for:                      |                                      |                                      |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List        | BCBSM and BCN Preferred Drug List    | BCN Custom, Closed Drug Lists        | BCN Custom Select Drug List          |
| <b>Exservan</b><br>(riluzole)          | 1 carton (60 pouches) per 30 days         | 1 carton (60 pouches) per 30 days    | Not covered                          | 1 carton (60 pouches) per 30 days    | 1 carton (60 pouches) per 30 days    |
| <b>Extavia</b><br>(interferon beta 1b) | 14 vials / kits per 30 days               | Not covered                          | Not covered                          | 14 vials / kits per 30 days          | Not covered                          |
| <b>Fabhalta</b><br>(iptacopan)         | 2 capsules per day                        | 2 capsules per day                   | 2 capsules per day                   | 2 capsules per day                   | 2 capsules per day                   |
| <b>Fabior</b><br>(tazarotene)          | 1 canister per 30 days                    | Not covered                          | 1 canister per 30 days               | 1 canister per 30 days               | Not covered                          |
| <b>Farxiga</b><br>(dapagliflozin)      | 1 tablet per day                          | 1 tablet per day                     | 1 tablet per day                     | 1 tablet per day                     | 1 tablet per day                     |
| <b>Farydak</b><br>(panobinostat)       | 6 capsules per 21 days                    | 6 capsules per 21 days               | 6 capsules per 21 days               | 6 capsules per 21 days               | 6 capsules per 21 days               |
| <b>Fasenra</b><br>(benralizumab)       | 1 syringe / autoinjector per 56 days      | 1 syringe / autoinjector per 56 days | 1 syringe / autoinjector per 56 days | 1 syringe / autoinjector per 56 days | 1 syringe / autoinjector per 56 days |
| <b>Female Condom</b>                   | 12 units per 30 days                      | 12 units per 30 days                 | 12 units per 30 days                 | 12 units per 30 days                 | 12 units per 30 days                 |
| <b>FemCap</b><br>(cervical cap)        | 1 cap per 90 days                         | 1 cap per 90 days                    | 1 cap per 90 days                    | 1 cap per 90 days                    | 1 cap per 90 days                    |
| <b>Fenoprofen 200mg</b>                | 16 capsules per day                       | Not covered                          | Not covered                          | 16 capsules per day                  | Not covered                          |
| <b>Fenoprofen 400mg</b>                | 8 capsules per day                        | 8 capsules per day                   | 8 capsules per day                   | 8 capsules per day                   | 8 capsules per day                   |
| <b>Fentora</b><br>(fentanyl citrate)   | 4 buccal tablets per day                  | Not covered                          | 4 buccal tablets per day             | 4 buccal tablets per day             | Not covered                          |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                |                                   |                                |                                |
|---|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List    |
| <b>Feriprox</b> oral solution (deferiprone)                         | 90 ml per day                             | 90 ml per day                  | 90 ml per day                     | 90 ml per day                  | 90 ml per day                  |
| <b>Feriprox 500 mg</b> tablet (deferiprone)                         | 18 tablets per day                        | 18 tablets per day             | 18 tablets per day                | 18 tablets per day             | 18 tablets per day             |
| <b>Feriprox 1000 mg</b> tablet (deferiprone)                        | 9 tablets per day                         | 9 tablets per day              | 9 tablets per day                 | 9 tablets per day              | 9 tablets per day              |
| <b>Fetzima</b> (levomilnacipran)                                    | 1 capsule per day                         | Not covered                    | 1 capsule per day                 | 1 capsule per day              | Not covered                    |
| <b>Fetzima titration pack</b> (levomilnacipran)                     | 1 pack per 365 days                       | Not covered                    | 1 pack per 365 days               | 1 pack per 365 days            | Not covered                    |
| <b>Filspari</b> (sparsentan)  | 1 tablet per day*                         | 1 tablet per day*              | 1 tablet per day*                 | 1 tablet per day*              | 1 tablet per day*              |
| <b>Filsuvez</b> (birch triterpenes)                                 | 1 tube per day                            | 1 tube per day                 | 1 tube per day                    | 1 tube per day                 | 1 tube per day                 |
| <b>Finacea Foam</b> (azelaic acid)                                  | 1 can per 30 days                         | Not covered                    | 1 can per 30 days                 | 1 can per 30 days              | Not covered                    |
| <b>Fintepla</b> (fenfluramine)                                      | 1 bottle (360 ml) per 30 days             | 1 bottle (360 ml) per 30 days  | Not covered                       | 1 bottle (360 ml) per 30 days  | 1 bottle (360 ml) per 30 days  |
| <b>Fioricet</b> (butalbital + acetaminophen)                        | 4 grams of APAP per day                   | 4 grams of APAP per day        | 4 grams of APAP per day           | 4 grams of APAP per day        | 4 grams of APAP per day        |
| <b>Fioricet with Codeine</b> (butalbital + acetaminophen + codeine) | 4 grams of APAP per day                   | 4 grams of APAP per day        | 4 grams of APAP per day           | 4 grams of APAP per day        | 4 grams of APAP per day        |
| <b>Firazyr</b> (icatibant)  | 6 syringes (18 ml) per 30 days            | 6 syringes (18 ml) per 30 days | 6 syringes (18 ml) per 30 days    | 6 syringes (18 ml) per 30 days | 6 syringes (18 ml) per 30 days |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                                       |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists                  | BCBSM Custom Select Drug List                              | BCBSM and BCN Preferred Drug List                          | BCN Custom, Closed Drug Lists                              | BCN Custom Select Drug List                                |
| <b>Firdapse</b><br>(amifampridine)   | 8 tablets per day  | 8 tablets per day  | 8 tablets per day  | 8 tablets per day  | 8 tablets per day  |
| <b>Firvanq</b><br>(vancomycin)   | 1 gram per day   | 1 gram per day   | Not covered  | 1 gram per day   | 1 gram per day   |
| <b>Flector patch</b><br>(diclofenac)   | 2 patches per day  | Not covered  | 2 patches per day  | 2 patches per day  | Not covered  |
| <b>Fleqsuvy</b><br>(baclofen)  | 16 ml per day  | Not covered  | 16 ml per day  | 16 ml per day  | Not covered  |
| <b>Flonase</b><br>(fluticasone)  | 1 (16 gm bottle) per 30 days                               | 1 (16 gm bottle) per 30 days                               | 1 (16 gm bottle) per 30 days                               | Not covered  | 1 (16 gm bottle) per 30 days                               |
| <b>Flu vaccines</b><br>(Afluria, Quad; Fluad; Flublok, Quad; Flucelvax Quad; Flucelvax Quad; Flulaval) | 0.5 ml per fill<br>≥ 9 years old<br>1 vaccine per 180 days | 0.5 ml per fill<br>≥ 9 years old<br>1 vaccine per 180 days | 0.5 ml per fill<br>≥ 9 years old<br>1 vaccine per 180 days | 0.5 ml per fill<br>≥ 9 years old<br>1 vaccine per 180 days | 0.5 ml per fill<br>≥ 9 years old<br>1 vaccine per 180 days |
| <b>Flumist</b>   | 2 nasal spray syringes<br>per 6 months                     | 2 nasal spray syringes<br>per 6 months                     | 2 nasal spray syringes<br>per 6 months                     | 2 nasal spray syringes<br>per 6 months                     | 2 nasal spray syringes<br>per 6 months                     |
| <b>Fluzone HD</b>  | 0.7 ml per fill<br>≥ 65 years old                          | 0.7 ml per fill<br>≥ 65 years old                          | 0.7 ml per fill<br>≥ 65 years old                          | 0.7 ml per fill<br>≥ 65 years old                          | 0.7 ml per fill<br>≥ 65 years old                          |
| <b>fluticasone-salmeterol inhalation powder</b>  | 1 inhaler per 30 days                                      | 1 inhaler per 30 days                                      | 1 inhaler per 30 days                                      | 1 inhaler per 30 days                                      | 1 inhaler per 30 days                                      |
| <b>Focalin</b><br>(dexmethylphenidate)   | 3 tablets per day  | 3 tablets per day  | 3 tablets per day  | 3 tablets per day  | 3 tablets per day  |
| <b>Focalin XR</b><br>(dexmethylphenidate)  | 2 capsules per day   | 2 capsules per day   | 2 capsules per day   | 2 capsules per day   | 2 capsules per day   |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                    |                                   |                                  |                                    |
|---|---|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List      | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists    | BCN Custom Select Drug List        |
| <b>Follistim AQ cartridge 300IU</b><br>(follitropin beta) | Not applicable                            | 45 cartridges (19 ml) per 365 days | Not covered                       | Not applicable                   | 45 cartridges (19 ml) per 365 days |
| <b>Follistim AQ cartridge 600IU</b><br>(follitropin beta) | Not applicable                            | 24 cartridges (19 ml) per 365 days | Not covered                       | Not applicable                   | 24 cartridges (19 ml) per 365 days |
| <b>Follistim AQ cartridge 900IU</b><br>(follitropin beta) | Not applicable                            | 15 cartridges (18 ml) per 365 days | Not covered                       | Not applicable                   | 15 cartridges (18 ml) per 365 days |
| <b>Forteo</b><br>(teriparatide)                           | 1 pen per 30 days                         | 1 pen per 30 days                  | 1 pen per 30 days                 | 1 pen per 30 days                | 1 pen per 30 days                  |
| <b>Fortesta</b><br>(testosterone)                         | 2 canisters (120 gm) per 30 days          | Not covered                        | 2 canisters (120 gm) per 30 days  | 2 canisters (120 gm) per 30 days | Not covered                        |
| <b>Fosamax 5, 10, 40mg</b><br>(alendronate)               | 1 tablet per day                          | 1 tablet per day                   | 1 tablet per day                  | 1 tablet per day                 | 1 tablet per day                   |
| <b>Fosamax 35mg, 70mg</b><br>(alendronate)                | 4 tablets per 30 days                     | 4 tablets per 30 days              | 4 tablets per 30 days             | 4 tablets per 30 days            | 4 tablets per 30 days              |
| <b>Fosamax solution</b><br>(alendronate)                  | 4 bottles (300 ml) per 30 days            | 4 bottles (300 ml) per 30 days     | 4 bottles (300 ml) per 30 days    | 4 bottles (300 ml) per 30 days   | 4 bottles (300 ml) per 30 days     |
| <b>Fosamax Plus D</b><br>(alendronate + vitamin D)        | 4 tablets per 30 days                     | Not covered                        | 4 tablets per 30 days             | 4 tablets per 30 days            | Not covered                        |
| <b>Fotivda</b><br>(tivozanib)                             | 21 capsules per 30 days                   | 21 capsules per 30 days            | 21 capsules per 30 days           | 21 capsules per 30 days          | 21 capsules per 30 days            |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                            |  |  |  |  |
|--|---|--|--|--|--|
|  | BCBSM<br>Clinical, Custom, Closed<br>Drug Lists | BCBSM<br>Custom Select<br>Drug List        | BCBSM and BCN<br>Preferred<br>Drug List    | BCN<br>Custom, Closed<br>Drug Lists        | BCN<br>Custom Select<br>Drug List          |
| <b>Freestyle Libre 14 day reader,<br/>Freestyle Libre 2 14 day reader<br/>Freestyle Libre 3 Reader</b> | 1 reader per 365 days                           | 1 reader per 365 days                      | 1 reader per 365 days                      | 1 reader per 365 days                      | 1 reader per 365 days                      |
| <b>Freestyle Libre Sensor,<br/>Freestyle Libre 2 Sensor,<br/>Freestyle Libre 3 Sensor</b>              | 4 units per 28 days                             | 4 units per 28 days                        | 4 units per 28 days                        | 4 units per 28 days                        | 4 units per 28 days                        |
| <b>Frova</b><br>(frovatriptan)   | 12 tablets per 30 days                          | 12 tablets per 30 days                     | 12 tablets per 30 days                     | 12 tablets per 30 days                     | 12 tablets per 30 days                     |
| <b>Fruzaqla capsule 1mg</b><br>(fruquintinib)  | 4 capsules per day                              | 4 capsules per day                         | 4 capsules per day                         | 4 capsules per day                         | 4 capsules per day                         |
| <b>Fruzaqla capsule 5mg</b><br>(fruquintinib)  | 1 capsule per day                               | 1 capsule per day                          | 1 capsule per day                          | 1 capsule per day                          | 1 capsule per day                          |
| <b>Fulphila</b><br>(pegfilgrastim-jmdb)  | 2 syringes per 30 days                          | 2 syringes per 30 days                     | 2 syringes per 30 days                     | 2 syringes per 30 days                     | 2 syringes per 30 days                     |
| <b>Furoscix</b><br>(furosemide)  | 8 kits per 30 days                              | 8 kits per 30 days                         | 8 kits per 30 days                         | 8 kits per 30 days                         | 8 kits per 30 days                         |
| <b>Fycompa oral suspension</b><br>(perampanel)   | 2 bottles (680 ml) per 30 days                  | 2 bottles (680 ml) per 30 days             | 2 bottles (680 ml) per 30 days             | 2 bottles (680 ml) per 30 days             | 2 bottles (680 ml) per 30 days             |
| <b>Fycompa tablet</b><br>(perampanel)  | 1 tablet per day                                | 1 tablet per day                           | 1 tablet per day                           | 1 tablet per day                           | 1 tablet per day                           |
| <b>Galafold</b><br>(migalastat)  | 1 wallet pack (14 capsules)<br>per 28 days      | 1 wallet pack (14 capsules)<br>per 28 days | 1 wallet pack (14 capsules)<br>per 28 days | 1 wallet pack (14 capsules)<br>per 28 days | 1 wallet pack (14 capsules)<br>per 28 days |
| <b>Gardasil / Gardasil 9<br/>vaccine</b>   | 0.5 ml per fill                                 | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                               |                                   |                               |                             |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Gattex</b><br>(teduglutide)   | 1 vial per day                            | 1 vial per day                | 1 vial per day                    | 1 vial per day                | 1 vial per day              |
| <b>Gavreto</b><br>(pralsetinib)  | 120 capsules per 30 days*                 | 120 capsules per 30 days*     | 120 capsules per 30 days*         | 120 capsules per 30 days*     | 120 capsules per 30 days*   |
| <b>Gelnique sachet</b><br>(oxybutynin)   | 1 sachet per day                          | Not covered                   | 1 sachet per day                  | 1 sachet per day              | Not covered                 |
| <b>Gemtesa</b><br>(vibegron)   | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                 |
| <b>Genvoya</b><br>(elvitegravir + cobicstat + emtricitabine + tenofovir alafenamide) | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Giazo</b><br>(balsalazide)  | 6 tablets per day                         | 6 tablets per day             | 6 tablets per day                 | 6 tablets per day             | 6 tablets per day           |
| <b>Gilenya</b><br>(fingolimod)   | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day             | 1 capsule per day           |
| <b>Gilotrif</b><br>(afatinib)  | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Glassia</b><br>(alpha-1 Proteinase Inhibitor (Human))                             | 20 vials per 28 days                      | 20 vials per 28 days          | 20 vials per 28 days              | 20 vials per 28 days          | 20 vials per 28 days        |
| <b>Glatopa</b><br>(glatiramer acetate)   | 1 syringe per day                         | 1 syringe per day             | 1 syringe per day                 | 1 syringe per day             | 1 syringe per day           |
| <b>Gloperba</b><br>(colchicine)  | Not covered                               | Not covered                   | 150 ml per 30 days                | Not covered                   | Not covered                 |

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\*\* Limited to a 30 day supply



| Medication  | Quantity limits for:                      |  |                                   |                               |  |
|---|---|--|-----------------------------------|-------------------------------|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List                            | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List                              |
| <b>Glucometer</b><br>(Contour, Contour Next EZ, Contour Next, Contour Next One, One Touch Ultra 2, One Touch Verio Flex, One Touch Verio Reflect) | 1 meter per 365 days                      | 1 meter per 365 days                                     | 1 meter per 365 days              | 1 meter per 365 days          | 1 meter per 365 days                                     |
| <b>Glyxambi</b><br>(empagliflozin + linagliptin)  | 1 tablet per day                          | 1 tablet per day   | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day   |
| <b>Gonal-f 450 units</b><br>(follitropin alfa)  | Not applicable                            | 7 vials per 30 days,<br>21 vials per 365 days            | Not applicable                    | Not applicable                | 7 vials per 30 days,<br>21 vials per 365 days            |
| <b>Gonal-f 1,050 units</b><br>(follitropin alfa)  | Not applicable                            | 4 vials per 30 days,<br>12 vials per 365 days            | Not applicable                    | Not applicable                | 4 vials per 30 days,<br>12 vials per 365 days            |
| <b>Gonal-f RFF 75 units</b><br>(follitropin alfa)   | Not applicable                            | 10 vials per 30 days,<br>30 vials per 365 days           | Not applicable                    | Not applicable                | 10 vials per 30 days,<br>30 vials per 365 days           |
| <b>Gonal-f RFF Pen 300 units</b><br>(follitropin alfa)  | Not applicable                            | 15 cartridges per 30 days,<br>45 cartridges per 365 days | Not applicable                    | Not applicable                | 15 cartridges per 30 days,<br>45 cartridges per 365 days |
| <b>Gonal-f RFF Pen 450 units</b><br>(follitropin alfa)  | Not applicable                            | 10 cartridges per 30 days,<br>30 cartridges per 365 days | Not applicable                    | Not applicable                | 10 cartridges per 30 days,<br>30 cartridges per 365 days |
| <b>Gonal-f RFF Pen 900 units</b><br>(follitropin alfa)  | Not applicable                            | 5 cartridges per 30 days,<br>15 cartridges per 365 days  | Not applicable                    | Not applicable                | 5 cartridges per 30 days,<br>15 cartridges per 365 days  |
| <b>Gralise starter pack</b><br>(gabapentin)   | 78 tablets per 365 days                   | Not covered  | 78 tablets per 365 days           | 78 tablets per 365 days       | Not covered  |
| <b>Gralise 300mg, 600mg</b><br>(gabapentin)   | 3 tablets per day                         | Not covered  | 3 tablets per day                 | 3 tablets per day             | Not covered  |
| <b>Gralise 450, 750, 900mg</b><br>(gabapentin)  | 2 tablets per day                         | Not covered  | 2 tablets per day                 | 2 tablets per day             | Not covered  |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                          |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists     | BCBSM Custom Select Drug List                 | BCBSM and BCN Preferred Drug List             | BCN Custom, Closed Drug Lists                 | BCN Custom Select Drug List                   |
| <b>Grastek</b><br>(timothy grass pollen allergen extract) | 1 tablet per day                              | Not covered                                   | 1 tablet per day                              | 1 tablet per day                              | Not covered                                   |
| <b>Gvoke Syringe / Hypopen</b><br>(glucagon)              | 8 units per 30 days,<br>16 units per 365 days | 8 units per 30 days,<br>16 units per 365 days | 8 units per 30 days,<br>16 units per 365 days | 8 units per 30 days,<br>16 units per 365 days | 8 units per 30 days,<br>16 units per 365 days |
| <b>Gynol II</b><br>(nonoxinol 9)                          | 1 package (81 grams)<br>per 30 days           | 1 package (81 grams)<br>per 30 days           | 1 package (81 grams)<br>per 30 days           | 1 package (81 grams)<br>per 30 days           | 1 package (81 grams)<br>per 30 days           |
| <b>Haegarda 2,000mg</b><br>(C1 Esterase Inhibitor)        | 16 vials per 30 days                          | 16 vials per 30 days                          | 16 vials per 30 days                          | 16 vials per 30 days                          | 16 vials per 30 days                          |
| <b>Haegarda 3,000mg</b><br>(C1 Esterase Inhibitor)        | 8 vials per 30 days                           | 8 vials per 30 days                           | 8 vials per 30 days                           | 8 vials per 30 days                           | 8 vials per 30 days                           |
| <b>Halcion 0.125mg</b><br>(triazolam)                     | 1 tablet per day                              | 1 tablet per day                              | 1 tablet per day                              | 1 tablet per day                              | 1 tablet per day                              |
| <b>Halcion 0.25mg</b><br>(triazolam)                      | 2 tablets per day                             | 2 tablets per day                             | 2 tablets per day                             | 2 tablets per day                             | 2 tablets per day                             |
| <b>Harvoni pellet</b><br>(ledipasvir + sofosbuvir)        | 2 packets per day                             | 2 packets per day                             | 2 packets per day                             | 2 packets per day                             | 2 packets per day                             |
| <b>Harvoni tablet</b><br>(ledipasvir + sofosbuvir)        | 1 tablet per day                              | Not covered                                   | 1 tablet per day                              | 1 tablet per day                              | Not covered                                   |
| <b>Havrix vaccine 720 units</b>                           | 0.5 ml per fill                               | 0.5 ml per fill                               | 0.5 ml per fill                               | 0.5 ml per fill                               | 0.5 ml per fill                               |
| <b>Havrix vaccine 1,440 units</b>                         | 1 ml per fill                                 | 1 ml per fill                                 | 1 ml per fill                                 | 1 ml per fill                                 | 1 ml per fill                                 |
| <b>Hemangeol</b><br>(propranolol)                         | 3 bottles per 30 days                         | Not covered                                   | 3 bottles per 30 days                         | 3 bottles per 30 days                         | Not covered                                   |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |  |  |  |  |
|---|---|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List            | BCBSM and BCN Preferred Drug List        | BCN Custom, Closed Drug Lists            | BCN Custom Select Drug List              |
| <b>Hemlibra 30 mg/ml</b><br>(emicizumab-kxwh)                                     | 20 ml per 28 days                         | 20 ml per 28 days                        | 20 ml per 28 days                        | 20 ml per 28 days                        | 20 ml per 28 days                        |
| <b>Hemlibra 60mg/0.4ml, 105mg/0.7ml, 150mg/ml, 300mg/2ml</b><br>(emicizumab-kxwh) | 4 ml per 28 days                          | 4 ml per 28 days                         | 4 ml per 28 days                         | 4 ml per 28 days                         | 4 ml per 28 days                         |
| <b>Hetlioz</b><br>(tasimelteon)   | 1 capsule per day                         | 1 capsule per day                        | 1 capsule per day                        | 1 capsule per day                        | 1 capsule per day                        |
| <b>Hetlioz LQ 48ml bottle</b><br>(tasimelteon)                                    | 2 bottles per 30 days                     | 2 bottles per 30 days                    | 2 bottles per 30 days                    | 2 bottles per 30 days                    | 2 bottles per 30 days                    |
| <b>Hetlioz LQ 158ml bottle</b><br>(tasimelteon)                                   | 1 bottle per 30 days                      | 1 bottle per 30 days                     | 1 bottle per 30 days                     | 1 bottle per 30 days                     | 1 bottle per 30 days                     |
| <b>Horizant</b><br>(gabapentin enacarbil)   | 2 tablets per day                         | Not covered                              | 2 tablets per day                        | 2 tablets per day                        | Not covered                              |
| <b>Humira 10mg, 20mg</b><br>(adalimumab)  | 1 package (2 syringes) per 30 days        | 1 package (2 syringes) per 30 days       | 1 package (2 syringes) per 30 days       | 1 package (2 syringes) per 30 days       | 1 package (2 syringes) per 30 days       |
| <b>Humira 40mg</b><br>(adalimumab)  | 2 packages (4 syringes/pens) per 30 days  | 2 packages (4 syringes/pens) per 30 days | 2 packages (4 syringes/pens) per 30 days | 2 packages (4 syringes/pens) per 30 days | 2 packages (4 syringes/pens) per 30 days |
| <b>Humira 80mg</b><br>(adalimumab)  | 1 package (3 syringes) per 30 days        | 1 package (3 syringes) per 30 days       | 1 package (3 syringes) per 30 days       | 1 package (3 syringes) per 30 days       | 1 package (3 syringes) per 30 days       |
| <b>Humira 80mg-40mg</b><br>(adalimumab)   | 2 kits per 365 days                       | 2 kits per 365 days                      | 2 kits per 365 days                      | 2 kits per 365 days                      | 2 kits per 365 days                      |
| <b>Humira Crohn's kit</b><br>(adalimumab)   | 1 kit (6 syringes) per 365 days           | 1 kit (6 syringes) per 365 days          | 1 kit (6 syringes) per 365 days          | 1 kit (6 syringes) per 365 days          | 1 kit (6 syringes) per 365 days          |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:   |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Humira Pen starter pack</b><br>(adalimumab)   | 2 packages per 365 days  | 2 packages per 365 days  | 2 packages per 365 days  | 2 packages per 365 days  | 2 packages per 365 days  |
| <b>Humira Psoriasis kit</b><br>(adalimumab)  | 1 kit (4 syringes)<br>per 365 days   | 1 kit (4 syringes)<br>per 365 days   | 1 kit (4 syringes)<br>per 365 days   | 1 kit (4 syringes)<br>per 365 days   | 1 kit (4 syringes)<br>per 365 days   |
| <b>Hycet</b><br>(hydrocodone bitartrate + acetaminophen)   | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     |
| <b>hydrocodone / acetaminophen, oxycodone / acetaminophen, codeine / acetaminophen</b><br>(Capital with Codeine, Endocet, Lorcet, Lortab, Magesic #3, Norco, Percocet, Tylenol with Codeine, Verdrocdet, Vicodin, Xodol) | 4 grams acetaminophen per day,<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 grams acetaminophen per day,<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 grams acetaminophen per day,<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 grams acetaminophen per day,<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 grams acetaminophen per day,<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) |
| <b>hydrocodone + ibuprofen</b><br>(Ibudone, Reprexain, Xylon 10)   | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     |
| <b>hydromorphone</b><br>(Dilaudid)   | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill                                     |
| <b>Hyftor</b><br>(sirolimus topical gel)   | 20 grams per 30 days   | 20 grams per 30 days   | 20 grams per 30 days   | 20 grams per 30 days   | 20 grams per 30 days   |
| <b>Hysingla ER</b><br>(hydrocodone extended-release)   | 1 tablet per day**<br>(Limited to a 5 day supply for the 1st fill)   | Not covered  | 1 tablet per day**<br>(Limited to a 5 day supply for the 1st fill)   | 1 tablet per day**<br>(Limited to a 5 day supply for the 1st fill)   | Not covered  |

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| Medication  | Quantity limits for:                      |                                   |                                   |                                   |                                   |
|---|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List     | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List       |
| <b>Ibrance</b><br>(palbociclib)                   | 21 tablets / capsules per 30 days         | 21 tablets / capsules per 30 days | 21 tablets / capsules per 30 days | 21 tablets / capsules per 30 days | 21 tablets / capsules per 30 days |
| <b>Ibsrela</b><br>(tenapanor)                     | 2 tablets per day                         | Not covered                       | 2 tablets per day                 | 2 tablets per day                 | Not covered                       |
| <b>Iclusig 15mg</b><br>(ponatinib)                | 60 tablets per 30 days*                   | 60 tablets per 30 days*           | 60 tablets per 30 days*           | 60 tablets per 30 days*           | 60 tablets per 30 days*           |
| <b>Iclusig 10mg, 30mg, 45mg</b><br>(ponatinib)    | 30 tablets per 30 days*                   | 30 tablets per 30 days*           | 30 tablets per 30 days*           | 30 tablets per 30 days*           | 30 tablets per 30 days*           |
| <b>Idhifa</b><br>(enasidenib)                     | 1 tablet per day                          | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  |
| <b>Imbruvica capsule 70, 140mg</b><br>(ibrutinib) | 120 capsules per 30 days*                 | 120 capsules per 30 days*         | 120 capsules per 30 days*         | 120 capsules per 30 days*         | 120 capsules per 30 days*         |
| <b>Imbruvica oral suspension</b><br>(ibrutinib)   | 8 ml per day                              | 8 ml per day                      | 8 ml per day                      | 8 ml per day                      | 8 ml per day                      |
| <b>Imbruvica tablet 280, 420mg</b><br>(ibrutinib) | 1 tablet per day                          | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  |
| <b>Imcivree</b><br>(setmelanotide)                | 9 ml per 30 days                          | 9 ml per 30 days                  | 9 ml per 30 days                  | 9 ml per 30 days                  | 9 ml per 30 days                  |
| <b>Imitrex injection</b><br>(sumatriptan)         | 12 units per 30 days                      | 12 units per 30 days              | 12 units per 30 days              | 12 units per 30 days              | 12 units per 30 days              |
| <b>Imitrex nasal spray</b><br>(sumatriptan)       | 12 units per 30 days                      | 12 units per 30 days              | 12 units per 30 days              | 12 units per 30 days              | 12 units per 30 days              |

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| Medication                                      | Quantity limits for:                      |  |  |  |  |
|---|---|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List          | BCBSM and BCN Preferred Drug List      | BCN Custom, Closed Drug Lists          | BCN Custom Select Drug List            |
| <b>Imitrex tablet</b><br>(sumatriptan)          | 12 tablets per 30 days                    | 12 tablets per 30 days                 | 12 tablets per 30 days                 | 12 tablets per 30 days                 | 12 tablets per 30 days                 |
| <b>Impavido</b><br>(miltefosine)                | 84 capsules per 30 days                   | 84 capsules per 30 days                | 84 capsules per 30 days                | 84 capsules per 30 days                | 84 capsules per 30 days                |
| <b>Inbrija 60 count</b><br>(levodopa)           | 5 cartons per 30 days                     | 5 cartons per 30 days                  | 5 cartons per 30 days                  | 5 cartons per 30 days                  | 5 cartons per 30 days                  |
| <b>Indocin suppository</b><br>(indomethacin)    | 4 suppositories per day                   | 4 suppositories per day                | 4 suppositories per day                | 4 suppositories per day                | 4 suppositories per day                |
| <b>Ingrezza</b><br>(valbenazine)                | 1 capsule per day                         | 1 capsule per day                      | 1 capsule per day                      | 1 capsule per day                      | 1 capsule per day                      |
| <b>Ingrezza titration pack</b><br>(valbenazine) | 1 pack per 365 days                       | 1 pack per 365 days                    | 1 pack per 365 days                    | 1 pack per 365 days                    | 1 pack per 365 days                    |
| <b>Inlyta 1mg</b><br>(axitinib)                 | 180 tablets per 30 days*                  | 180 tablets per 30 days*               | 180 tablets per 30 days*               | 180 tablets per 30 days*               | 180 tablets per 30 days*               |
| <b>Inlyta 5mg</b><br>(axitinib)                 | 120 tablets per 30 days*                  | 120 tablets per 30 days*               | 120 tablets per 30 days*               | 120 tablets per 30 days*               | 120 tablets per 30 days*               |
| <b>Inqovi</b><br>(decitabine + cedazuridine)    | 5 tablets (1 blister card) per 28 days    | 5 tablets (1 blister card) per 28 days | 5 tablets (1 blister card) per 28 days | 5 tablets (1 blister card) per 28 days | 5 tablets (1 blister card) per 28 days |
| <b>Inrebic</b><br>(fedratinib)                  | 120 capsules per 30 days*                 | 120 capsules per 30 days*              | Not covered                            | 120 capsules per 30 days*              | 120 capsules per 30 days*              |
| <b>Insulin Needles and Syringes</b>             | Not applicable                            | 200 per 30 days                        | Not applicable                         | 200 syringes per Rx                    | 200 syringes per Rx                    |
| <b>Intermezzo</b><br>(zolpidem)                 | 1 tablet per day                          | Not covered                            | 1 tablet per day                       | 1 tablet per day                       | Not covered                            |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                                   |                             |
|---|---|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List |
| <b>Intuniv</b><br>(guanfacine)                    | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day           |
| <b>Invega 1.5mg, 3mg, 9mg</b><br>(paliperidone)   | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day            |
| <b>Invega 6mg</b><br>(paliperidone)               | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day           |
| <b>Invega Hafyera</b><br>(paliperidone palmitate) | 2 injections per 365 days                 | 2 injections per 365 days     | 2 injections per 365 days         | 2 injections per 365 days         | 2 injections per 365 days   |
| <b>Invega Trinza</b><br>(paliperidone palmitate)  | 4 kits per 365 days                       | 4 kits per 365 days           | 4 kits per 365 days               | 4 kits per 365 days               | 4 kits per 365 days         |
| <b>Inveltys</b><br>(loteprednol)                  | 1 bottle per 30 days                      | Not covered                   | 1 bottle per 30 days              | 1 bottle per 30 days              | Not covered                 |
| <b>Iressa</b><br>(gefitinib)                      | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day            |
| <b>Isturisa 1mg</b><br>(osilodrostat)             | 4 tablets per day                         | 4 tablets per day             | Not covered                       | 4 tablets per day                 | 4 tablets per day           |
| <b>Isturisa 5mg</b><br>(osilodrostat)             | 12 tablets per day                        | 12 tablets per day            | Not covered                       | 12 tablets per day                | 12 tablets per day          |
| <b>ivermectin</b><br>(Stromectol)                 | 20 tablets per 365 days                   | 20 tablets per 365 days       | 20 tablets per 365 days           | 20 tablets per 365 days           | 20 tablets per 365 days     |
| <b>Iwilfin</b><br>(eflornithine)                  | 8 tablets per day*                        | 8 tablets per day*            | 8 tablets per day*                | 8 tablets per day*                | 8 tablets per day*          |
| <b>Iyuzeh</b><br>(latanoprost)                    | 2 vials per day                           | Not covered                   | Not covered                       | 2 vials per day                   | Not covered                 |
| <b>Jadenu packet</b><br>(deferasirox)             | Limited to 15 day supply per fill         | Not covered                   | Limited to 15 day supply per fill | Limited to 15 day supply per fill | Not covered                 |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                               |                                   |                                   |                             |
|--|---|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List |
| <b>Jadenu tablet</b><br>(deferasirox)                                | Limited to 15 day supply per fill         | Not covered                   | Limited to 15 day supply per fill | Limited to 15 day supply per fill | Not covered                 |
| <b>Jakafi</b><br>(ruxolitinib)                                       | 60 tablets per 30 days*                   | 60 tablets per 30 days*       | 60 tablets per 30 days*           | 60 tablets per 30 days*           | 60 tablets per 30 days*     |
| <b>Jalyn</b><br>(dutasteride + tamsulosin)                           | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day                 | 1 capsule per day           |
| <b>Janumet</b><br>(sitagliptin + metformin)                          | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day           |
| <b>Janumet XR 50/1,000mg</b><br>(sitagliptin + metformin)            | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day           |
| <b>Janumet XR 50/500mg, 100/1,000mg</b><br>(sitagliptin + metformin) | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day            |
| <b>Januvia</b><br>(sitagliptin)                                      | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day            |
| <b>Jardiance</b><br>(empagliflozin)                                  | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day            |
| <b>Jatenzo 158mg, 198mg</b><br>(testosterone)                        | 4 capsules per day                        | Not covered                   | 4 capsules per day                | 4 capsules per day                | Not covered                 |
| <b>Jatenzo 237mg</b><br>(testosterone)                               | 2 capsules per day                        | Not covered                   | 2 capsules per day                | 2 capsules per day                | Not covered                 |
| <b>Jaypirca 50mg</b><br>(pirtobrutinib)                              | 1 tablet per day*                         | 1 tablet per day*             | 1 tablet per day*                 | 1 tablet per day*                 | 1 tablet per day*           |
| <b>Jaypirca 100mg</b><br>(pirtobrutinib)                             | 3 tablets per day*                        | 3 tablets per day*            | 3 tablets per day*                | 3 tablets per day*                | 3 tablets per day*          |

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\*\* Limited to a 30 day supply



| Medication   | Quantity limits for:                      |                               |                                   |                               |                             |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Jentadueto</b><br>(linagliptin + metformin)                                 | 2 tablets per day                         | Not covered                   | Not covered                       | 2 tablets per day             | Not covered                 |
| <b>Jentadueto XR 2.5/1,000mg</b><br>(linagliptin + metformin extended-release) | 2 tablets per day                         | Not covered                   | Not covered                       | 2 tablets per day             | Not covered                 |
| <b>Jentadueto XR 5/1,000mg</b><br>(linagliptin + metformin extended-release)   | 1 tablet per day                          | Not covered                   | Not covered                       | 1 tablet per day              | Not covered                 |
| <b>Jesduvroq 1mg, 2mg, 4mg</b><br>(daprodustat)                                | 1 tablet per day                          | 1 tablet per day              | Not covered                       | 1 tablet per day              | 1 tablet per day            |
| <b>Jesduvroq 6mg, 8mg</b><br>(daprodustat)                                     | 3 tablets per day                         | 3 tablets per day             | Not covered                       | 3 tablets per day             | 3 tablets per day           |
| <b>Joenja</b><br>(leniolisib phosphate)  | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Jornay PM</b><br>(methylphenidate)  | 1 capsule per day                         | Not covered                   | 1 capsule per day                 | 1 capsule per day             | Not covered                 |
| <b>Juluca</b><br>(dolutegravir + rilpivirine)                                  | 1 tablet per day                          | 1 tablet per day              | Not covered                       | 1 tablet per day              | 1 tablet per day            |
| <b>Juxtapid 20mg</b><br>(lomitapide)   | 3 capsules per day                        | Not covered                   | 3 capsules per day                | 3 capsules per day            | Not covered                 |
| <b>Juxtapid 5,10, 30mg</b><br>(lomitapide)                                     | 1 capsule per day                         | Not covered                   | 1 capsule per day                 | 1 capsule per day             | Not covered                 |
| <b>Jynarque 15mg</b><br>(tolvaptan)  | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:  |   |   |   |   |
|--|---|---|---|---|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists                           | BCBSM Custom Select Drug List                                       | BCBSM and BCN Preferred Drug List                                   | BCN Custom, Closed Drug Lists                                       | BCN Custom Select Drug List   |
| <b>Jynarque 15-15, 30, 30-15, 45-15, 60-30, 90-30mg</b><br>(tolvaptan) | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   |
| <b>Kadian</b><br>(morphine)  | 1 capsule per day**<br>(Limited to a 5 day supply for the 1st fill) | 1 capsule per day**<br>(Limited to a 5 day supply for the 1st fill) | 1 capsule per day**<br>(Limited to a 5 day supply for the 1st fill) | 1 capsule per day**<br>(Limited to a 5 day supply for the 1st fill) | 1 capsule per day**<br>(Limited to a 5 day supply for the 1st fill) |
| <b>Kalydeco granule</b><br>(ivacaftor)                                 | 2 packets per day   | 2 packets per day   | 2 packets per day   | 2 packets per day   | 2 packets per day   |
| <b>Kalydeco tablet</b><br>(ivacaftor)                                  | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   | 2 tablets per day   |
| <b>Kapvay</b><br>(clonidine extended-release)                          | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   |
| <b>Karbinal ER</b><br>(carbinoxamine extended-release)                 | 3 bottles (1,440 ml) per 30 days                                    | Not covered   | 3 bottles (1,440 ml) per 30 days                                    | 3 bottles (1,440 ml) per 30 days                                    | Not covered   |
| <b>Katerzia</b><br>(amlodipine)  | 10 ml per day   | Not covered   | Not covered   | 10 ml per day   | Not covered   |
| <b>Kenalog Spray</b><br>(triamcinolone acetonide)                      | 100 gm per 365 days   | 100 gm per 365 days   | 100 gm per 365 days   | 100 gm per 365 days   | 100 gm per 365 days   |
| <b>Kerendia</b><br>(finerenone)  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  |
| <b>Kesimpta</b><br>(ofatumumab)  | 4 pens / injectors per 28 days                                      | 4 pens / injectors per 28 days                                      | 4 pens / injectors per 28 days                                      | 4 pens / injectors per 28 days                                      | 4 pens / injectors per 28 days                                      |
| <b>Ketoprofen 25mg</b><br>(ketoprofen)                                 | 4 capsules per day  | 4 capsules per day  | 4 capsules per day  | 4 capsules per day  | 4 capsules per day  |
| <b>Keveyis</b><br>(dichlorphenamide)                                   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                 |                                   |                                 |                                 |
|---|---|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List   | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists   | BCN Custom Select Drug List     |
| <b>Kevzara</b><br>(sarilumab)                             | 2 syringes (1 pack) per 28 days           | 2 syringes (1 pack) per 28 days | 2 syringes (1 pack) per 28 days   | 2 syringes (1 pack) per 28 days | 2 syringes (1 pack) per 28 days |
| <b>Kineret</b><br>(anakinra)                              | 1 syringe per day                         | 1 syringe per day               | 1 syringe per day                 | 1 syringe per day               | 1 syringe per day               |
| <b>Kisqali</b><br>(ribociclib)                            | 63 tablets per 28 days                    | 63 tablets per 28 days          | 63 tablets per 28 days            | 63 tablets per 28 days          | 63 tablets per 28 days          |
| <b>Kisqali Femara Co-pack</b><br>(ribociclib + letrozole) | 91 tablets per 28 days                    | 91 tablets per 28 days          | 91 tablets per 28 days            | 91 tablets per 28 days          | 91 tablets per 28 days          |
| <b>Klisyri</b><br>(tirbanibulin)                          | 5 packets per 30 days                     | 5 packets per 30 days           | Not covered                       | 5 packets per 30 days           | 5 packets per 30 days           |
| <b>Kloxxado</b><br>(naloxone)                             | 4 doses per fill                          | 4 doses per fill                | 4 doses per fill                  | 4 doses per fill                | 4 doses per fill                |
| <b>Korlym</b><br>(mifepristone)                           | 4 tablets per day                         | 4 tablets per day               | 4 tablets per day                 | 4 tablets per day               | 4 tablets per day               |
| <b>Koselugo</b><br>(selumetinib)                          | 6 capsules per day                        | 6 capsules per day              | 6 capsules per day                | 6 capsules per day              | 6 capsules per day              |
| <b>Krazati</b><br>(adagrasib)                             | 6 capsules per day*                       | 6 capsules per day*             | 6 capsules per day*               | 6 capsules per day*             | 6 capsules per day*             |
| <b>Krintafel</b><br>(tafenoquine)                         | 2 tablets per Rx                          | 2 tablets per Rx                | 2 tablets per Rx                  | 2 tablets per Rx                | 2 tablets per Rx                |
| <b>Kytril</b><br>(granisetron)                            | 2 tablets per day                         | 2 tablets per day               | 2 tablets per day                 | 2 tablets per day               | 2 tablets per day               |
| <b>Kyzatrex</b><br>(testosterone capsules)                | 4 capsules per day                        | Not covered                     | 4 capsules per day                | 4 capsules per day              | Not covered                     |

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\*\* Limited to a 30 day supply

| Medication                                       | Quantity limits for:                      |   |   |   |   |
|--|---|---|---|---|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List             | BCBSM and BCN Preferred Drug List         | BCN Custom, Closed Drug Lists             | BCN Custom Select Drug List               |
| <b>Lagevrio</b><br>(molnupiravir)                | 8 tablets per day<br>2 fills per 365 days | 8 tablets per day<br>2 fills per 365 days | 8 tablets per day<br>2 fills per 365 days | 8 tablets per day<br>2 fills per 365 days | 8 tablets per day<br>2 fills per 365 days |
| <b>Lampit 30mg</b><br>(nifurtimox)               | 720 tablets per 365 days                  | 720 tablets per 365 days                  | Not covered                               | 720 tablets per 365 days                  | 720 tablets per 365 days                  |
| <b>Lampit 120mg</b><br>(nifurtimox)              | 450 tablets per 365 days                  | 450 tablets per 365 days                  | Not covered                               | 450 tablets per 365 days                  | 450 tablets per 365 days                  |
| <b>Lancets</b>                                   | 300 units per 30 days                     | 300 units per 30 days                     | 300 units per 30 days                     | 300 units per 30 days                     | 300 units per 30 days                     |
| <b>Lenvima 4mg, 10mg</b><br>(lenvatinib)         | 1 capsule per day*                        | 1 capsule per day*                        | 1 capsule per day*                        | 1 capsule per day*                        | 1 capsule per day*                        |
| <b>Lenvima 8mg, 14mg, 20mg</b><br>(lenvatinib)   | 2 capsules per day*                       | 2 capsules per day*                       | 2 capsules per day*                       | 2 capsules per day*                       | 2 capsules per day*                       |
| <b>Lenvima 12mg, 18mg, 24mg</b><br>(lenvatinib)  | 3 capsules per day*                       | 3 capsules per day*                       | 3 capsules per day*                       | 3 capsules per day*                       | 3 capsules per day*                       |
| <b>Lescol</b><br>(fluvastatin)                   | 1 capsule per day                         | 1 capsule per day                         | 1 capsule per day                         | 1 capsule per day                         | 1 capsule per day                         |
| <b>Lescol XL</b><br>(fluvastatin)                | 1 tablet per day                          | 1 tablet per day                          | 1 tablet per day                          | 1 tablet per day                          | 1 tablet per day                          |
| <b>Letairis</b><br>(ambrisentan)                 | 1 tablet per day                          | 1 tablet per day                          | 1 tablet per day                          | 1 tablet per day                          | 1 tablet per day                          |
| <b>Levitra</b><br>(vardenafil)                   | 12 tablets per 30 days                    | Not covered                               | 12 tablets per 30 days                    | 12 tablets per 30 days                    | Not covered                               |
| <b>levonorgestrel</b><br>(Plan B) (emergency OC) | 2 tablets per 30 days                     | 2 tablets per 30 days                     | 2 tablets per 30 days                     | 2 tablets per 30 days                     | 2 tablets per 30 days                     |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:  |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists   | BCBSM Custom Select Drug List   | BCBSM and BCN Preferred Drug List   | BCN Custom, Closed Drug Lists   | BCN Custom Select Drug List   |
| <b>levorphanol</b>                                      | 4 tablets per day<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 tablets per day<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 tablets per day<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 tablets per day<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) | 4 tablets per day<br>(Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill) |
| <b>Lialda</b><br>(mesalamine)                           | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   |
| <b>Likmez</b><br>(metronidazole)                        | 40 ml per day   | 40 ml per day   | 40 ml per day   | 40 ml per day   | 40 ml per day   |
| <b>Linzess</b><br>(linaclotide)                         | 1 capsule per day   | 1 capsule per day   | 1 capsule per day   | 1 capsule per day   | 1 capsule per day   |
| <b>Lipitor</b><br>(atorvastatin)                        | 1.5 tablets per day   | 1.5 tablets per day   | 1.5 tablets per day   | 1.5 tablets per day   | 1.5 tablets per day   |
| <b>Litfulo</b><br>(ritlecitinib)                        | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  |
| <b>Livalo</b><br>(pitavastatin)                         | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  | 1 tablet per day  |
| <b>Livmarli</b><br>(maralixibat)                        | 3 ml per day  | 3 ml per day  | 3 ml per day  | 3 ml per day  | 3 ml per day  |
| <b>Livtency</b><br>(maribavir)                          | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   |
| <b>Lokelma 5gm</b><br>(sodium zirconium cyclosilicate)  | 3 boxes (90 packets) per 30 days  | 3 boxes (90 packets) per 30 days  | 3 boxes (90 packets) per 30 days  | 3 boxes (90 packets) per 30 days  | 3 boxes (90 packets) per 30 days  |
| <b>Lokelma 10gm</b><br>(sodium zirconium cyclosilicate) | 1 box (30 packets) per 30 days  | 1 box (30 packets) per 30 days  | 1 box (30 packets) per 30 days  | 1 box (30 packets) per 30 days  | 1 box (30 packets) per 30 days  |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Long acting opioids + narcotics</b><br>Brand and generic                     | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill |
| <b>Long acting opioids + narcotic combination products</b><br>Brand and generic | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill |
| <b>Lonhala Magnair starter pack</b><br>(glycopyrrolate)                         | 1 starter pack per 365 days  | 1 starter pack per 365 days  | 1 starter pack per 365 days  | 1 starter pack per 365 days  | 1 starter pack per 365 days  |
| <b>Lonhala Magnair refill pack</b><br>(glycopyrrolate)                          | 2 vials per day  | 2 vials per day  | 2 vials per day  | 2 vials per day  | 2 vials per day  |
| <b>Lonsurf</b><br>(trifluridine + tipiracil)                                    | 100 tablets per 30 days  | 100 tablets per 30 days  | 100 tablets per 30 days  | 100 tablets per 30 days  | 100 tablets per 30 days  |
| <b>Lorbrena 25mg</b><br>(lorlatinib)  | 90 tablets per 30 days*  | 90 tablets per 30 days*  | 90 tablets per 30 days*  | 90 tablets per 30 days*  | 90 tablets per 30 days*  |
| <b>Lorbrena 100mg</b><br>(lorlatinib)   | 30 tablets per 30 days*  | 30 tablets per 30 days*  | 30 tablets per 30 days*  | 30 tablets per 30 days*  | 30 tablets per 30 days*  |
| <b>LoSeasonique</b><br>(levonorgestrel + ethinyl estradiol)                     | 1 blister pack per 91 days   | 1 blister pack per 91 days   | 1 blister pack per 91 days   | 1 blister pack per 91 days   | 1 blister pack per 91 days   |
| <b>Lotemax SM</b><br>(loteprednol etabonate)                                    | 1 bottle per 30 days   | Not covered  | 1 bottle per 30 days   | 1 bottle per 30 days   | Not covered  |
| <b>Lotronex</b><br>(alosetron)  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |

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\*\* Limited to a 30 day supply

| Medication                                   | Quantity limits for:                      |                                |                                   |                                |                                |
|--|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List    |
| <b>Lovaza</b><br>(omega-3-ccid ethyl esters) | 4 capsules per day                        | 4 capsules per day             | 4 capsules per day                | 4 capsules per day             | 4 capsules per day             |
| <b>Lucemyra</b><br>(lofexidine)              | 224 tablets per 30 days                   | 224 tablets per 30 days        | Not covered                       | 224 tablets per 30 days        | 224 tablets per 30 days        |
| <b>Lumakras 120mg</b><br>(sotorasib)         | 8 tablets per day*                        | 8 tablets per day*             | Not covered                       | 8 tablets per day*             | 8 tablets per day*             |
| <b>Lumakras 320mg</b><br>(sotorasib)         | 3 tablets per day*                        | 3 tablets per day*             | 3 tablets per day*                | 3 tablets per day*             | 3 tablets per day*             |
| <b>Lumryz</b><br>(sodium oxybate)            | 1 packet per day                          | 1 packet per day               | 1 packet per day                  | 1 packet per day               | 1 packet per day               |
| <b>Lunesta</b><br>(eszopiclone)              | 1 tablet per day                          | 1 tablet per day               | 1 tablet per day                  | 1 tablet per day               | 1 tablet per day               |
| <b>Lupkynis</b><br>(voclosporin)             | 6 tablets per day                         | 6 tablets per day              | Not covered                       | 6 tablets per day              | 6 tablets per day              |
| <b>Luzu</b><br>(luliconazole)                | 1 tube per 30 days                        | Not covered                    | 1 tube per 30 days                | 1 tube per 30 days             | Not covered                    |
| <b>Lybalvi</b><br>(olanzapine + samidorphan) | 1 tablet per day                          | 1 tablet per day               | Not covered                       | 1 tablet per day               | 1 tablet per day               |
| <b>Lynparza tablet</b><br>(olaparib)         | 120 tablets per 30 days                   | 120 tablets per 30 days        | 120 tablets per 30 days           | 120 tablets per 30 days        | 120 tablets per 30 days        |
| <b>Lyrica capsule</b><br>(pregabalin)        | 4 capsules per day                        | 4 capsules per day             | 4 capsules per day                | 4 capsules per day             | 4 capsules per day             |
| <b>Lyrica solution</b><br>(pregabalin)       | 2 bottles (946 ml) per 30 days            | 2 bottles (946 ml) per 30 days | 2 bottles (946 ml) per 30 days    | 2 bottles (946 ml) per 30 days | 2 bottles (946 ml) per 30 days |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Lyrica CR 82.5, 165mg</b><br>(pregabalin extended-release) | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                 |
| <b>Lyrica CR 330mg</b><br>(pregabalin extended-release)       | 2 tablets per day                         | Not covered                   | 2 tablets per day                 | 2 tablets per day             | Not covered                 |
| <b>Lysteda</b><br>(tranexamic acid)                           | 90 tablets per 84 days                    | 90 tablets per 84 days        | 90 tablets per 84 days            | 90 tablets per 84 days        | 90 tablets per 84 days      |
| <b>Lytgobi</b><br>(futibatinib)                               | 5 tablets per day*                        | 5 tablets per day*            | 5 tablets per day*                | 5 tablets per day*            | 5 tablets per day*          |
| <b>Lyvispah</b><br>(baclofen)                                 | 4 packets per day                         | Not covered                   | Not covered                       | 4 packets per day             | Not covered                 |
| <b>Male condom</b>  | 12 units per 30 days                      | 12 units per 30 days          | 12 units per 30 days              | 12 units per 30 days          | 12 units per 30 days        |
| <b>Mavenclad</b><br>(cladribine)                              | 2 boxes per 365 days                      | 2 boxes per 365 days          | 2 boxes per 365 days              | 2 boxes per 365 days          | 2 boxes per 365 days        |
| <b>Mavyret pellet</b><br>(glecaprevir + pibrentasvir)         | 5 pellets per day                         | 5 pellets per day             | 5 pellets per day                 | 5 pellets per day             | 5 pellets per day           |
| <b>Mavyret tablet</b><br>(glecaprevir + pibrentasvir)         | 3 tablets per day                         | 3 tablets per day             | 3 tablets per day                 | 3 tablets per day             | 3 tablets per day           |
| <b>Mayzent starter pack</b><br>(siponimod)                    | 2 packs per 365 days                      | 2 packs per 365 days          | 2 packs per 365 days              | 2 packs per 365 days          | 2 packs per 365 days        |
| <b>Mayzent 0.25mg</b><br>(siponimod)                          | 4 tablets per day                         | 4 tablets per day             | 4 tablets per day                 | 4 tablets per day             | 4 tablets per day           |
| <b>Mayzent 2mg</b><br>(siponimod)                             | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |

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\*\* Limited to a 30 day supply



| Medication  | Quantity limits for:   |                               |  |  |                             |
|---|--|-------------------------------|--|--|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List |
| <b>Maxalt/ Maxalt MLT</b><br>(rizatriptan)            | 12 tablets per 30 days   | 12 tablets per 30 days        | 12 tablets per 30 days   | 12 tablets per 30 days   | 12 tablets per 30 days      |
| <b>Measles, Mumps, Rubella vaccine</b><br>(MMR II)    | 0.5 ml per Rx  | 0.5 ml per Rx                 | 0.5 ml per Rx  | 0.5 ml per Rx  | 0.5 ml per Rx               |
| <b>Mekinist oral solution</b><br>(trametinib)         | 2mg (40ml) per day   | 2mg (40ml) per day            | 2mg (40ml) per day   | 2mg (40ml) per day   | 2mg (40ml) per day          |
| <b>Mekinist tablet 0.5mg</b><br>(trametinib)          | 3 tablets per day  | 3 tablets per day             | 3 tablets per day  | 3 tablets per day  | 3 tablets per day           |
| <b>Mekinist tablet 2mg</b><br>(trametinib)            | 1 tablet per day   | 1 tablet per day              | 1 tablet per day   | 1 tablet per day   | 1 tablet per day            |
| <b>Mektovi</b><br>(binimetinib)                       | 6 tablets per day  | 6 tablets per day             | 6 tablets per day  | 6 tablets per day  | 6 tablets per day           |
| <b>Menactra vaccine</b>                               | 0.5 ml per fill  | 0.5ml per fill                | 0.5 ml per fill  | 0.5ml per fill   | 0.5 ml per fill             |
| <b>Meningococcal B vaccine</b><br>(Trumenba, Bexsero) | 0.5 ml per Rx  | 0.5 ml per Rx                 | 0.5 ml per Rx  | 0.5 ml per Rx  | 0.5 ml per Rx               |
| <b>Menveo</b><br>(Meningococcal conjugate vaccine)    | 1 kit per Rx   | 1 kit per Rx                  | 1 kit per Rx   | 1 kit per Rx   | 1 kit per Rx                |
| <b>meperidine</b><br>(Demerol)                        | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Not covered                   | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Not covered                 |
| <b>Metadate CD 10, 20, 30mg</b><br>(methylphenidate)  | 3 capsules per day   | 3 capsules per day            | 3 capsules per day   | 3 capsules per day   | 3 capsules per day          |
| <b>Metadate CD 40, 50, 60mg</b><br>(methylphenidate)  | 2 capsules per day   | 2 capsules per day            | 2 capsules per day   | 2 capsules per day   | 2 capsules per day          |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:   |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Methadone</b><br>(Diskets, Dolophine, Methadose)                  | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Methergine</b><br>(methylergonovine)                              | 6 tablets per day  | 6 tablets per day  | 6 tablets per day  | 6 tablets per day  | 6 tablets per day  |
| <b>Methitest</b><br>(methyltestosterone)                             | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Methylin tablet 2.5, 5, 10mg</b><br>(methylphenidate)             | 7 tablets per day  | 7 tablets per day  | 7 tablets per day  | 7 tablets per day  | 7 tablets per day  |
| <b>Methylin chew tablet 2.5, 5, 10mg</b><br>(methylphenidate)        | 7 tablets per day  | Not covered  | 7 tablets per day  | 7 tablets per day  | Not covered  |
| <b>Methylin solution</b><br>(methylphenidate)                        | 80 mg per day  | 80 mg per day  | 80 mg per day  | 80 mg per day  | 80 mg per day  |
| <b>Methylin ER 10, 20mg</b><br>(methylphenidate extended-release)    | 6 tablets per day  | 6 tablets per day  | 6 tablets per day  | 6 tablets per day  | 6 tablets per day  |
| <b>Methylphenidate ER 72mg</b><br>(methylphenidate extended-release) | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Mevacor 10mg, 20mg</b><br>(lovastatin)                            | 1.5 tablets per day  | 1.5 tablets per day  | 1.5 tablets per day  | 1.5 tablets per day  | 1.5 tablets per day  |
| <b>Mevacor 40mg</b><br>(lovastatin)                                  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Miebo</b><br>(perfluorohexyloctane)                                  | 1 bottle (3ml) per 30 days   | Not covered  | 1 bottle (3ml) per 30 days   | 1 bottle (3ml) per 30 days   | Not covered  |
| <b>Migranal</b><br>(dihydroergotamine)                                  | 8 ampules per Rx   | 8 ampules per Rx   | 8 ampules per Rx   | 8 ampules per Rx   | 8 ampules per Rx   |
| <b>Mirapex ER</b><br>(pramipexole extended-release)                     | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   | Not covered  |
| <b>Mircera</b><br>(methoxy polyethylene glycol-epoetin beta)            | 2 syringes per 30 days   | Not covered  | Not covered  | 2 syringes per 30 days   | Not covered  |
| <b>Molindone 5mg</b>  | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   | Not covered  |
| <b>Molindone 10mg, 20mg</b>   | 9 tablets per day  | Not covered  | 9 tablets per day  | 9 tablets per day  | Not covered  |
| <b>Molnupiravir</b>   | 8 units per day,<br>80 units per 365 days  | 8 units per day,<br>80 units per 365 days  | 8 units per day,<br>80 units per 365 days  | 8 units per day,<br>80 units per 365 days  | 8 units per day,<br>80 units per 365 days  |
| <b>Morphine ER</b><br>(Arymo ER, Morphine Sulfate, Morphine Sulfate CR) | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Motegrity</b><br>(prucalopride)                                      | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Motpoly XR 100mg</b><br>(lacosamide)                                 | 1 capsule per day  | Not covered  | Not covered  | 1 capsule per day  | Not covered  |
| <b>Motpoly XR 150mg, 200mg</b><br>(lacosamide)                          | 2 capsules per day   | Not covered  | Not covered  | 2 capsules per day   | Not covered  |
| <b>Mounjaro</b><br>(tirzepatide)  | 4 pens per 28 days   | 4 pens per 28 days   | 4 pens per 28 days   | 4 pens per 28 days   | 4 pens per 28 days   |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:   |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Moviprep</b><br>(polyethylene glycol/electrolytes/sodium ascorbate/ascorbic acid) | 2 fills per 365 days   | 2 fills per 365 days   | 2 fills per 365 days   | 2 fills per 365 days   | 2 fills per 365 days   |
| <b>MS Contin</b><br>(morphine)   | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill)                | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill)                | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill)                | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill)                | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill)                |
| <b>MSIR</b><br>(morphine)  | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Multaq</b><br>(dronedarone)   | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |
| <b>Muse</b><br>(alprostadil)   | 12 pouches per 30 days   | Not covered  | 12 pouches per 30 days   | 6 units per 28 days  | Not covered  |
| <b>Myalept</b><br>(metreleptin)  | 1 vial per day   | 1 vial per day   | 1 vial per day   | 1 vial per day   | 1 vial per day   |
| <b>Mycapssa</b><br>(octreotide)  | 112 capsules (4 wallets) per 28 days   | Not covered  | Not covered  | 112 capsules (4 wallets) per 28 days   | Not covered  |
| <b>Mydayis</b><br>(amphetamine + dextroamphetamine)                                  | 1 capsule per day  | 1 capsule per day  | 1 capsule per day  | 1 capsule per day  | 1 capsule per day  |
| <b>Myfembree</b><br>(relugolix + estradiol + norethindrone acetate)                  | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Myrbetriq granules</b><br>(mirabegron extended-release)                           | 10 ml per day  | 10 ml per day  | Not covered  | 10 ml per day  | 10 ml per day  |
| <b>Myrbetriq tablet</b><br>(mirabegron extended-release)                             | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                               |                                   |                                   |                              |
|--|---|-------------------------------|-----------------------------------|-----------------------------------|------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List  |
| <b>Mytesi</b><br>(crofelemer delayed-release)                    | 2 tablets per day                         | 2 tablets per day             | Not covered                       | 2 tablets per day                 | 2 tablets per day            |
| <b>Naftin</b><br>(naftifine)                                     | 1 bottle per 30 days                      | 1 bottle per 30 days          | 1 bottle per 30 days              | 1 bottle per 30 days              | 1 bottle per 30 days         |
| <b>Nalfon 400mg</b><br>(fenoprofen)                              | 8 capsules per day                        | 8 capsules per day            | Not covered                       | 8 capsules per day                | 8 capsules per day           |
| <b>Nalfon 600mg</b><br>(fenoprofen)                              | 5 tablets per day                         | 5 tablets per day             | Not covered                       | 5 tablets per day                 | 5 tablets per day            |
| <b>Namenda titration pack</b><br>(memantine)                     | 1 pack per 365 days                       | 1 pack per 365 days           | 1 pack per 365 days               | 1 pack per 365 days               | 1 pack per 365 days          |
| <b>Namenda XR</b><br>(memantine extended-release)                | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day                 | 1 capsule per day            |
| <b>Namenda XR titration pack</b><br>(memantine extended-release) | 1 pack per 365 days                       | 1 pack per 365 days           | 1 pack per 365 days               | 1 pack per 365 days               | 1 pack per 365 days          |
| <b>Namzaric</b><br>(memantine + donepezil)                       | 1 capsule per day                         | Not covered                   | 1 capsule per day                 | 1 capsule per day                 | Not covered                  |
| <b>Namzaric titration pack</b><br>(memantine + donepezil)        | 1 pack (28 capsules) per 365 days         | Not covered                   | 1 pack (28 capsules) per 365 days | 1 pack (28 capsules) per 365 days | Not covered                  |
| <b>Narcan</b><br>(naloxone hydrochloride)                        | 2 cartons (4 doses) per fill              | 2 cartons (4 doses) per fill  | 2 cartons (4 doses) per fill      | 2 cartons (4 doses) per fill      | 2 cartons (4 doses) per fill |
| <b>Nasalide</b><br>(flunisolide)                                 | 3 (25 ml bottles) per 30 days             | 3 (25 ml bottles) per 30 days | 3 (25 ml bottles) per 30 days     | Not covered                       | Not covered                  |
| <b>Nasonex</b><br>(mometasone furoate)                           | 2 bottles (17 gm) per 30 days             | 2 bottles (17 gm) per 30 days | 2 bottles (17 gm) per 30 days     | Not covered                       | Not covered                  |

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\*\* Limited to a 30 day supply

| Medication                                    | Quantity limits for:                            |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM<br>Clinical, Custom, Closed<br>Drug Lists | BCBSM<br>Custom Select<br>Drug List           | BCBSM and BCN<br>Preferred<br>Drug List       | BCN<br>Custom, Closed<br>Drug Lists           | BCN<br>Custom Select<br>Drug List             |
| <b>Natesto</b><br>(testosterone)              | 3 bottles per 30 days                           | Not covered                                   | 3 bottles per 30 days                         | 3 bottles per 30 days                         | Not covered                                   |
| <b>Natpara</b><br>(parathyroid hormone)       | 2 cartridges per 30 days                        | 2 cartridges per 30 days                      | 2 cartridges per 30 days                      | 2 cartridges per 30 days                      | 2 cartridges per 30 days                      |
| <b>Nayzilam</b><br>(midazolam)                | 5 boxes (10 nasal spray units)<br>per 30 days   | 5 boxes (10 nasal spray units)<br>per 30 days | 5 boxes (10 nasal spray units)<br>per 30 days | 5 boxes (10 nasal spray units)<br>per 30 days | 5 boxes (10 nasal spray units)<br>per 30 days |
| <b>Nerlynx</b><br>(neratinib)                 | 180 tablets per 30 days*                        | 180 tablets per 30 days*                      | 180 tablets per 30 days*                      | 180 tablets per 30 days*                      | 180 tablets per 30 days*                      |
| <b>Neulasta</b><br>(pegfilgrastim)            | 2 syringes per 30 days                          | 2 syringes per 30 days                        | 2 syringes per 30 days                        | 2 syringes per 30 days                        | 2 syringes per 30 days                        |
| <b>Neupro</b><br>(rotigotine)                 | 1 patch per day                                 | Not covered                                   | 1 patch per day                               | 1 patch per day                               | Not covered                                   |
| <b>Nexavar</b><br>(sorafenib)                 | 120 tablets per 30 days*                        | 120 tablets per 30 days*                      | 120 tablets per 30 days*                      | 120 tablets per 30 days*                      | 120 tablets per 30 days*                      |
| <b>Nexletol</b><br>(bempedoic acid)           | 1 tablet per day                                | 1 tablet per day                              | 1 tablet per day                              | 1 tablet per day                              | 1 tablet per day                              |
| <b>Nexlizet</b><br>(bempedoic acid)           | 1 tablet per day                                | 1 tablet per day                              | 1 tablet per day                              | 1 tablet per day                              | 1 tablet per day                              |
| <b>Nicorette gum / lozenges</b><br>(nicotine) | 770 pieces per 30 days                          | 770 pieces per 30 days                        | 770 pieces per 30 days                        | 770 pieces per 30 days                        | 770 pieces per 30 days                        |
| <b>Nicotine patch</b><br>(nicotine)           | 1 patch per day                                 | 1 patch per day                               | 1 patch per day                               | 1 patch per day                               | 1 patch per day                               |
| <b>Nicotrol inhaler</b><br>(nicotine)         | 3 packages per 30 days                          | 3 packages per 30 days                        | 3 packages per 30 days                        | 3 packages per 30 days                        | 3 packages per 30 days                        |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                      |                                      |                               |
|---|---|-------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List    | BCN Custom, Closed Drug Lists        | BCN Custom Select Drug List   |
| <b>Nicotrol NS nasal spray</b><br>(nicotine)            | 40 ml (4 bottles) per 30 days             | 40 ml (4 bottles) per 30 days | 40 ml (4 bottles) per 30 days        | 40 ml (4 bottles) per 30 days        | 40 ml (4 bottles) per 30 days |
| <b>Nilandron</b><br>(Nilutamide)                        | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                    | 2 tablets per day                    | 2 tablets per day             |
| <b>Ninlaro</b><br>(ixazomib)                            | 3 capsules per 30 days                    | 3 capsules per 30 days        | 3 capsules per 30 days               | 3 capsules per 30 days               | 3 capsules per 30 days        |
| <b>Nivestym</b><br>(filgrastim)                         | 2 vials per day                           | 2 vials per day               | 2 vials per day                      | 2 vials per day                      | 2 vials per day               |
| <b>Nocdurna</b><br>(desmopressin acetate)               | 1 carton<br>(30 tablets per 30 days)      | Not covered                   | 1 carton<br>(30 tablets per 30 days) | 1 carton<br>(30 tablets per 30 days) | Not covered                   |
| <b>Noctiva</b><br>(desmopressin acetate)                | 1 bottle per 30 days                      | Not covered                   | Not covered                          | 1 bottle per 30 days                 | Not covered                   |
| <b>Northera 100mg, 200mg</b><br>(droxidopa)             | 3 capsules per day                        | Not covered                   | 3 capsules per day                   | 3 capsules per day                   | Not covered                   |
| <b>Northera 300mg</b><br>(droxidopa)                    | 6 capsules per day                        | Not covered                   | 6 capsules per day                   | 6 capsules per day                   | Not covered                   |
| <b>Nourianz</b><br>(istradefylline)                     | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                     | 1 tablet per day                     | 1 tablet per day              |
| <b>Noxafil suspension</b><br>(posaconazole)             | 2 bottles (210ml) per 30 days             | 2 bottles (210ml) per 30 days | 2 bottles (210ml) per 30 days        | 2 bottles (210ml) per 30 days        | 2 bottles (210ml) per 30 days |
| <b>Noxafil tablet</b><br>(posaconazole delayed-release) | 99 tablets per 30 days                    | 99 tablets per 30 days        | 99 tablets per 30 days               | 99 tablets per 30 days               | 99 tablets per 30 days        |
| <b>Nubeqa</b><br>(darolutamide)                         | 120 tablets per 30 days*                  | 120 tablets per 30 days*      | 120 tablets per 30 days*             | 120 tablets per 30 days*             | 120 tablets per 30 days*      |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:  |   |  |   |   |
|--|---|---|--|---|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists                         | BCBSM Custom Select Drug List                                     | BCBSM and BCN Preferred Drug List            | BCN Custom, Closed Drug Lists                                     | BCN Custom Select Drug List                                       |
| <b>Nucala</b><br>(mepolizumab)                                 | 3 auto-injectors per 30 days                                      | 3 auto-injectors per 30 days                                      | 3 auto-injectors per 30 days                 | 3 auto-injectors per 30 days                                      | 3 auto-injectors per 30 days                                      |
| <b>Nucynta</b><br>(tapentadol)                                 | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | Not covered                                  | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) |
| <b>Nucynta ER</b><br>(tapentadol)                              | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | Not covered                                  | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) |
| <b>Nuedexta</b><br>(dextromethorphan HBr + quinidine)          | 2 tablets per day   | 2 tablets per day   | 2 tablets per day                            | 2 tablets per day   | 2 tablets per day   |
| <b>Nuplazid</b><br>(pimavanserin)                              | 1 tablet / capsule per day  | 1 tablet / capsule per day  | 1 tablet / capsule per day                   | 1 tablet / capsule per day  | 1 tablet / capsule per day  |
| <b>Nurtec ODT</b><br>(rimegepant)                              | 18 tablets per 30 days  | 18 tablets per 30 days  | 18 tablets per 30 days                       | 18 tablets per 30 days  | 18 tablets per 30 days  |
| <b>Nuvaring</b><br>(etonogestrel + ethinyl estradiol, EluRyng) | 1 vaginal ring per 28 days  | 1 vaginal ring per 28 days  | 1 vaginal ring per 28 days                   | 1 vaginal ring per 28 days  | 1 vaginal ring per 28 days  |
| <b>Nuvigil</b><br>(armodafinil)                                | 1 tablet per day  | 1 tablet per day  | 1 tablet per day                             | 1 tablet per day  | 1 tablet per day  |
| <b>Nuzyra tablet</b><br>(omadacycline)                         | 30 tablets per 10 days  | 30 tablets per 10 days  | 30 tablets per 10 days                       | 30 tablets per 10 days  | 30 tablets per 10 days  |
| <b>Nymalize 30mg/5ml</b><br>(nimodipine)                       | 630 ml per 21 days,<br>1260 ml per 365 days                       | 630 ml per 21 days,<br>1260 ml per 365 days                       | 630 ml per 21 days,<br>1260 ml per 365 days  | 630 ml per 21 days,<br>1260 ml per 365 days                       | 630 ml per 21 days,<br>1260 ml per 365 days                       |
| <b>Nymalize 60mg/10ml</b><br>(nimodipine)                      | 1260 ml per 21 days,<br>2520 ml per 265 days                      | 1260 ml per 21 days,<br>2520 ml per 265 days                      | 1260 ml per 21 days,<br>2520 ml per 265 days | 1260 ml per 21 days,<br>2520 ml per 265 days                      | 1260 ml per 21 days,<br>2520 ml per 265 days                      |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply



| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Nyvepria</b><br>(pegfilgrastim-apgf)                     | 2 syringes per 30 days                    | 2 syringes per 30 days        | 2 syringes per 30 days            | 2 syringes per 30 days        | 2 syringes per 30 days      |
| <b>Obredon</b><br>(hydrocodone + guaifenisin)               | 240 ml per 30 days                        | Not covered                   | 240 ml per 30 days                | 240 ml per 30 days            | Not covered                 |
| <b>Ocaliva</b><br>(obeticholic acid)                        | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Odactra</b><br>(house dust mite allergan extract)        | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                 |
| <b>Odefsey</b><br>(emtricitabine + rilpivirine + tenofovir) | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Odomzo</b><br>(sonidegib)                                | 30 tablets per 30 days*                   | 30 tablets per 30 days*       | 30 tablets per 30 days*           | 30 tablets per 30 days*       | 30 tablets per 30 days*     |
| <b>Ofev</b><br>(nintedanib)                                 | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Ogsiveo</b><br>(nirogacestat)                            | 6 tablets per day*                        | 6 tablets per day*            | 6 tablets per day*                | 6 tablets per day*            | 6 tablets per day*          |
| <b>Ojjaara</b><br>(momelotinib)                             | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Olpruva</b><br>(sodium phenylbutyrate)                   | 20 gm per day                             | 20 gm per day                 | Not covered                       | 20 gm per day                 | 20 gm per day               |
| <b>Olumiant</b><br>(baricitinib)                            | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:  |   |   |   |   |
|--|---|---|---|---|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists                         | BCBSM Custom Select Drug List                                     | BCBSM and BCN Preferred Drug List                                 | BCN Custom, Closed Drug Lists                                     | BCN Custom Select Drug List                                       |
| <b>Omlonti</b><br>(omidenepag isopropyl)           | 1 bottle (2.5 ml) per 30 days                                     | Not covered   | Not covered   | 1 bottle (2.5 ml) per 30 days                                     | Not covered   |
| <b>Omnaris</b><br>(ciclesonide)                    | 1 bottle (13 gm) per 30 days                                      | Not covered   | Not covered   | Not covered   | Not covered   |
| <b>Omnipod GO</b>                                  | 10 kits per 30 days   | 10 kits per 30 days   | 10 kits per 30 days   | 10 kits per 30 days   | 10 kits per 30 days   |
| <b>Omnipod Pods</b><br>(DASH, 5)                   | 4 packs (20 units) per 30 days                                    | 4 packs (20 units) per 30 days                                    | 4 packs (20 units) per 30 days                                    | 4 packs (20 units) per 30 days                                    | 4 packs (20 units) per 30 days                                    |
| <b>Onexton</b><br>(clindamycin + benzoyl peroxide) | Not covered   | Not covered   | 1 bottle per 30 days  | Not covered   | Not covered   |
| <b>Onfi</b><br>(clobazam)                          | 3 tablets per day   | 3 tablets per day   | 3 tablets per day   | 3 tablets per day   | 3 tablets per day   |
| <b>Onfi oral suspension</b><br>(clobazam)          | 16 ml (40mg) per day  | 16 ml (40mg) per day  | 16 ml (40mg) per day  | 16 ml (40mg) per day  | 16 ml (40mg) per day  |
| <b>Ongentys</b><br>(opicapone)                     | 1 capsule per day   | 1 capsule per day   | Not covered   | 1 capsule per day   | 1 capsule per day   |
| <b>Onureg</b><br>(azacitidine)                     | 14 tablets per 30 days  | 14 tablets per 30 days  | 14 tablets per 30 days  | 14 tablets per 30 days  | 14 tablets per 30 days  |
| <b>Onzetra Xsail</b><br>(sumatriptan)              | 1 kit per 30 days   | Not covered   | 1 kit per 30 days   | Not covered   | 1 kit per 30 days   |
| <b>Opana</b><br>(oxymorphone)                      | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 6 tablets per day**<br>(Limited to 5 day supply for the 1st fill) |
| <b>Opana ER</b><br>(oxymorphone extended-release)  | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 4 tablets per day**<br>(Limited to 5 day supply for the 1st fill) |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Opfolda</b><br>(miglustat)   | 8 capsules per 28 days   | 8 capsules per 28 days   | 8 capsules per 28 days   | 8 capsules per 28 days   | 8 capsules per 28 days   |
| <b>Opium + Belladonna alkaloids</b>                                     | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Opsumit</b><br>(macitentan)  | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Opzelura</b><br>(ruxolitinib)  | 4 grams per day  | 4 grams per day  | 4 grams per day  | 4 grams per day  | 4 grams per day  |
| <b>Oralair</b><br>(mixed grass pollens allergens extract)               | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   | Not covered  |
| <b>Oravig</b><br>(miconazole)   | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   | Not covered  |
| <b>Orencia</b><br>(abatacept)   | 4 syringes per 30 days   | 4 syringes per 30 days   | 4 syringes per 30 days   | 4 syringes per 30 days   | 4 syringes per 30 days   |
| <b>Orenitram</b><br>(treprostinil)                                      | 9 tablets per day  | 9 tablets per day  | 9 tablets per day  | 9 tablets per day  | 9 tablets per day  |
| <b>Orgovyx</b><br>(relugolix)   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Oriahnn</b><br>(elagolix+estradiol+norethindrone acetate & elagolix) | 1 carton (56 capsules) per 28 days   | 1 carton (56 capsules) per 28 days   | 1 carton (56 capsules) per 28 days   | 1 carton (56 capsules) per 28 days   | 1 carton (56 capsules) per 28 days   |
| <b>Orilissa 150mg</b><br>(elagolix)                                     | 1 carton (28 tablets) per 30 days  | 1 carton (28 tablets) per 30 days  | 1 carton (28 tablets) per 30 days  | 1 carton (28 tablets) per 30 days  | 1 carton (28 tablets) per 30 days  |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |  |                                      |                                      |  |
|--|---|--|--------------------------------------|--------------------------------------|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List                      | BCBSM and BCN Preferred Drug List    | BCN Custom, Closed Drug Lists        | BCN Custom Select Drug List                        |
| <b>Orilissa 200mg</b><br>(elagolix)                          | 1 carton (56 tablets)<br>per 30 days      | 1 carton (56 tablets)<br>per 30 days               | 1 carton (56 tablets)<br>per 30 days | 1 carton (56 tablets)<br>per 30 days | 1 carton (56 tablets)<br>per 30 days               |
| <b>Orkambi granules</b><br>(lumacaftor + ivacaftor)          | 56 packets per 30 days                    | 56 packets per 30 days                             | 56 packets per 30 days               | 56 packets per 30 days               | 56 packets per 30 days                             |
| <b>Orkambi tablet</b><br>(lumacaftor + ivacaftor)            | 112 tablets per 30 days                   | 112 tablets per 30 days                            | 112 tablets per 30 days              | 112 tablets per 30 days              | 112 tablets per 30 days                            |
| <b>Orladeyo</b><br>(berotralstat)                            | 1 capsule per day                         | 1 capsule per day                                  | 1 capsule per day                    | 1 capsule per day                    | 1 capsule per day                                  |
| <b>Orserdu 86mg</b><br>(elacestrant)                         | 3 tablets per day*                        | 3 tablets per day*                                 | 3 tablets per day*                   | 3 tablets per day*                   | 3 tablets per day*                                 |
| <b>Orserdu 345mg</b><br>(elacestrant)                        | 1 tablet per day*                         | 1 tablet per day*                                  | 1 tablet per day*                    | 1 tablet per day*                    | 1 tablet per day*                                  |
| <b>Ortho Evra</b><br>(ethinyl estradiol +<br>norelgestromin) | 3 patches per 28 days                     | 3 patches per 28 days                              | 3 patches per 28 days                | 3 patches per 28 days                | 3 patches per 28 days                              |
| <b>Ortikos</b><br>(budesonide)                               | Not covered                               | Not covered  | 1 capsule per day                    | Not covered                          | Not covered  |
| <b>Otezla</b><br>(apremilast)                                | 2 tablets per day                         | 2 tablets per day                                  | 2 tablets per day                    | 2 tablets per day                    | 2 tablets per day                                  |
| <b>Otrexup</b><br>(methotrexate)                             | 4 injections per 30 days                  | Not covered  | Not covered                          | 4 injections per 30 days             | Not covered  |
| <b>Ovidrel</b><br>(choriogonadotropin alfa i)                | Not applicable                            | 2 syringes per 30 days,<br>6 syringes per 365 days | Not applicable                       | Not applicable                       | 2 syringes per 30 days,<br>6 syringes per 365 days |
| <b>Oxbryta tablet</b><br>(voxelotor)                         | 3 tablets per day                         | 3 tablets per day                                  | 3 tablets per day                    | 3 tablets per day                    | 3 tablets per day                                  |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:   |   |  |  |   |
|--|--|---|--|--|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List                                     | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List                                       |
| <b>Oxbryta</b> tablet for oral suspension (voxelotor)            | 5 tablets per day  | 5 tablets per day   | 5 tablets per day  | 5 tablets per day  | 5 tablets per day   |
| <b>Oxervate</b> (cenegermin-bkbj)                                | 2 vials per day  | 2 vials per day   | 2 vials per day  | 2 vials per day  | 2 vials per day   |
| <b>Oxistat</b> (oxiconazole)                                     | 1 bottle per 30 days   | 1 bottle per 30 days  | 1 bottle per 30 days   | 1 bottle per 30 days   | 1 bottle per 30 days  |
| <b>Oxtellar XR 150mg, 300mg</b> (oxcarbazepine extended-release) | 1 tablet per day   | Not covered   | 1 tablet per day   | 1 tablet per day   | Not covered   |
| <b>Oxtellar XR 600mg</b> (oxcarbazepine extended-release)        | 4 tablets per day  | Not covered   | 4 tablets per day  | 4 tablets per day  | Not covered   |
| <b>oxycodone 5 mg</b> (immediate release)                        | 10 tablets per day**, (Limited to 5 day supply for the 1st fill)                   | 10 tablets per day**, (Limited to 5 day supply for the 1st fill)  | 10 tablets per day**, (Limited to 5 day supply for the 1st fill)                   | 10 tablets per day**, (Limited to 5 day supply for the 1st fill)                   | 10 tablets per day**, (Limited to 5 day supply for the 1st fill)  |
| <b>oxycodone 10, 15, 20, 30mg</b> (immediate release)            | 6 tablets per day**, (Limited to 5 day supply for the 1st fill)                    | 6 tablets per day**, (Limited to 5 day supply for the 1st fill)   | 6 tablets per day**, (Limited to 5 day supply for the 1st fill)                    | 6 tablets per day**, (Limited to 5 day supply for the 1st fill)                    | 6 tablets per day**, (Limited to 5 day supply for the 1st fill)   |
| <b>oxycodone oral concentrate 20mg/ml</b>                        | 150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)                   | 150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)  | 150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)                   | 150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)                   | 150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)  |
| <b>oxycodone oral solution 1 mg/ml</b>                           | 2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)                  | 2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill) | 2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)                  | 2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)                  | 2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill) |
| <b>oxycodone + ibuprofen</b>                                     | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Not covered   | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Not covered   |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                            |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists       | BCBSM Custom Select Drug List                   | BCBSM and BCN Preferred Drug List               | BCN Custom, Closed Drug Lists                   | BCN Custom Select Drug List                     |
| <b>Ozempic 2mg</b><br>(semaglutide)                       | 2 pens per 28 days                              | 2 pens per 28 days                              | 2 pens per 28 days                              | 2 pens per 28 days                              | 2 pens per 28 days                              |
| <b>Ozempic 4mg/3ml</b><br>(semaglutide)                   | 1 pen (3 ml) per 30 days                        | 1 pen (3 ml) per 30 days                        | 1 pen (3 ml) per 30 days                        | 1 pen (3 ml) per 30 days                        | 1 pen (3 ml) per 30 days                        |
| <b>Ozempic 8mg/3ml</b><br>(semaglutide)                   | 1 pen (3ml) per 28 days                         | 1 pen (3ml) per 28 days                         | 1 pen (3ml) per 28 days                         | 1 pen (3ml) per 28 days                         | 1 pen (3ml) per 28 days                         |
| <b>Ozobax</b><br>(baclofen)                               | 5 bottles (2400 ml) per 30 days                 | Not covered                                     | 5 bottles (2400 ml) per 30 days                 | 5 bottles (2400 ml) per 30 days                 | Not covered                                     |
| <b>Palforzia packet</b><br>(peanut arachis hypogaea)      | 1 kit per 30 days                               | 1 kit per 30 days                               | 1 kit per 30 days                               | 1 kit per 30 days                               | 1 kit per 30 days                               |
| <b>Palynziq 2.5mg</b><br>(pegvaliase-pqpz)                | 8 injections per 30 days                        | 8 injections per 30 days                        | 8 injections per 30 days                        | 8 injections per 30 days                        | 8 injections per 30 days                        |
| <b>Palynziq 10mg</b><br>(pegvaliase-pqpz)                 | 1 injection per day                             | 1 injection per day                             | 1 injection per day                             | 1 injection per day                             | 1 injection per day                             |
| <b>Palynziq 20mg</b><br>(pegvaliase-pqpz)                 | 2 injections per day                            | 2 injections per day                            | 2 injections per day                            | 2 injections per day                            | 2 injections per day                            |
| <b>Patanase</b><br>(olopatadine)                          | 1 bottle (30 gm) per 30 days                    | Not covered                                     | 1 bottle (30 gm) per 30 days                    | 1 bottle (30 gm) per 30 days                    | Not covered                                     |
| <b>Paxlovid 150mg-100mg</b><br>(nirmatrelvir + ritonavir) | 20 tablets per 180 days<br>2 fills per 365 days | 20 tablets per 180 days<br>2 fills per 365 days | 20 tablets per 180 days<br>2 fills per 365 days | 20 tablets per 180 days<br>2 fills per 365 days | 20 tablets per 180 days<br>2 fills per 365 days |
| <b>Paxlovid 300mg-100mg</b><br>(nirmatrelvir + ritonavir) | 30 tablets per 180 days<br>2 fills per 365 days | 30 tablets per 180 days<br>2 fills per 365 days | 30 tablets per 180 days<br>2 fills per 365 days | 30 tablets per 180 days<br>2 fills per 365 days | 30 tablets per 180 days<br>2 fills per 365 days |
| <b>Pazeo</b><br>(olopatadine hydrochloride)               | 2 bottles per 30 days                           | 2 bottles per 30 days                           | Not covered                                     | 2 bottles per 30 days                           | 2 bottles per 30 days                           |

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| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Pegasys</b><br>(peginterferon alfa-2a)                             | 4 syringes / vials / pens per 30 days  | 4 syringes / vials / pens per 30 days  | 4 syringes / vials / pens per 30 days  | 4 syringes / vials / pens per 30 days  | 4 syringes / vials / pens per 30 days  |
| <b>Peg-intron</b><br>(peginterferon alfa-2b)                          | 4 vials / redipens per 30 days   | 4 vials / redipens per 30 days   | 4 vials / redipens per 30 days   | 4 vials / redipens per 30 days   | 4 vials / redipens per 30 days   |
| <b>Penbraya</b><br>(meningococcal groups A, B, C, W and Y vaccine)    | 0.5 ml per fill<br>2 fills per year  | 0.5 ml per fill<br>2 fills per year  | 0.5 ml per fill<br>2 fills per year  | 0.5 ml per fill<br>2 fills per year  | 0.5 ml per fill<br>2 fills per year  |
| <b>Pennsaid 2%</b><br>(diclofenac sodium)                             | 2 bottles per 30 days  | Not covered  | Not covered  | 2 bottles per 30 days  | Not covered  |
| <b>Pemazyre</b><br>(pemigatinib)                                      | 14 tablets per 30 days   | 14 tablets per 30 days   | 14 tablets per 30 days   | 14 tablets per 30 days   | 14 tablets per 30 days   |
| <b>pentazocine + naloxone</b>   | Limit to 30 day supply per fill  | Limit to 30 day supply per fill  | Limit to 30 day supply per fill  | Limit to 30 day supply per fill  | Limit to 30 day supply per fill  |
| <b>Percodan</b><br>(aspirin + oxycodone)                              | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Perforomist</b><br>(formoterol fumarate dihydrate)                 | 2 vials (4 ml) per day   | 2 vials (4 ml) per day   | 2 vials (4 ml) per day   | 2 vials (4 ml) per day   | 2 vials (4 ml) per day   |
| <b>Perseris</b><br>(risperidone)                                      | 2 syringes per 30 days   | 2 syringes per 30 days   | Not covered  | 2 syringes per 30 days   | 2 syringes per 30 days   |
| <b>Pheburane</b><br>(sodium phenylbutyrate)                           | 20 grams per day   | 20 grams per day   | 20 grams per day   | 20 grams per day   | 20 grams per day   |
| <b>Phexxi</b><br>(lactic acid, citric acid, and potassium bitartrate) | 60 grams per 30 days   | 60 grams per 30 days   | 60 grams per 30 days   | 60 grams per 30 days   | 60 grams per 30 days   |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                                      |                             |
|---|---|-------------------------------|-----------------------------------|--------------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists        | BCN Custom Select Drug List |
| <b>Pifeltro</b><br>(doravirine)   | 1 tablet per day                          | 1 tablet per day              | Not covered                       | 1 tablet per day                     | 1 tablet per day            |
| <b>Piqray 200mg</b><br>(alpelisib)  | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day                     | 1 tablet per day            |
| <b>Piqray 250mg, 300mg</b><br>(alpelisib)                                       | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day                    | 2 tablets per day           |
| <b>Plegridy</b><br>(peginterferon beta- 1a)                                     | 1 carton (2 syringes)<br>per 30 days      | Not covered                   | Not covered                       | 1 carton (2 syringes)<br>per 30 days | Not covered                 |
| <b>Plegridy starter pack</b><br>(peginterferon beta- 1a)                        | 1 pack per 365 days                       | Not covered                   | Not covered                       | 1 pack per 365 days                  | Not covered                 |
| <b>Plenvu</b><br>(polyethylene glycol 3350 with electrolytes for oral solution) | 2 fills per 365 days                      | Not covered                   | 2 fills per 365 days              | 2 fills per 365 days                 | Not covered                 |
| <b>Pneumovax 23 vaccine</b>   | 0.5 ml per fill                           | 0.5 ml per fill               | 0.5 ml per fill                   | 0.5 ml per fill                      | 0.5 ml per fill             |
| <b>Polio vaccine</b><br>(Ipol)  | 0.5 ml per Rx                             | 0.5 ml per Rx                 | 0.5 ml per Rx                     | 0.5 ml per Rx                        | 0.5 ml per Rx               |
| <b>Pomalyst</b><br>(pomalidomide)   | 21 capsules per 30 days                   | 21 capsules per 30 days       | 21 capsules per 30 days           | 21 capsules per 30 days              | 21 capsules per 30 days     |
| <b>Ponvory starter pack</b><br>(ponesimod)                                      | 1 pack per 365 days                       | Not covered                   | 1 pack per 365 days               | 1 pack per 365 days                  | Not covered                 |
| <b>Ponvory</b><br>(ponesimod)   | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day                     | Not covered                 |

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\*\* Limited to a 30 day supply



| Medication   | Quantity limits for:                      |  |                                      |                                      |  |
|--|---|--|--------------------------------------|--------------------------------------|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List                | BCBSM and BCN Preferred Drug List    | BCN Custom, Closed Drug Lists        | BCN Custom Select Drug List                  |
| <b>Pradaxa capsule</b><br>(dabigatran)                     | 2 capsules per day                        | 2 capsules per day                           | 2 capsules per day                   | 2 capsules per day                   | 2 capsules per day                           |
| <b>Pradaxa oral suspension</b><br>(dabigatran)             | 2 packets per day                         | 2 packets per day                            | 2 packets per day                    | 2 packets per day                    | 2 packets per day                            |
| <b>Pravachol</b><br>(pravastatin)                          | 1.5 tablets per day                       | 1.5 tablets per day                          | 1.5 tablets per day                  | 1.5 tablets per day                  | 1.5 tablets per day                          |
| <b>Pregnyl</b><br>(chorionic gonadotropin)                 | Not applicable                            | 2 vials per 30 days,<br>6 vials per 365 days | Not covered                          | Not applicable                       | 2 vials per 30 days,<br>6 vials per 365 days |
| <b>PreHevbrio Vaccine</b>                                  | 1 ml per fill                             | 1 ml per fill                                | 1 ml per fill                        | 1 ml per fill                        | 1 ml per fill                                |
| <b>Prestalia</b><br>(perindopril arginine +<br>amlodipine) | 1 tablet per day                          | Not covered                                  | 1 tablet per day                     | 1 tablet per day                     | Not covered                                  |
| <b>Pretomanid</b>  | 1 tablet per day                          | 1 tablet per day                             | 1 tablet per day                     | 1 tablet per day                     | 1 tablet per day                             |
| <b>Prevacid</b><br>(lansoprazole)                          | Not applicable                            | 2 capsules per day                           | Not applicable                       | Not covered                          | 2 capsules per day                           |
| <b>Pevnar 13 vaccine</b>                                   | 0.5 ml per fill                           | 0.5 ml per fill                              | 0.5 ml per fill                      | 0.5 ml per fill                      | 0.5 ml per fill                              |
| <b>Pevnar 20 vaccine</b>                                   | 0.5 ml per fill                           | 0.5 ml per fill                              | 0.5 ml per fill                      | 0.5 ml per fill                      | 0.5 ml per fill                              |
| <b>Prevymis</b><br>(letermovir)                            | 28 tablets (1 carton)<br>per 30 days      | 28 tablets (1 carton)<br>per 30 days         | 28 tablets (1 carton)<br>per 30 days | 28 tablets (1 carton)<br>per 30 days | 28 tablets (1 carton)<br>per 30 days         |
| <b>Prezcobix</b><br>(darunavir + cobicistat)               | 1 tablet per day                          | 1 tablet per day                             | Not covered                          | 1 tablet per day                     | 1 tablet per day                             |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Prilosec</b><br>(omeprazole)                   | Not applicable                            | 2 capsules per day            | Not applicable                    | Not covered                   | 2 capsules per day          |
| <b>Pristiq</b><br>(desvenlafaxine)                | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>ProAir HFA</b><br>(albuterol sulfate)          | 2 inhalers per 30 days                    | 2 inhalers per 30 days        | 2 inhalers per 30 days            | 2 inhalers per 30 days        | 2 inhalers per 30 days      |
| <b>Procentra</b><br>(dextroamphetamine)           | 60 mL (60 mg) per day                     | 60 mL (60 mg) per day         | 60 mL (60 mg) per day             | 60 mL (60 mg) per day         | 60 mL (60 mg) per day       |
| <b>Procysbi 25mg</b><br>(cysteamine bitartrate)   | 2 capsules per day                        | Not covered                   | Not covered                       | 2 capsules per day            | Not covered                 |
| <b>Procysbi packet</b><br>(cysteamine bitartrate) | 2 cartons per 30 days                     | Not covered                   | Not covered                       | 2 cartons per 30 days         | Not covered                 |
| <b>Prosom</b><br>(estazolam)                      | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Protonix</b><br>(pantoprazole)                 | Not applicable                            | 2 tablets per day             | Not applicable                    | Not covered                   | 2 tablets per day           |
| <b>Proventil HFA</b><br>(albuterol sulfate)       | 2 inhalers per 30 days                    | 2 inhalers per 30 days        | 2 inhalers per 30 days            | 2 inhalers per 30 days        | 2 inhalers per 30 days      |
| <b>Provigil</b><br>(modafinil)                    | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Prozac Weekly</b><br>(fluoxetine)              | 4 capsules per 30 days                    | 4 capsules per 30 days        | 4 capsules per 30 days            | Not applicable                | Not applicable              |
| <b>Pulmicort Flexhaler</b><br>(budesonide)        | 2 inhalers per 30 days                    | 2 inhalers per 30 days        | 2 inhalers per 30 days            | 2 inhalers per 30 days        | 2 inhalers per 30 days      |

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| Medication  | Quantity limits for:                      |                               |                                   |                                   |                             |
|---|---|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List |
| <b>Pyrukynd</b><br>(mitapivat)                                      | 1 pack per 28 days                        | 1 pack per 28 days            | 1 pack per 28 days                | 1 pack per 28 days                | 1 pack per 28 days          |
| <b>Qbrelis</b><br>(lisinopril)                                      | 40 ml per day                             | Not covered                   | 40 ml per day                     | 40 ml per day                     | Not covered                 |
| <b>Qbrexza</b><br>(glycopyrronium cloth)                            | 1 box (30 pouches)<br>per 30 days         | Not covered                   | 1 box (30 pouches)<br>per 30 days | 1 box (30 pouches)<br>per 30 days | Not covered                 |
| <b>Qelbree</b><br>(viloxazine)                                      | 3 capsules per day                        | 3 capsules per day            | Not covered                       | 3 capsules per day                | 3 capsules per day          |
| <b>Qinlock</b><br>(ripetinib)                                       | 3 tablets per day                         | 3 tablets per day             | Not covered                       | 3 tablets per day                 | 3 tablets per day           |
| <b>Qnasl</b><br>(beclomethasone)                                    | 1 canister per 30 days                    | Not covered                   | Not covered                       | Not covered                       | Not covered                 |
| <b>Qsymia</b><br>(phentermine + topiramate)                         | 1 capsule per day                         | Not covered                   | 1 capsule per day                 | 1 capsule per day                 | Not covered                 |
| <b>Quartette</b><br>(levonorgestrel + ethinyl<br>estradiol)         | 1 blister pack per 91 days                | 1 blister pack per 91 days    | 1 blister pack per 91 days        | 1 blister pack per 91 days        | 1 blister pack per 91 days  |
| <b>Qudexy XR 25, 50, 100,<br/>150mg</b><br>(topiramate)             | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day                 | 1 capsule per day           |
| <b>Qudexy XR 200mg</b><br>(topiramate)                              | 2 capsules per day                        | 2 capsules per day            | 2 capsules per day                | 2 capsules per day                | 2 capsules per day          |
| <b>Quillichew ER 20mg</b><br>(methylphenidate extended-<br>release) | 60 mg per day                             | Not covered                   | 60 mg per day                     | 60mg per day                      | Not covered                 |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Quillichew ER 30mg</b><br>(methylphenidate extended-release) | 60 mg per day                             | Not covered                   | 60 mg per day                     | 60mg per day                  | Not covered                 |
| <b>Quillichew ER 40mg</b><br>(methylphenidate extended-release) | 60 mg per day                             | Not covered                   | 60 mg per day                     | 60mg per day                  | Not covered                 |
| <b>Quillivant XR</b><br>(methylphenidate extended-release)      | 12ml (60mg) per day                       | Not covered                   | 12ml (60mg) per day               | 12ml (60mg) per day           | Not covered                 |
| <b>Qulipta</b><br>(atogepant)                                   | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Quviviq</b><br>(daridorexant)                                | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                 |
| <b>Qvar RediHaler</b><br>(beclomethasone dipropionate)          | 2 inhalers per 30 days                    | 2 inhalers per 30 days        | Not covered                       | 2 inhalers per 30 days        | 2 inhalers per 30 days      |
| <b>Radicava ORS starter kit</b><br>(edaravone)                  | 1 kit per 365 days                        | 1 kit per 365 days            | 1 kit per 365 days                | 1 kit per 365 days            | 1 kit per 365 days          |
| <b>Radicava ORS maintenance kit</b><br>(edaravone)              | 1 kit per 28 days                         | 1 kit per 28 days             | 1 kit per 28 days                 | 1 kit per 28 days             | 1 kit per 28 days           |
| <b>Ragwitek</b><br>(short ragweed pollen allergen extract)      | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                 |
| <b>Rapaflo</b><br>(silodosin)                                   | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day             | 1 capsule per day           |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                |                                   |                                |                                |
|---|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List    |
| <b>Rasuvo</b><br>(methotrexate)                     | 4 injections per 30 days                  | Not covered                    | 4 injections per 30 days          | 4 injections per 30 days       | Not covered                    |
| <b>Ravicti</b><br>(glycerol phenylbutyrate)         | 525 ml per 30 days                        | 525 ml per 30 days             | 525 ml per 30 days                | 525 ml per 30 days             | 525 ml per 30 days             |
| <b>Royaldee</b><br>(calcifediol extended-release)   | 2 capsules per day                        | Not covered                    | 2 capsules per day                | 2 capsules per day             | Not covered                    |
| <b>Rayos</b><br>(prednisone delayed-release)        | 3 tablets per day                         | Not covered                    | 3 tablets per day                 | 3 tablets per day              | Not covered                    |
| <b>Rebif</b><br>(interferon beta 1a)                | 12 syringes / pens per 30 days            | 12 syringes / pens per 30 days | 12 syringes / pens per 30 days    | 12 syringes / pens per 28 days | 12 syringes / pens per 30 days |
| <b>Rebif titration pack</b><br>(interferon beta 1a) | 1 pack per 365 days                       | 1 pack per 365 days            | 1 pack per 365 days               | 1 pack per 365 days            | 1 pack per 365 days            |
| <b>Rebif Rebidose</b><br>(interferon beta 1a)       | 1 pack per 365 days                       | 1 pack per 365 days            | 1 pack per 365 days               | 1 pack per 365 days            | 1 pack per 365 days            |
| <b>Recombivax HB vaccine, 10mcg/ml</b>              | 1 ml per fill                             | 1 ml per fill                  | 1 ml per fill                     | 1 ml per fill                  | 1 ml per fill                  |
| <b>Recombivax HB vaccine, 40mcg/ml</b>              | 1 ml per fill                             | 1 ml per fill                  | 1 ml per fill                     | 1 ml per fill                  | 1 ml per fill                  |
| <b>Rectiv</b><br>(nitroglycerin)                    | 1 tube (30 gm) per 30 days                | 1 tube (30 gm) per 30 days     | 1 tube (30 gm) per 30 days        | 1 tube (30 gm) per Rx          | 1 tube (30 gm) per Rx          |
| <b>Recorlev</b><br>(levoketoconazole)               | 4 tablets per day                         | Not covered                    | 4 tablets per day                 | 4 tablets per day              | Not covered                    |
| <b>Regranex</b><br>(becaplermin)                    | 3 tubes (45 gm) per 150 days              | 3 tubes (45 gm) per 150 days   | 3 tubes (45 gm) per 150 days      | 3 tubes (45 gm) per 150 days   | 3 tubes (45 gm) per 150 days   |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                            |                                     |   |                                     |                                   |
|---|---|-------------------------------------|---|-------------------------------------|-----------------------------------|
|   | BCBSM<br>Clinical, Custom, Closed<br>Drug Lists | BCBSM<br>Custom Select<br>Drug List | BCBSM and BCN<br>Preferred<br>Drug List | BCN<br>Custom, Closed<br>Drug Lists | BCN<br>Custom Select<br>Drug List |
| <b>Relenza</b><br>(zanamivir)                             | 2 inhalers per 180 days                         | 2 inhalers per 180 days             | 2 inhalers per 180 days                 | 2 inhalers per 180 days             | 2 inhalers per 180 days           |
| <b>Relexxii</b><br>(methylphenidate)                      | 1 tablet per day                                | 1 tablet per day                    | 1 tablet per day                        | 1 tablet per day                    | 1 tablet per day                  |
| <b>Relpax</b><br>(eletriptan)                             | 12 tablets per 30 days                          | 12 tablets per 30 days              | 12 tablets per 30 days                  | 12 tablets per 30 days              | 12 tablets per 30 days            |
| <b>Repatha</b><br>(evolocumab)                            | 3 injections per 30 days                        | 3 injections per 30 days            | 3 injections per 30 days                | 3 injections per 30 days            | 3 injections per 30 days          |
| <b>Repatha Pushtronex</b><br>(evolocumab)                 | 1 injector per 30 days                          | 1 injector per 30 days              | Not covered                             | 1 injector per 30 days              | 1 injector per 30 days            |
| <b>Restoril</b><br>(temazepam)                            | 1 capsule per day                               | 1 capsule per day                   | 1 capsule per day                       | 1 capsule per day                   | 1 capsule per day                 |
| <b>Retevmo 40mg</b><br>(selpercatinib)                    | 180 capsules per 30 days*                       | 180 capsules per 30 days*           | 180 capsules per 30 days*               | 180 capsules per 30 days*           | 180 capsules per 30 days*         |
| <b>Retevmo 80mg</b><br>(selpercatinib)                    | 120 capsules per 30 days*                       | 120 capsules per 30 days*           | 120 capsules per 30 days*               | 120 capsules per 30 days*           | 120 capsules per 30 days*         |
| <b>Revatio</b><br>(sildenafil citrate)                    | 3 tablets per day                               | 3 tablets per day                   | 3 tablets per day                       | 3 tablets per day                   | 3 tablets per day                 |
| <b>Revatio suspension</b><br>112ml bottle<br>(sildenafil) | 2 bottles per 30 days                           | 2 bottles per 30 days               | 2 bottles per 30 days                   | 2 bottles per 30 days               | 2 bottles per 30 days             |
| <b>Revcovi</b><br>(elapegademase-lvlr)                    | 48 vials per 30 days                            | 48 vials per 30 days                | 48 vials per 30 days                    | 48 vials per 30 days                | 48 vials per 30 days              |
| <b>Revlimid</b><br>(lenalidomide)                         | 1 capsule per day                               | 1 capsule per day                   | 1 capsule per day                       | 1 capsule per day                   | 1 capsule per day                 |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                               |                                   |                               |                             |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Rexulti</b><br>(brexpiprazole)                                    | 1 tablet per day                          | Not covered                   | 1 tablet per day                  | 1 tablet per day              | Not covered                 |
| <b>Reyvow</b><br>(lasmiditan)  | 8 tablets per 30 days                     | 8 tablets per 30 days         | 8 tablets per 30 days             | 8 tablets per 30 days         | 8 tablets per 30 days       |
| <b>Rezlidhia</b><br>(olutasidenib)                                   | 2 capsules per day*                       | 2 capsules per day*           | 2 capsules per day*               | 2 capsules per day*           | 2 capsules per day*         |
| <b>Rezurock</b><br>(belumosudil)                                     | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Rhopressa</b><br>(netarsudil)                                     | 2 (2.5ml) bottles per 30 days             | Not covered                   | 2 (2.5ml) bottles per 30 days     | 2 (2.5ml) bottles per 30 days | Not covered                 |
| <b>Rinvoq</b><br>(upadacitinib)                                      | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Riomet ER</b><br>(metformin extended-release)                     | 1 bottle (473 ml) per 30 days             | Not covered                   | 1 bottle (473 ml) per 30 days     | 1 bottle (473 ml) per 30 days | Not covered                 |
| <b>Ritalin</b><br>(methylphenidate)                                  | 7 tablets per day                         | 7 tablets per day             | 7 tablets per day                 | 7 tablets per day             | 7 tablets per day           |
| <b>Ritalin LA 10, 20, 30mg</b><br>(methylphenidate extended-release) | 4 capsules per day                        | 4 capsules per day            | 4 capsules per day                | 4 capsules per day            | 4 capsules per day          |
| <b>Ritalin LA 40mg</b><br>(methylphenidate extended-release)         | 3 capsules per day                        | 3 capsules per day            | 3 capsules per day                | 3 capsules per day            | 3 capsules per day          |
| <b>Ritalin LA 60mg</b><br>(methylphenidate extended-release)         | 2 capsules per day                        | 2 capsules per day            | 2 capsules per day                | 2 capsules per day            | 2 capsules per day          |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Rivfloza</b><br>(nedosiran)                            | 1 syringe per 28 days  | 1 syringe per 28 days  | 1 syringe per 28 days  | 1 syringe per 28 days  | 1 syringe per 28 days  |
| <b>RMS</b><br>(morphine)                                  | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Rocklatan</b><br>(netarsudil + latanoprost)            | 2 (2.5ml) bottles per 30 days  | 2 (2.5ml) bottles per 30 days  | 2 (2.5ml) bottles per 30 days  | 2 (2.5ml) bottles per 30 days  | 2 (2.5ml) bottles per 30 days  |
| <b>Rovedon</b><br>(eflapegrastim-xnsxt)                   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   |
| <b>Rotarix vaccine</b>                                    | 1 ml per fill  | 1 ml per fill  | 1 ml per fill  | 1 ml per fill  | 1 ml per fill  |
| <b>Roxanol</b><br>(morphine)                              | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Roxicet</b><br>(oxycodone + acetaminophen)             | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Rozerem</b><br>(ramelteon)                             | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Rozlytrek capsule</b><br>(entrectinib)                 | 3 capsules per day*  | 3 capsules per day*  | 3 capsules per day*  | 3 capsules per day*  | 3 capsules per day*  |
| <b>Rozlytrek oral pellet</b><br>(entrectinib)             | 12 packets per day   | 12 packets per day   | 12 packets per day   | 12 packets per day   | 12 packets per day   |
| <b>Ruconest</b><br>(C1 esterase inhibitor, [recombinant]) | 2 doses (4 vials) per 30 days  | 2 doses (4 vials) per 30 days  | 2 doses (4 vials) per 30 days  | 2 doses (4 vials) per 30 days  | 2 doses (4 vials) per 30 days  |

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\*\* Limited to a 30 day supply



| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Rukobia</b><br>(fostemsavir)   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Ryaltris</b><br>(olopatadine hydrochloride + mometasone furoate monohydrate) | 1 bottle (29 gm) per 30 days              | Not covered                   | 1 bottle (29 gm) per 30 days      | Not covered                   | Not covered                 |
| <b>Rybelsus</b><br>(semaglutide)  | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Rydapt</b><br>(midostaurin)  | 8 capsules per day                        | 8 capsules per day            | 8 capsules per day                | 8 capsules per day            | 8 capsules per day          |
| <b>Rykindo</b><br>(risperidone)   | 2 injections per 28 days                  | 2 injections per 28 days      | 2 injections per 28 days          | 2 injections per 28 days      | 2 injections per 28 days    |
| <b>Rytary</b><br>(carbidopa + levodopa extended-release)                        | 12 capsules per day                       | Not covered                   | 12 capsules per day               | 12 capsules per day           | Not covered                 |
| <b>Sabril powder</b><br>(vigabatrin)  | 6 packs per day                           | 6 packs per day               | 6 packs per day                   | 6 packs per day               | 6 packs per day             |
| <b>Sabril tablet</b><br>(vigabatrin)  | 6 tablets per day                         | 6 tablets per day             | 6 tablets per day                 | 6 tablets per day             | 6 tablets per day           |
| <b>Samsca 15mg</b><br>(tolvaptan)   | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Samsca 30mg</b><br>(tolvaptan)   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Sanctura</b><br>(trospium)   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |

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| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Sanctura XL</b><br>(trospium chloride extended-release)                    | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day             | 1 capsule per day           |
| <b>Sancuso</b><br>(granisetron extended-release)                              | 4 patches per 30 days                     | 4 patches per 30 days         | 4 patches per 30 days             | 4 patches per 30 days         | 4 patches per 30 days       |
| <b>Saphris</b><br>(asenapine)   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Savaysa</b><br>(edoxaban)  | 1 tablet per day                          | 1 tablet per day              | Not covered                       | 1 tablet per day              | 1 tablet per day            |
| <b>Savella</b><br>(milnacipran)   | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Savella titration pack</b><br>(milnacipran)                                | 1 pack per 180 days                       | 1 pack per 180 days           | 1 pack per 180 days               | 1 pack per 180 days           | 1 pack per 180 days         |
| <b>Saxenda</b><br>(liraglutide)   | 5 pens per 30 days                        | Not covered                   | 5 pens per 30 days                | 5 pens per 30 days            | Not covered                 |
| <b>Scemblix 20 mg</b><br>(asciminib)  | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Scemblix 40 mg</b><br>(asciminib)  | 10 tablets per day                        | 10 tablets per day            | 10 tablets per day                | 10 tablets per day            | 10 tablets per day          |
| <b>Seasonale / Jolessa / Quasense</b><br>(levonorgestrel + ethinyl estradiol) | 1 blister pack per 91 days                | 1 blister pack per 91 days    | 1 blister pack per 91 days        | 1 blister pack per 91 days    | 1 blister pack per 91 days  |
| <b>Seasonique</b><br>(levonorgestrel + ethinyl estradiol)                     | 1 blister pack per 91 days                | 1 blister pack per 91 days    | 1 blister pack per 91 days        | 1 blister pack per 91 days    | 1 blister pack per 91 days  |

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| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Secuado</b><br>(asenapine)   | 1 patch per day  | 1 patch per day  | 1 patch per day  | 1 patch per day  | 1 patch per day  |
| <b>Segluromet 2.5/500mg</b><br>(vertugliflozin + metformin)   | 4 tablets per day  | 4 tablets per day  | 4 tablets per day  | 4 tablets per day  | 4 tablets per day  |
| <b>Segluromet 2.5/1,000, 7.5/500, 7.5/1,000 mg</b><br>(vertugliflozin + metformin)                  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |
| <b>Serevent Diskus</b><br>(salmeterol xinafoate)  | 1 inhaler per 30 days  | 1 inhaler per 30 days  | 1 inhaler per 30 days  | 1 inhaler per 30 days  | 1 inhaler per 30 days  |
| <b>Seroquel XR</b><br>(quetiapine fumarate)   | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |
| <b>sertraline HCl capsule</b>   | 1 capsule per day  | Not covered  | 1 capsule per day  | 1 capsule per day  | Not covered  |
| <b>Shingrix</b><br>(zoster vaccine recombinant, adjuvanted)   | 2 vial kits per 720 days   | 2 vial kits per 720 days   | 2 vial kits per 720 days   | 2 vial kits per 720 days   | 2 vial kits per 720 days   |
| <b>Short acting immediate release opioids + narcotics</b><br>Brand and generic                      | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Short acting immediate release opioids + narcotics combination products</b><br>Brand and generic | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Signifor</b><br>(pasireotide)  | 2 ampules per day  | 2 ampules per day  | 2 ampules per day  | 2 ampules per day  | 2 ampules per day  |

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| Medication                               | Quantity limits for:                      |                                |                                   |                                |                                |
|--|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List    |
| <b>Silenor</b><br>(doxepin)              | 1 tablet per day                          | Not covered                    | 1 tablet per day                  | 1 tablet per day               | Not covered                    |
| <b>Simplicity Inserter</b>               | 1 inserter per 365 days                   | 1 inserter per 365 days        | 1 inserter per 365 days           | 1 inserter per 365 days        | 1 inserter per 365 days        |
| <b>Simplicity 2 Unit</b>                 | 2 packs (10 units) per 30 days            | 2 packs (10 units) per 30 days | 2 packs (10 units) per 30 days    | 2 packs (10 units) per 30 days | 2 packs (10 units) per 30 days |
| <b>Simponi</b><br>(golimumab)            | 1 syringe per 30 days                     | 1 syringe per 30 days          | 1 syringe per 30 days             | 1 syringe per 30 days          | 1 syringe per 30 days          |
| <b>Singulair packet</b><br>(montelukast) | 1 packet per day                          | 1 packet per day               | 1 packet per day                  | 1 packet per day               | 1 packet per day               |
| <b>Singulair tablet</b><br>(montelukast) | 1 tablet per day                          | 1 tablet per day               | 1 tablet per day                  | 1 tablet per day               | 1 tablet per day               |
| <b>Sirturo 20mg</b><br>(bedaquiline)     | 4 tablets per day                         | 4 tablets per day              | 4 tablets per day                 | 4 tablets per day              | 4 tablets per day              |
| <b>Sirturo 100mg</b><br>(bedaquiline)    | 188 tablets per 168 days                  | 188 tablets per 168 days       | 188 tablets per 168 days          | 188 tablets per 168 days       | 188 tablets per 168 days       |
| <b>Sitavig</b><br>(acyclovir)            | 1 tablet per 30 days                      | Not covered                    | Not covered                       | 1 tablet per 30 days           | Not covered                    |
| <b>Sivextro</b><br>(tedizolid phosphate) | 6 tablets per 30 days                     | 6 tablets per 30 days          | 6 tablets per 30 days             | 6 tablets per 30 days          | 6 tablets per 30 days          |
| <b>Sklice</b><br>(ivermectin)            | 1 tube (117gm) per 30 days                | 1 tube (117gm) per 30 days     | 1 tube (117gm) per 30 days        | 1 tube (117gm) per 30 days     | 1 tube (117gm) per 30 days     |
| <b>Skyclarys</b><br>(omaveloxolone)      | 3 capsules per day                        | 3 capsules per day             | 3 capsules per day                | 3 capsules per day             | 3 capsules per day             |

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| Medication  | Quantity limits for:                      |                               |                                   |                               |                              |
|---|---|-------------------------------|-----------------------------------|-------------------------------|------------------------------|
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| <b>Skyrizi 75mg/0.83ml, 150mg/1ml</b><br>(risankizumab-rzaa)  | 1 syringe / pen per 90 days               | 1 syringe / pen per 90 days   | 1 syringe / pen per 90 days       | 1 syringe / pen per 90 days   | 1 syringe / pen per 90 days  |
| <b>Skyrizi 360mg/2.4ml</b><br>(risankizumab-rzaa)             | 1 cartridge per 56 days                   | 1 cartridge per 56 days       | 1 cartridge per 56 days           | 1 cartridge per 56 days       | 1 cartridge per 56 days      |
| <b>Slynd</b><br>(drospirenone)                                | 1 blister pack per 28 days                | 1 blister pack per 28 days    | 1 blister pack per 28 days        | 1 blister pack per 28 days    | 1 blister pack per 28 days   |
| <b>Sogroya</b><br>(somapacitan-beco)                          | 4 syringes (6ml) per 30 days              | 4 syringes (6ml) per 30 days  | 4 syringes (6ml) per 30 days      | 4 syringes (6ml) per 30 days  | 4 syringes (6ml) per 30 days |
| <b>Sohonos 1mg, 1.5mg</b><br>(palvarotene)                    | 4 capsules per day                        | 4 capsules per day            | 4 capsules per day                | 4 capsules per day            | 4 capsules per day           |
| <b>Sohonos 2.5mg, 5mg</b><br>(palvarotene)                    | 3 capsules per day                        | 3 capsules per day            | 3 capsules per day                | 3 capsules per day            | 3 capsules per day           |
| <b>Sohonos 10mg</b><br>(palvarotene)                          | 2 capsules per day                        | 2 capsules per day            | 2 capsules per day                | 2 capsules per day            | 2 capsules per day           |
| <b>Solaraze</b><br>(diclofenac sodium)                        | 100 gm (1 tube) per 30 days               | 100 gm (1 tube) per 30 days   | 100 gm (1 tube) per 30 days       | 100 gm (1 tube) per 30 days   | 100 gm (1 tube) per 30 days  |
| <b>Soliqua</b><br>(insulin glargine + lixisenatide injection) | 6 pens (18 ml) per 30 days                | 6 pens (18 ml) per 30 days    | 6 pens (18 ml) per 30 days        | 6 pens (18 ml) per 30 days    | 6 pens (18 ml) per 30 days   |
| <b>Solosec</b><br>(secnidazole)                               | Not covered                               | Not covered                   | 1 unit per fill                   | Not covered                   | Not covered                  |
| <b>Sonata 5mg</b><br>(zaleplon)                               | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day             | 1 capsule per day            |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                   |                                   |                                   |                                   |
|---|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List     | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List       |
| <b>Sonata 10mg</b><br>(zaleplon)                    | 2 capsules per day                        | 2 capsules per day                | 2 capsules per day                | 2 capsules per day                | 2 capsules per day                |
| <b>Soolantra</b><br>(ivermectin)                    | 45 gm (1 tube) per 30 days                | Not covered                       | 45 gm (1 tube) per 30 days        | 45 gm (1 tube) per 30 days        | Not covered                       |
| <b>Sotyktu</b><br>(deucravacitinib)                 | 1 tablet per day                          | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  |
| <b>Sovaldi pellet</b><br>(sofosbuvir)               | 2 packets per day                         | 2 packets per day                 | 2 packets per day                 | 2 packets per day                 | 2 packets per day                 |
| <b>Sovaldi tablet</b><br>(sofosbuvir)               | 1 tablet per day                          | Not covered                       | Not covered                       | 1 tablet per day                  | Not covered                       |
| <b>Spectracef</b><br>(cefditoren pivoxil)           | 14 tablets per Rx                         | 14 tablets per Rx                 | 14 tablets per Rx                 | 14 tablets per Rx                 | 14 tablets per Rx                 |
| <b>Spiriva Handihaler</b><br>(tiotropium bromide)   | 1 box (30 capsules) per 30 days           | 1 box (30 capsules) per 30 days   | 1 box (30 capsules) per 30 days   | 1 box (30 capsules) per 30 days   | 1 box (30 capsules) per 30 days   |
| <b>Spiriva Respimat</b><br>(tiotropium)             | 1 inhaler per 30 days                     | 1 inhaler per 30 days             | 1 inhaler per 30 days             | 1 inhaler per 30 days             | 1 inhaler per 30 days             |
| <b>Spritam 250, 500, 1,000mg</b><br>(levetiracetam) | 2 tablets per day                         | Not covered                       | 2 tablets per day                 | 2 tablets per day                 | Not covered                       |
| <b>Spritam 750mg</b><br>(levetiracetam)             | 4 tablets per day                         | Not covered                       | 4 tablets per day                 | 4 tablets per day                 | Not covered                       |
| <b>Sprycel</b><br>(dasatinib)                       | Limited to 15 day supply per fill         | Limited to 15 day supply per fill | Limited to 15 day supply per fill | Limited to 15 day supply per fill | Limited to 15 day supply per fill |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:   |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Stadol NS</b><br>(butorphanol tartrate)   | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Staxyn</b><br>(vardenafil)  | 12 tablets per 30 days   | Not covered  | 12 tablets per 30 days   | 12 tablets per 30 days   | Not covered  |
| <b>Stelara</b><br>(ustekinumab)  | 1 syringe / vial every 28 days   | 1 syringe / vial every 28 days   | 1 syringe / vial every 28 days   | 1 syringe / vial every 28 days   | 1 syringe / vial every 28 days   |
| <b>Stendra</b><br>(avanafil)   | 12 tablets per 30 days   | Not covered  | 12 tablets per 30 days   | 12 tablets per 30 days   | Not covered  |
| <b>Stimufend</b><br>(pegfilgrastim-fpgk)   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   | 2 syringes per 30 days   |
| <b>Stiolto Respimat</b><br>(tiotropium bromide + olodaterol)                                   | 1 inhaler per 30 days  | 1 inhaler per 30 days  | 1 inhaler per 30 days  | 1 inhaler per 30 days  | 1 inhaler per 30 days  |
| <b>Stivarga</b><br>(regorafenib)   | 84 tablets per 30 days   | 84 tablets per 30 days   | 84 tablets per 30 days   | 84 tablets per 30 days   | 84 tablets per 30 days   |
| <b>Strattera</b><br>(atomoxetine)  | 2 capsules per day   | 2 capsules per day   | 2 capsules per day   | 2 capsules per day   | 2 capsules per day   |
| <b>Strensiq 18, 28, 40mg</b><br>(asfotase alfa)  | 24 vials per 28 days   | 24 vials per 28 days   | 24 vials per 28 days   | 24 vials per 28 days   | 24 vials per 28 days   |
| <b>Strensiq 80mg</b><br>(asfotase alfa)  | 48 vials per 30 days   | 48 vials per 30 days   | 48 vials per 30 days   | 48 vials per 30 days   | 48 vials per 30 days   |
| <b>Stribild</b><br>(elvitegravir + cobicistat + emtricitabine + tenofovir disoproxil fumarate) | 1 tablet per day   | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                |                                   |                                |                                |
|---|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List    |
| <b>Striverdi Respimat</b><br>(olodaterol)                                 | 1 inhaler per 30 days                     | Not covered                    | 1 inhaler per 30 days             | 1 inhaler per 30 days          | Not covered                    |
| <b>Suboxone</b><br>(buprenorphine + naloxone)                             | 3 films / tablets per day                 | 3 films / tablets per day      | 3 films / tablets per day         | 3 films / tablets per day      | 3 films / tablets per day      |
| <b>Subutex</b><br>(buprenorphine)   | 3 tablets per day                         | 3 tablets per day              | 3 tablets per day                 | 3 tablets per day              | 3 tablets per day              |
| <b>Subsys</b><br>(fentanyl)   | 4 sprays per day                          | Not covered                    | Not covered                       | 4 sprays per day               | Not covered                    |
| <b>Sucraid</b><br>(sacrosidase)   | 4 bottles (472 ml) per 30 days            | 4 bottles (472 ml) per 30 days | 4 bottles (472 ml) per 30 days    | 4 bottles (472 ml) per 30 days | 4 bottles (472 ml) per 30 days |
| <b>Suflave</b><br>(PEG 3350/Sodium Sulfate/KCl/Magnesium Sulfate/NaCl)    | 2 fills per 365 days                      | Not covered                    | Not covered                       | 2 fills per 365 days           | Not covered                    |
| <b>Sunosi</b><br>(solriamfetol)   | 1 tablet per day                          | 1 tablet per day               | 1 tablet per day                  | 1 tablet per day               | 1 tablet per day               |
| <b>Suprep</b><br>(sodium sulfate + potassium sulfate + magnesium sulfate) | 2 fills per 365 days                      | 2 fills per 365 days           | 2 fills per 365 days              | 2 fills per 365 days           | 2 fills per 365 days           |
| <b>Sutab</b><br>(sodium sulfate + magnesium sulfate + potassium chloride) | 2 fills per 365 days                      | Not covered                    | 2 fills per 365 days              | 2 fills per 365 days           | Not covered                    |
| <b>Sutent</b><br>(sunitinib)  | 30 capsules per 30 days*                  | 30 capsules per 30 days*       | 30 capsules per 30 days*          | 30 capsules per 30 days*       | 30 capsules per 30 days*       |
| <b>Sylatron</b><br>(peginterferon alfa-2b)                                | 4 vials per 30 days                       | 4 vials per 30 days            | 4 vials per 30 days               | 4 vials per 28 days            | 4 vials per 28 days            |

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\*\* Limited to a 30 day supply



| Medication   | Quantity limits for:                              |   |   |   |   |
|--|---|---|---|---|---|
|  | BCBSM Clinical, Custom, Closed Drug Lists         | BCBSM Custom Select Drug List                     | BCBSM and BCN Preferred Drug List                 | BCN Custom, Closed Drug Lists                     | BCN Custom Select Drug List                       |
| <b>Symbicort</b><br>(budesonide + formoterol)  | 2 inhalers per 30 days                            | 2 inhalers per 30 days                            | 2 inhalers per 30 days                            | 2 inhalers per 30 days                            | 2 inhalers per 30 days                            |
| <b>Symdeko</b><br>(tezacaftor + ivacaftor)   | 1 carton (56 tablets) per 28 days                 | 1 carton (56 tablets) per 28 days                 | 1 carton (56 tablets) per 28 days                 | 1 carton (56 tablets) per 28 days                 | 1 carton (56 tablets) per 28 days                 |
| <b>Symfi</b><br>(efavirenz + lamivudine + tenofovir disoproxil fumarate)                 | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  |
| <b>Symfi Lo</b><br>(efavirenz + lamivudine + tenofovir disoproxil fumarate)              | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  |
| <b>Symjepi</b><br>(epinephrine)  | 4 injections per rx,<br>8 injections per 365 days | 4 injections per rx,<br>8 injections per 365 days | 4 injections per rx,<br>8 injections per 365 days | 4 injections per rx,<br>8 injections per 365 days | 4 injections per rx,<br>8 injections per 365 days |
| <b>Sympazan</b><br>(clobazam)  | 2 films per day                                   | Not covered                                       | 2 films per day                                   | 2 films per day                                   | Not covered                                       |
| <b>Symproic</b><br>(naldemedine)   | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  |
| <b>Symtuza</b><br>(darunavir + cobicistat + emtricitabine + tenofovir alafenamide)       | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  | 1 tablet per day                                  |
| <b>Synjardy</b><br>(empagliflozin + metformin)   | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 |
| <b>Synjardy XR 5/1,000, 12.5/1,000mg</b><br>(empagliflozin + metformin extended-release) | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 | 2 tablets per day                                 |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Synjardy XR 10/1,000, 25/1,000mg</b><br>(empagliflozin + metformin extended-release) | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Synribo</b><br>(omacetaxine)   | 20 vials per 28 days                      | 20 vials per 28 days          | 20 vials per 28 days              | 20 vials per 28 days          | 20 vials per 28 days        |
| <b>Syprine 250 mg</b><br>(trientine)  | 8 capsules per day                        | 8 capsules per day            | 8 capsules per day                | 8 capsules per day            | 8 capsules per day          |
| <b>Syprine 500 mg</b><br>(trientine)  | 4 capsules per day                        | 4 capsules per day            | 4 capsules per day                | 4 capsules per day            | 4 capsules per day          |
| <b>Tabrecta</b><br>(capmatinib)   | 112 tablets per 28 days                   | 112 tablets per 28 days       | 112 tablets per 28 days           | 112 tablets per 28 days       | 112 tablets per 28 days     |
| <b>Tadliq</b><br>(Tadalafil)  | 10 ml per day                             | 10 ml per day                 | 10 ml per day                     | 10 ml per day                 | 10 ml per day               |
| <b>Tafinlar capsule</b><br>(dabrafenib)   | 4 capsules per day                        | 4 capsules per day            | 4 capsules per day                | 4 capsules per day            | 4 capsules per day          |
| <b>Tafinlar tablet for oral suspension</b><br>(dabrafenib)                              | 30 tablets per day                        | 30 tablets per day            | 30 tablets per day                | 30 tablets per day            | 30 tablets per day          |
| <b>Tagrisso</b><br>(osimertinib)  | 30 tablets per 30 days*                   | 30 tablets per 30 days*       | 30 tablets per 30 days*           | 30 tablets per 30 days*       | 30 tablets per 30 days*     |
| <b>Takhzyro</b><br>(lanadelumab-flyo)   | 2 vials per 30 days                       | 2 vials per 30 days           | 2 vials per 30 days               | 2 vials per 30 days           | 2 vials per 30 days         |
| <b>Talicia</b><br>(omeprazole + amoxicillin + rifabutin)                                | 168 tablets per 90 days                   | Not covered                   | 168 tablets per 90 days           | 168 tablets per 90 days       | Not covered                 |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                   |                                   |  |                                   |
|---|---|-----------------------------------|-----------------------------------|--|-----------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List     | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists                | BCN Custom Select Drug List       |
| <b>Taltz single pack</b><br>(ixekizumab)                | 1 pack per 30 days                        | 1 pack per 30 days                | 1 pack per 30 days                | 1 pack per 30 days                           | 1 pack per 30 days                |
| <b>Taltz 2 pack</b><br>(ixekizumab)                     | 2 packs per 365 days                      | 2 packs per 365 days              | 2 packs per 365 days              | 2 packs per 365 days                         | 2 packs per 365 days              |
| <b>Taltz 3 pack</b><br>(ixekizumab)                     | 1 pack per 365 days                       | 1 pack per 365 days               | 1 pack per 365 days               | 1 pack per 365 days                          | 1 pack per 365 days               |
| <b>Talzenna</b><br>(talazoparib)                        | 30 capsules per 30 days*                  | 30 capsules per 30 days*          | 30 capsules per 30 days*          | 30 capsules per 30 days*                     | 30 capsules per 30 days*          |
| <b>Tamiflu 30mg</b><br>(oseltamivir)                    | 40 capsules per 180 days                  | 40 capsules per 180 days          | 40 capsules per 180 days          | 40 capsules per 180 days                     | 40 capsules per 180 days          |
| <b>Tamiflu 45, 75 mg</b><br>(oseltamivir)               | 20 capsules per 180 days                  | 20 capsules per 180 days          | 20 capsules per 180 days          | 20 capsules per 180 days                     | 20 capsules per 180 days          |
| <b>Tamiflu suspension 60 ml bottle</b><br>(oseltamivir) | 6 bottles (360 ml) per 180 days           | 6 bottles (360 ml) per 180 days   | 6 bottles (360 ml) per 180 days   | 6 bottles (360 ml) per 180 days <sup>8</sup> | 6 bottles (360 ml) per 180 days   |
| <b>tamoxifen citrate</b>                                | 2 tablets per day                         | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day                            | 2 tablets per day                 |
| <b>Tarceva</b><br>(erlotinib)                           | Limited to 15 day supply per fill         | Limited to 15 day supply per fill | Limited to 15 day supply per fill | Limited to 15 day supply per fill            | Limited to 15 day supply per fill |
| <b>Targretin capsule</b><br>(bexarotene)                | Limited to 15 day supply per fill         | Limited to 15 day supply per fill | Limited to 15 day supply per fill | Limited to 15 day supply per fill            | Limited to 15 day supply per fill |
| <b>Tarpeyo</b><br>(budesonide)                          | 4 capsules per day                        | 4 capsules per day                | 4 capsules per day                | 4 capsules per day                           | 4 capsules per day                |
| <b>Tascenso ODT</b><br>(fingolimod)                     | 2 tablets per day                         | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day                            | 2 tablets per day                 |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                                  |                                   |                                  |                                  |
|--|---|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List    | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists    | BCN Custom Select Drug List      |
| <b>Tasigna</b><br>(nilotinib)  | 120 capsules per 30 days*                 | 120 capsules per 30 days*        | 120 capsules per 30 days*         | 120 capsules per 30 days*        | 120 capsules per 30 days*        |
| <b>Tavalisse</b><br>(fostamatinib disodium hexahydrate)              | 2 tablets per day                         | 2 tablets per day                | 2 tablets per day                 | 2 tablets per day                | 2 tablets per day                |
| <b>Tavneos</b><br>(avacopan)   | 6 capsules per day                        | 6 capsules per day               | 6 capsules per day                | 6 capsules per day               | 6 capsules per day               |
| <b>Tazverik</b><br>(tazemetostat)                                    | 240 tablets per 30 days*                  | 240 tablets per 30 days*         | 240 tablets per 30 days*          | 240 tablets per 30 days*         | 240 tablets per 30 days*         |
| <b>Tecfidera starter pack</b><br>(dimethyl fumarate delayed-release) | 1 pack per 365 days                       | 1 pack per 365 days              | 1 pack per 365 days               | 1 pack per 365 days              | 1 pack per 365 days              |
| <b>Tecfidera</b><br>(dimethyl fumarate delayed-release)              | 2 capsules per day                        | 2 capsules per day               | 2 capsules per day                | 2 capsules per day               | 2 capsules per day               |
| <b>Tegsedi</b><br>(inotersen)  | 4 syringes per 30 days                    | 4 syringes per 30 days           | 4 syringes per 30 days            | 4 syringes per 30 days           | 4 syringes per 30 days           |
| <b>Temixys</b><br>(lamivudine + tenofovir disoproxil fumarate)       | 1 tablet per day                          | 1 tablet per day                 | 1 tablet per day                  | 1 tablet per day                 | 1 tablet per day                 |
| <b>Tepmetko</b><br>(tepotinib)                                       | 2 tablets per day*                        | 2 tablets per day*               | Not covered                       | 2 tablets per day*               | 2 tablets per day*               |
| <b>Test strips</b>   | 300 units per 30 days                     | 300 units per 30 days            | 300 units per 30 days             | 300 units per 30 days            | 300 units per 30 days            |
| <b>Testim</b><br>(testosterone)                                      | 2 cartons (60 tubes) per 30 days          | 2 cartons (60 tubes) per 30 days | 2 cartons (60 tubes) per 30 days  | 2 cartons (60 tubes) per 30 days | 2 cartons (60 tubes) per 30 days |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                                |                                   |                                  |                                |
|--|---|--------------------------------|-----------------------------------|----------------------------------|--------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists    | BCN Custom Select Drug List    |
| <b>Testred</b><br>(methyltestosterone)             | 1 capsule per day                         | Not covered                    | 1 capsule per day                 | 1 capsule per day                | Not covered                    |
| <b>Tetanus/diphtheria booster</b> (Tenivac, Tdvax) | 0.5 ml per Rx                             | 0.5 ml per Rx                  | 0.5 ml per Rx                     | 0.5 ml per Rx                    | 0.5 ml per Rx                  |
| <b>Tezspire</b><br>(tezepelumab-ekko)              | 1 pen (1.91ml) per 28 days                | 1 pen (1.91ml) per 28 days     | 1 pen (1.91ml) per 28 days        | 1 pen (1.91ml) per 28 days       | 1 pen (1.91ml) per 28 days     |
| <b>Tibsovo</b><br>(ivosidenib)                     | 60 tablets per 30 days*                   | 60 tablets per 30 days*        | 60 tablets per 30 days*           | 60 tablets per 30 days*          | 60 tablets per 30 days*        |
| <b>Teglutik</b><br>(riluzole)                      | 2 bottles (600ml) per 30 days             | 2 bottles (600ml) per 30 days  | 2 bottles (600ml) per 30 days     | 2 bottles (600ml) per 30 days    | 2 bottles (600ml) per 30 days  |
| <b>Tindamax</b><br>(tinidazole)                    | 20 tablets per 20 days                    | 20 tablets per 20 days         | 20 tablets per 20 days            | 20 tablets per 20 days           | 20 tablets per 20 days         |
| <b>Tivicay PD</b><br>(dolutegravir)                | 6 tablets per day                         | 6 tablets per day              | 6 tablets per day                 | 6 tablets per day                | 6 tablets per day              |
| <b>Tlando</b><br>(testosterone undecanoate)        | 4 capsules per day                        | Not covered                    | 4 capsules per day                | 4 capsules per day               | Not covered                    |
| <b>Tobi</b><br>(tobramycin)                        | 56 ampules per 56 rolling days            | 56 ampules per 56 rolling days | 56 ampules per 56 rolling days    | 56 ampules per 56 rolling days   | 56 ampules per 56 rolling days |
| <b>Tobi Podhaler</b><br>(tobramycin)               | 224 capsules per 56 rolling days          | Not covered                    | 224 capsules per 56 rolling days  | 224 capsules per 56 rolling days | Not covered                    |
| <b>Today Contraceptive Sponge</b><br>(nonoxynol-9) | 6 units per 30 days                       | 6 units per 30 days            | 6 units per 30 days               | 6 units per 30 days              | 6 units per 30 days            |
| <b>Tolak</b><br>(fluorouracil)                     | 40 gm (1 tube) per 30 days                | 40 gm (1 tube) per 30 days     | 40 gm (1 tube) per 30 days        | 40 gm (1 tube) per 30 days       | 40 gm (1 tube) per 30 days     |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Toradol</b><br>(ketorolac)                                       | 20 tablets per Rx  | 20 tablets per Rx  | 20 tablets per Rx  | 20 tablets every 26 days   | 20 tablets every 26 days   |
| <b>Toviaz</b><br>(fesoterodine)                                     | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   | Not covered  |
| <b>Tracleer</b><br>(bosentan)                                       | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |
| <b>Tradjenta</b><br>(linagliptin)                                   | 1 tablet per day   | 1 tablet per day   | Not covered  | 1 tablet per day   | 1 tablet per day   |
| <b>Tramadol ER</b>  | Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill |
| <b>Trelegy Ellipta</b><br>(fluticasone + umeclidinium + vilanterol) | 30 inhalations (60 blisters) per 30 days   | 30 inhalations (60 blisters) per 30 days   | 30 inhalations (60 blisters) per 30 days   | 30 inhalations (60 blisters) per 30 days   | 30 inhalations (60 blisters) per 30 days   |
| <b>Tremfya</b><br>(guselkumab)                                      | 8 syringes per 365 days  | 8 syringes per 365 days  | 8 syringes per 365 days  | 8 syringes per 365 days  | 8 syringes per 365 days  |
| <b>Treximet 85/500mg</b><br>(sumatriptan + naproxen)                | 12 tablets per 30 days   | Not covered  | 12 tablets per 30 days   | 12 tablets per 30 days   | Not covered  |
| <b>Trezix</b><br>(acetaminophen + caffeine + dihydrocodeine)        | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Tribenzor</b><br>(olmesartan + amlodipine + hydrochlorothiazide) | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |

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| Medication  | Quantity limits for:                      |                                   |                                   |                                   |                                   |
|---|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List     | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists     | BCN Custom Select Drug List       |
| <b>Trijardy XR 5/2.5/1000, 10/5/1000, 12.5/2.5/1000mg</b><br>(empagliflozin + linagliptin + metformin extended-release) | 2 tablets per day                         | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day                 | 2 tablets per day                 |
| <b>Trijardy XR 25/5/1000mg</b><br>(empagliflozin + linagliptin + metformin extended-release)                            | 1 tablet per day                          | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  |
| <b>Trikafta granules</b><br>(elexacaftor + ivacaftor + tezacaftor)  | 2 packets per day                         | 2 packets per day                 | 2 packets per day                 | 2 packets per day                 | 2 packets per day                 |
| <b>Trikafta tablet</b><br>(elexacaftor + ivacaftor + tezacaftor)  | 84 tablets (1 carton) per 28 days         | 84 tablets (1 carton) per 28 days | 84 tablets (1 carton) per 28 days | 84 tablets (1 carton) per 28 days | 84 tablets (1 carton) per 28 days |
| <b>Trintellix</b><br>(vortioxetine)   | 1 tablet per day                          | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  | 1 tablet per day                  |
| <b>Triumeq tablet</b><br>(abacavir + dolutegravir + lamivudine)   | 1 tablet per day                          | 1 tablet per day                  | Not covered                       | 1 tablet per day                  | 1 tablet per day                  |
| <b>Triumeq PD</b><br>(abacavir + dolutegravir + lamivudine)   | 6 tablets per day                         | 6 tablets per day                 | 6 tablets per day                 | 6 tablets per day                 | 6 tablets per day                 |
| <b>Trokendi XR</b><br>(topiramate extended-release)   | 2 capsules per day                        | Not covered                       | 2 capsules per day                | 2 capsules per day                | Not covered                       |
| <b>Trulicity</b><br>(dulaglutide)   | 4 pens (2mL) per 30 days                  | 4 pens (2mL) per 30 days          | 4 pens (2mL) per 30 days          | 4 pens (2mL) per 30 days          | 4 pens (2mL) per 30 days          |
| <b>Truqap</b><br>(capivasertib)   | 64 tablets per 28 days                    | 64 tablets per 28 days            | 64 tablets per 28 days            | 64 tablets per 28 days            | 64 tablets per 28 days            |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Truvada</b><br>(emtricitabine + tenofovir disoproxil fumarate)   | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Tukysa</b><br>(tucatinib)  | 4 tablets per day                         | 4 tablets per day             | 4 tablets per day                 | 4 tablets per day             | 4 tablets per day           |
| <b>Turalio</b><br>(pexidartinib)                                    | 4 capsules per day                        | 4 capsules per day            | 4 capsules per day                | 4 capsules per day            | 4 capsules per day          |
| <b>TussiCaps</b><br>(hydrocodone + chlorpheniramine)                | 14 capsules per 30 days                   | Not covered                   | 14 capsules per 30 days           | 14 capsules per 30 days       | Not covered                 |
| <b>Tuzistra XR</b><br>(codeine + chlorpheniramine extended-release) | 8 ml per day                              | Not covered                   | 8 ml per day                      | 8 ml per day                  | Not covered                 |
| <b>Twinrix</b>  | 1ml per fill                              | 1ml per fill                  | 1ml per fill                      | 1ml per fill                  | 1ml per fill                |
| <b>Twynéo</b><br>(tretinoin + benzoyl peroxide)                     | Not covered                               | Not covered                   | 1 pump (30 grams) per 30 days     | Not covered                   | Not covered                 |
| <b>Tybost</b><br>(cobicistat)                                       | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Tymlos</b><br>(abaloparatide)                                    | 1 unit per 30 days                        | 1 unit per 30 days            | 1 unit per 30 days                | 1 unit per 30 days            | 1 unit per 30 days          |
| <b>Tyrvaya</b><br>(varenicline)                                     | 4 sprays per day                          | Not covered                   | 4 sprays per day                  | 4 sprays per day              | Not covered                 |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply



| Medication   | Quantity limits for:   |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Tyvaso/Tyvaso DPI institutional + starter kit</b><br>(treprostinil) | 1 kit per 365 days   | 1 kit per 365 days   | 1 kit per 365 days   | 1 kit per 365 days   | 1 kit per 365 days   |
| <b>Tyvaso/Tyvaso DPI maintenance kit</b><br>(treprostinil)             | 1 kit per 28 days  | 1 kit per 28 days  | 1 kit per 28 days  | 1 kit per 28 days  | 1 kit per 28 days  |
| <b>Tyvaso vial</b><br>(treprostinil)                                   | 28 ampules (81.2 ml) per 28 days   | 28 ampules (81.2 ml) per 28 days   | 28 ampules (81.2 ml) per 28 days   | 28 ampules (81.2 ml) per 28 days   | 28 ampules (81.2 ml) per 28 days   |
| <b>Ubrelyv</b><br>(ubrogepant)   | 16 tablets per 30 days   | 16 tablets per 30 days   | 16 tablets per 30 days   | 16 tablets per 30 days   | 16 tablets per 30 days   |
| <b>Uceris</b><br>(budesonide extended-release)                         | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Udenyca</b><br>(pegfilgrastim-cbqv)                                 | 2 syringes per 30 days   | 2 syringes per 30 days   | Not covered  | 2 syringes per 30 days   | 2 syringes per 30 days   |
| <b>Ukoniq</b><br>(umbralisib)  | 4 tablets per day*   | 4 tablets per day*   | 4 tablets per day*   | 4 tablets per day*   | 4 tablets per day*   |
| <b>Uloric</b><br>(febuxostat)  | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Ultracet</b><br>(tramadol + acetaminophen)                          | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            | 4 grams of APAP per day<br>(Limited to 5 day supply for the 1st fill)            |
| <b>Ultram</b><br>(tramadol)  | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Upravi starter pack</b><br>(selexipag)                              | 2 packs per 365 days   | 2 packs per 365 days   | 2 packs per 365 days   | 2 packs per 365 days   | 2 packs per 365 days   |

\* Limited to a 15 day supply  
\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                       |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List              | BCBSM and BCN Preferred Drug List          | BCN Custom, Closed Drug Lists              | BCN Custom Select Drug List                |
| <b>Uptravi</b><br>(selexipag)   | 2 tablets per day                          | 2 tablets per day                          | 2 tablets per day                          | 2 tablets per day                          | 2 tablets per day                          |
| <b>Uzedy</b><br>(risperidone, extended-release)                             | 1 injection per 30 days                    | 1 injection per 30 days                    | 1 injection per 30 days                    | 1 injection per 30 days                    | 1 injection per 30 days                    |
| <b>Vaichlor</b><br>(mechlorethamine)  | 2 tubes (120 gm) per 30 days               | 2 tubes (120 gm) per 30 days               | 2 tubes (120 gm) per 30 days               | 2 tubes (120gm) per 30 days                | 2 tubes (120gm) per 30 days                |
| <b>Valtoco</b><br>(diazepam)  | 5 boxes (10 nasal spray units) per 30 days | 5 boxes (10 nasal spray units) per 30 days | 5 boxes (10 nasal spray units) per 30 days | 5 boxes (10 nasal spray units) per 30 days | 5 boxes (10 nasal spray units) per 30 days |
| <b>Valved Holding Chambers (VHCs) and Spacers for Metered Dose Inhalers</b> | 3 spacers/VHCs per fill                    | 3 spacers/VHCs per fill                    | 3 spacers/VHCs per fill                    | 3 spacers/VHCs per fill                    | 3 spacers/VHCs per fill                    |
| <b>Vanflyta</b><br>(quizartinib)  | 2 tablets per day*                         | 2 tablets per day*                         | 2 tablets per day*                         | 2 tablets per day*                         | 2 tablets per day*                         |
| <b>Vanos</b><br>(fluocinonide)  | 240 gm per 30 days                         | 240 gm per 30 days                         | 240 gm per 30 days                         | 240 gm per 30 days                         | 240 gm per 30 days                         |
| <b>Vaqta vaccine</b>  | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            |
| <b>Vaqta vaccine</b>  | 1 ml per fill                              | 1 ml per fill                              | 1 ml per fill                              | 1 ml per fill                              | 1 ml per fill                              |
| <b>Varubi</b><br>(rolapitant)   | 8 tablets per 30 days                      | 8 tablets per 30 days                      | 8 tablets per 30 days                      | 8 tablets per 30 days                      | 8 tablets per 30 days                      |
| <b>Vascepa</b><br>(icosapent ethyl)   | 4 capsules per day                         | 4 capsules per day                         | 4 capsules per day                         | 4 capsules per day                         | 4 capsules per day                         |
| <b>Vaxneuvance vaccine</b>  | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            | 0.5 ml per fill                            |
| <b>VCF film</b><br>(nonoxynol-9)  | 6 units per 30 days                        | 6 units per 30 days                        | 6 units per 30 days                        | 6 units per 30 days                        | 6 units per 30 days                        |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                  |                                   |                                  |                                  |
|---|---|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List    | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists    | BCN Custom Select Drug List      |
| <b>VCF foam</b><br>(nonoxynol-9)                    | 1 box (17 gm) per 30 days                 | 1 box (17 gm) per 30 days        | 1 box (17 gm) per 30 days         | 1 box (17 gm) per 30 days        | 1 box (17 gm) per 30 days        |
| <b>VCF gel</b><br>(nonoxynol-9)                     | 1 package (10 units) per 30 days          | 1 package (10 units) per 30 days | 1 package (10 units) per 30 days  | 1 package (10 units) per 30 days | 1 package (10 units) per 30 days |
| <b>Vecamyl</b><br>(mecamylamine)                    | 10 tablets per day                        | Not covered                      | 10 tablets per day                | 10 tablets per day               | Not covered                      |
| <b>Veltassa 8.4gm</b><br>(patiromer)                | 2 packets per day                         | 2 packets per day                | Not covered                       | 2 packets per day                | 2 packets per day                |
| <b>Veltassa 16.8gm, 25.2gm</b><br>(patiromer)       | 1 packet per day                          | 1 packet per day                 | Not covered                       | 1 packet per day                 | 1 packet per day                 |
| <b>Vemlidy</b><br>(tenofovir alafenamide)           | 1 tablet per day                          | 1 tablet per day                 | 1 tablet per day                  | 1 tablet per day                 | 1 tablet per day                 |
| <b>Venclexta starter pack</b><br>(venetoclax)       | 1 pack per 365 days                       | 1 pack per 365 days              | 1 pack per 365 days               | 1 pack per 365 days              | 1 pack per 365 days              |
| <b>Venclexta 100mg</b><br>(venetoclax)              | 6 tablets per day                         | 6 tablets per day                | 6 tablets per day                 | 6 tablets per day                | 6 tablets per day                |
| <b>Venclexta unit dose 10, 50mg</b><br>(venetoclax) | 28 unit packs per 30 days                 | 28 unit packs per 30 days        | 28 unit packs per 30 days         | 28 unit packs per 30 days        | 28 unit packs per 30 days        |
| <b>Venclexta wallets 10, 50mg</b><br>(venetoclax)   | 4 wallets per 30 days                     | 4 wallets per 30 days            | 4 wallets per 30 days             | 4 wallets per 30 days            | 4 wallets per 30 days            |
| <b>Ventavis</b><br>(iloprost)                       | 9 ampules per day                         | 9 ampules per day                | 9 ampules per day                 | 9 ampules per day                | 9 ampules per day                |
| <b>Veozah</b><br>(fezolinetant)                     | 1 tablet per day                          | 1 tablet per day                 | 1 tablet per day                  | 1 tablet per day                 | 1 tablet per day                 |

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\*\* Limited to a 30 day supply

| Medication                                     | Quantity limits for:   |  |  |  |  |
|--|--|--|--|--|--|
|  | BCBSM Clinical, Custom, Closed Drug Lists  | BCBSM Custom Select Drug List  | BCBSM and BCN Preferred Drug List  | BCN Custom, Closed Drug Lists  | BCN Custom Select Drug List  |
| <b>Verkazia</b><br>(cyclosporine)              | 4 vials per day  | Not covered  | 4 vials per day  | 4 vials per day  | Not covered  |
| <b>Verquvo</b><br>(vericiguat)                 | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Verzenio</b><br>(abemaciclib)               | 60 tablets per 30 days*  | 60 tablets per 30 days*  | 60 tablets per 30 days*  | 60 tablets per 30 days*  | 60 tablets per 30 days*  |
| <b>Vesicare</b><br>(solifenacin)               | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   |
| <b>Vesicare LS</b><br>(solifenacin succinate)  | 2 bottles (300 ml) per 30 days   | 2 bottles (300 ml) per 30 days   | Not covered  | 2 bottles (300 ml) per 30 days   | 2 bottles (300 ml) per 30 days   |
| <b>Vgo20, Vgo30, Vgo40</b>                     | 30 units per 30 days   | 30 units per 30 days   | 30 units per 30 days   | 30 units per 30 days   | 30 units per 30 days   |
| <b>Vicoprofen</b><br>(hydrocodone + ibuprofen) | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill | Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill |
| <b>Viagra</b><br>(sildenafil)                  | 12 tablets per 30 days   | Not covered  | 12 tablets per 30 days   | 12 tablets per 30 days   | Not covered  |
| <b>Viberzi</b><br>(eluxadoline)                | 2 tablets per day  | Not covered  | 2 tablets per day  | 2 tablets per day  | Not covered  |
| <b>Victoza</b><br>(liraglutide)                | 3 pens (9 ml) per 30 days  | 3 pens (9 ml) per 30 days  | 3 pens (9 ml) per 30 days  | 3 pens (9 ml) per 30 days  | 3 pens (9 ml) per 30 days  |
| <b>Viibryd 10mg</b><br>(vilazodone)            | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |
| <b>Viibryd 20mg, 40mg</b><br>(vilazodone)      | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | 1 tablet per day   | <b>1 tablet per day</b>  |

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\*\* Limited to a 30 day supply

| Medication                                       | Quantity limits for:                      |                               |                                   |                               |                               |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List   |
| <b>Vioice 50 mg, 125 mg</b><br>(alpelisib)       | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Vimpat</b><br>(lacosamide)                    | 4 tablets per day                         | 4 tablets per day             | 4 tablets per day                 | 4 tablets per day             | 4 tablets per day             |
| <b>Vitakvi 25mg</b><br>(larotrectinib)           | 180 capsules per 30 days*                 | 180 capsules per 30 days*     | 180 capsules per 30 days*         | 180 capsules per 30 days*     | 180 capsules per 30 days*     |
| <b>Vitakvi 100mg</b><br>(larotrectinib)          | 60 capsules per 30 days*                  | 60 capsules per 30 days*      | 60 capsules per 30 days*          | 60 capsules per 30 days*      | 60 capsules per 30 days*      |
| <b>Vitakvi solution</b><br>(larotrectinib)       | 10 ml per day                             | 10 ml per day                 | 10 ml per day                     | 10 ml per day                 | 10 ml per day                 |
| <b>Vistogard</b><br>(uridine triacetate)         | 20 packets per fill                       | 20 packets per fill           | 20 packets per fill               | 20 packets per fill           | 20 packets per fill           |
| <b>Vituz</b><br>(chlorpheniramine + hydrocodone) | 240 ml per Rx                             | Not covered                   | 240 ml per Rx                     | 240 ml per Rx                 | Not covered                   |
| <b>Vivjoa</b><br>(oteseconazole)                 | 18 capsules per 84 days                   | Not covered                   | 18 capsules per 84 days           | 18 capsules per 84 days       | Not covered                   |
| <b>Vivlodex</b><br>(meloxicam)                   | 1 capsule per day                         | Not covered                   | 1 capsule per day                 | 1 capsule per day             | Not covered                   |
| <b>Vizimpro</b><br>(dacomitinib)                 | 30 tablets per 30 days*                   | 30 tablets per 30 days*       | 30 tablets per 30 days*           | 30 tablets per 30 days*       | 30 tablets per 30 days*       |
| <b>Vogelxo packet</b><br>(testosterone)          | 2 packets per day                         | 2 packets per day             | 2 packets per day                 | 2 packets per day             | 2 packets per day             |
| <b>Vogelxo pump</b><br>(testosterone)            | 4 bottles (300gm) per 30 days             | 4 bottles (300gm) per 30 days | 4 bottles (300gm) per 30 days     | 4 bottles (300gm) per 30 days | 4 bottles (300gm) per 30 days |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                     |                                     |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List       | BCBSM and BCN Preferred Drug List   | BCN Custom, Closed Drug Lists       | BCN Custom Select Drug List         |
| <b>Voltaren gel</b><br>(diclofenac)                       | 4 tubes (400 gm) per 30 days              | 4 tubes (400 gm) per 30 days        | 4 tubes (400 gm) per 30 days        | 4 tubes (400 gm) per 30 days        | 4 tubes (400 gm) per 30 days        |
| <b>Vonjo</b><br>(pacritinib)                              | 4 capsules per day                        | 4 capsules per day                  | 4 capsules per day                  | 4 capsules per day                  | 4 capsules per day                  |
| <b>Voquezna</b><br>(vonoprazan)                           | 1 tablet per day                          | Not covered                         | 1 tablet per day                    | 1 tablet per day                    | Not covered                         |
| <b>Vosevi</b><br>(sofosbuvir +velpatasvir + voxilaprevir) | 1 tablet per day                          | 1 tablet per day                    | 1 tablet per day                    | 1 tablet per day                    | 1 tablet per day                    |
| <b>Votrient</b><br>(pazopanib)                            | Limited to a 15 day supply per fill       | Limited to a 15 day supply per fill | Limited to a 15 day supply per fill | Limited to a 15 day supply per fill | Limited to a 15 day supply per fill |
| <b>Vowst</b><br>(fecal microbiota spores)                 | 12 capsules per 30 days                   | 12 capsules per 30 days             | 12 capsules per 30 days             | 12 capsules per 30 days             | 12 capsules per 30 days             |
| <b>Voxzogo</b><br>(vosoritide)                            | 1 syringe per day                         | 1 syringe per day                   | 1 syringe per day                   | 1 syringe per day                   | 1 syringe per day                   |
| <b>Vraylar</b><br>(cariprazine)                           | 1 capsule per day                         | 1 capsule per day                   | 1 capsule per day                   | 1 capsule per day                   | 1 capsule per day                   |
| <b>Vraylar dose pack</b><br>(cariprazine)                 | 4 packs (28 capsules) per 30 days         | 4 packs (28 capsules) per 30 days   | 4 packs (28 capsules) per 30 days   | 4 packs (28 capsules) per 30 days   | 4 packs (28 capsules) per 30 days   |
| <b>Vtama cream</b><br>(tapinarof)                         | 1 tube (60 grams) per 30 days             | 1 tube (60 grams) per 30 days       | 1 tube (60 grams) per 30 days       | 1 tube (60 grams) per 30 days       | 1 tube (60 grams) per 30 days       |
| <b>Vumerity</b><br>(dimethyl fumarate)                    | 4 capsules per day                        | 4 capsules per day                  | 4 capsules per day                  | 4 capsules per day                  | 4 capsules per day                  |
| <b>Vumerity starter pack</b><br>(dimethyl fumarate)       | 1 bottle per 365 days                     | 1 bottle per 365 days               | 1 bottle per 365 days               | 1 bottle per 365 days               | 1 bottle per 365 days               |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |                                 |   |   |                                 |
|---|---|---------------------------------|---|---|---------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List   | BCBSM and BCN Preferred Drug List       | BCN Custom, Closed Drug Lists           | BCN Custom Select Drug List     |
| <b>Vusion</b><br>(miconazole nitrate + zinc oxide + white petrolatum) | 1 tube (50 gm) per 30 days                | Not covered                     | 1 tube (50 gm) per 30 days              | 1 tube (50 gm) per 30 days              | Not covered                     |
| <b>Vyleesi</b><br>(bremelanotide)                                     | 2 cartons (8 autoinjectors) per 30 days   | Not covered                     | 2 cartons (8 autoinjectors) per 30 days | 2 cartons (8 autoinjectors) per 30 days | Not covered                     |
| <b>Vyndamax</b><br>(tafamidis)  | 1 capsule per day                         | 1 capsule per day               | Not covered                             | 1 capsule per day                       | 1 capsule per day               |
| <b>Vyndaqel</b><br>(tafamidis meglumine)                              | 4 capsules per day                        | 4 capsules per day              | 4 capsules per day                      | 4 capsules per day                      | 4 capsules per day              |
| <b>Vytorin</b><br>(ezetimibe + simvastatin)                           | 1 tablet per day                          | 1 tablet per day                | 1 tablet per day                        | 1 tablet per day                        | 1 tablet per day                |
| <b>Vyvance</b><br>(lisdexamfetamine)                                  | 1 capsule / chew tablet per day           | 1 capsule / chew tablet per day | 1 capsule / chew tablet per day         | 1 capsule / chew tablet per day         | 1 capsule / chew tablet per day |
| <b>Wainua</b><br>(eplontersen)  | 1 injector per 28 days                    | 1 injector per 28 days          | Not covered                             | 1 injector per 28 days                  | 1 injector per 28 days          |
| <b>Wakix</b><br>(pitolisant)  | 2 tablets per day                         | 2 tablets per day               | 2 tablets per day                       | 2 tablets per day                       | 2 tablets per day               |
| <b>Wegovy 0.25, 0.5mg, 1mg</b><br>(semaglutide)                       | 4 pens (2ml) per 30 days                  | Not covered                     | 4 pens (2ml) per 30 days                | 4 pens (2ml) per 30 days                | Not covered                     |
| <b>Wegovy 1.7mg, 2.4mg</b><br>(semaglutide)                           | 4 pens (3 ml) per 30 days                 | Not covered                     | 4 pens (3 ml) per 30 days               | 4 pens (3 ml) per 30 days               | Not covered                     |
| <b>Welireg</b><br>(belzutifan)  | 3 capsules per day*                       | 3 capsules per day*             | 3 capsules per day*                     | 3 capsules per day*                     | 3 capsules per day*             |
| <b>Wide Seal diaphragm</b>  | 1 unit per 90 days                        | 1 unit per 90 days              | 1 unit per 90 days                      | 1 unit per 90 days                      | 1 unit per 90 days              |

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\*\* Limited to a 30 day supply

| Medication   | Quantity limits for:                      |                               |                                   |                               |                             |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Winlevi</b><br>(clascoterone)                             | 1 tube (60 gm) per 30 days                | Not covered                   | Not covered                       | 1 tube (60 gm) per 30 days    | Not covered                 |
| <b>Wixela Inhub</b><br>(fluticasone propionate + salmeterol) | 1 inhaler per 30 days                     | 1 inhaler per 30 days         | 1 inhaler per 30 days             | 1 inhaler per 30 days         | 1 inhaler per 30 days       |
| <b>Xadago</b><br>(safinamide)                                | 1 tablet per day                          | 1 tablet per day              | Not covered                       | 1 tablet per day              | 1 tablet per day            |
| <b>Xalkori capsule 20mg, 50mg</b><br>(crizotinib)            | 2 capsules per day*                       | 2 capsules per day*           | 2 capsules per day*               | 2 capsules per day*           | 2 capsules per day*         |
| <b>Xalkori capsule 150mg (crizotinib)</b>                    | 3 capsules per day*                       | 3 capsules per day*           | 3 capsules per day*               | 3 capsules per day*           | 3 capsules per day*         |
| <b>Xalkori pellet 20mg, 50mg</b><br>(crizotinib)             | 2 pellets per day*                        | 2 pellets per day*            | 2 pellets per day*                | 2 pellets per day*            | 2 pellets per day*          |
| <b>Xalkori pellet 150mg</b><br>(crizotinib)                  | 3 pellets per day*                        | 3 pellets per day*            | 3 pellets per day*                | 3 pellets per day*            | 3 pellets per day*          |
| <b>Xarelto starter pack</b><br>(rivaroxaban)                 | 1 pack per 365 days                       | 1 pack per 365 days           | 1 pack per 365 days               | 1 pack per 365 days           | 1 pack per 365 days         |
| <b>Xarelto suspension</b><br>(rivaroxaban)                   | 20 ml per day                             | 20 ml per day                 | 20 ml per day                     | 20 ml per day                 | 20 ml per day               |
| <b>Xarelto 2.5mg, 15mg tablet</b><br>(rivaroxaban)           | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day           |
| <b>Xarelto 10mg, 20mg tablet</b><br>(rivaroxaban)            | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Xcopri</b><br>(cenobamate)                                | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |

\* Limited to a 15 day supply

\*\* Limited to a 30 day supply



| Medication   | Quantity limits for:                      |                               |                                   |                               |                               |
|--|---|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
|  | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List   |
| <b>Xcopri 250mg, 350 mg maintenance pack</b><br>(cenobamate) | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day             |
| <b>Xcopri titration pack</b><br>(cenobamate)                 | 3 packs per 365 days                      | 3 packs per 365 days          | 3 packs per 365 days              | 3 packs per 365 days          | 3 packs per 365 days          |
| <b>Xdemvy</b><br>(lotilaner)                                 | 1 bottle (10 ml) per 30 days              | 1 bottle (10 ml) per 30 days  | 1 bottle (10 ml) per 30 days      | 1 bottle (10 ml) per 30 days  | 1 bottle (10 ml) per 30 days  |
| <b>Xeljanz</b><br>(tofacitinib)                              | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day             |
| <b>Xeljanz solution</b><br>(tofacitinib)                     | 1 bottle (240 ml) per 30 days             | 1 bottle (240 ml) per 30 days | 1 bottle (240 ml) per 30 days     | 1 bottle (240 ml) per 30 days | 1 bottle (240 ml) per 30 days |
| <b>Xeljanz XR</b><br>(tofacitinib extended-release)          | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Xelpros</b><br>(latanoprost)                              | 1 bottle per fill                         | 1 bottle per fill             | 1 bottle per fill                 | 1 bottle per fill             | 1 bottle per fill             |
| <b>Xelstrym</b><br>(dextroamphetamine)                       | 1 patch per day                           | Not covered                   | 1 patch per day                   | 1 patch per day               | Not covered                   |
| <b>Xenazine</b><br>(tetrabenazine)                           | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day             |
| <b>Xenical</b><br>(orlistat)                                 | 3 capsules per day                        | Not covered                   | 3 capsules per day                | 3 capsules per day            | Not covered                   |
| <b>Xenleta</b><br>(lefamulin)                                | 20 tablets per 10 days                    | 20 tablets per 10 days        | 20 tablets per 10 days            | 20 tablets per 10 days        | 20 tablets per 10 days        |
| <b>Xepi</b><br>(ozenoxacin)                                  | 1 tube per 30 days                        | Not covered                   | 1 tube per 30 days                | 1 tube per 30 days            | Not covered                   |

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\*\* Limited to a 30 day supply

| Medication  | Quantity limits for:                      |  |  |  |  |
|---|---|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List          | BCBSM and BCN Preferred Drug List      | BCN Custom, Closed Drug Lists          | BCN Custom Select Drug List            |
| <b>Xermelo</b><br>(telotristat ethyl)                                     | 3 tablets per day                         | 3 tablets per day                      | 3 tablets per day                      | 3 tablets per day                      | 3 tablets per day                      |
| <b>Xhance</b><br>(fluticasone propionate)                                 | Not covered                               | Not covered                            | 1 inhaler per 30 days                  | Not covered                            | Not covered                            |
| <b>Xifaxan 200mg</b><br>(rifaximin)                                       | 9 tablets per 7 days                      | 9 tablets per 7 days                   | 9 tablets per 7 days                   | 9 tablets per 7 days                   | 9 tablets per 7 days                   |
| <b>Xifaxan 550mg</b><br>(rifaximin)                                       | 3 tablets per day                         | 3 tablets per day                      | 3 tablets per day                      | 3 tablets per day                      | 3 tablets per day                      |
| <b>Xigduo XR 5/500, 10/500, 10/1,000mg</b><br>(dapagliflozin + metformin) | 1 tablet per day                          | 1 tablet per day                       | 1 tablet per day                       | 1 tablet per day                       | 1 tablet per day                       |
| <b>Xigduo XR 2.5/1,000, 5/1,000mg</b><br>(dapagliflozin + metformin)      | 2 tablets per day                         | 2 tablets per day                      | 2 tablets per day                      | 2 tablets per day                      | 2 tablets per day                      |
| <b>Xiidra</b><br>(lifitegrast)  | 2 vials per day                           | 2 vials per day                        | 2 vials per day                        | 2 vials per day                        | 2 vials per day                        |
| <b>Xofluza 40mg</b><br>(baloxavir marboxil)                               | 4 tablets per 180 days                    | 4 tablets per 180 days                 | 4 tablets per 180 days                 | 4 tablets per 180 days                 | 4 tablets per 180 days                 |
| <b>Xofluza 80mg</b><br>(baloxavir marboxil)                               | 2 tablets per 180 days                    | 2 tablets per 180 days                 | 2 tablets per 180 days                 | 2 tablets per 180 days                 | 2 tablets per 180 days                 |
| <b>Xolair 75mg</b><br>(omalizumab)  | 2 syringes / autoinjectors per 30 days    | 2 syringes / autoinjectors per 30 days | 2 syringes / autoinjectors per 30 days | 2 syringes / autoinjectors per 30 days | 2 syringes / autoinjectors per 30 days |
| <b>Xolair 150mg, 300mg</b><br>(omalizumab)                                | 8 syringes / autoinjectors per 30 days    | 8 syringes / autoinjectors per 30 days | 8 syringes / autoinjectors per 30 days | 8 syringes / autoinjectors per 30 days | 8 syringes / autoinjectors per 30 days |

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| Medication  | Quantity limits for:   |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists                          | BCBSM Custom Select Drug List                                      | BCBSM and BCN Preferred Drug List                                  | BCN Custom, Closed Drug Lists                                      | BCN Custom Select Drug List  |
| <b>Xopenex HFA</b><br>(levalbuterol)                  | 2 inhalers per 30 days   | 2 inhalers per 30 days   | 2 inhalers per 30 days   | 2 inhalers per 30 days   | 2 inhalers per 30 days   |
| <b>Xospata</b><br>(gilteritinib)                      | 3 tablets per day  | 3 tablets per day  | 3 tablets per day  | 3 tablets per day  | 3 tablets per day  |
| <b>Xphozah</b><br>(tenapanor)                         | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  | 2 tablets per day  |
| <b>Xpovio</b><br>(selinexor)                          | 1 carton (4 blister packs) per 30 days                             | 1 carton (4 blister packs) per 30 days                             | Not covered  | 1 carton (4 blister packs) per 30 days                             | 1 carton (4 blister packs) per 30 days                             |
| <b>Xtampza ER 9mg, 13.5mg, 18mg</b><br>(oxycodone)    | 2 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 2 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 2 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 2 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 2 capsules per day**<br>(Limited to 5 day supply for the 1st fill) |
| <b>Xtampza ER 27mg, 36mg</b><br>(oxycodone)           | 4 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 4 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 4 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 4 capsules per day**<br>(Limited to 5 day supply for the 1st fill) | 4 capsules per day**<br>(Limited to 5 day supply for the 1st fill) |
| <b>Xtandi 40mg</b><br>(enzalutamide)                  | 120 tablets / capsules per 30 days*                                | 120 tablets / capsules per 30 days*                                | 120 tablets / capsules per 30 days*                                | 120 tablets / capsules per 30 days*                                | 120 tablets / capsules per 30 days*                                |
| <b>Xtandi 80mg</b><br>(enzalutamide)                  | 60 tablets per 30 days*  | 60 tablets per 30 days*  | 60 tablets per 30 days*  | 60 tablets per 30 days*  | 60 tablets per 30 days*  |
| <b>Xulane</b><br>(ethinyl estradiol + norelgestromin) | 3 patches per 28 days  | 3 patches per 28 days  | 3 patches per 28 days  | 3 patches per 28 days  | 3 patches per 28 days  |
| <b>Xultophy</b><br>(insulin degludec + liraglutide)   | 5 pens per 30 days   | 5 pens per 30 days   | 5 pens per 30 days   | 5 pens per 30 days   | 5 pens per 30 days   |
| <b>Xuriden</b><br>(uridine triacetate)                | 120 packets per 30 days  | 120 packets per 30 days  | 120 packets per 30 days  | 120 packets per 30 days  | 120 packets per 30 days  |

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| Medication  | Quantity limits for:                                 |  |  |  |  |
|---|--|--|--|--|--|
|   | BCBSM Clinical, Custom, Closed Drug Lists            | BCBSM Custom Select Drug List                        | BCBSM and BCN Preferred Drug List                    | BCN Custom, Closed Drug Lists                        | BCN Custom Select Drug List                          |
| <b>Xyosted</b><br>(testosterone enanthate)                          | 1 carton (4 autoinjectors) per 30 days               | Not covered  | 1 carton (4 autoinjectors) per 30 days               | 1 carton (4 autoinjectors) per 30 days               | Not covered  |
| <b>Xyrem</b><br>(sodium oxybate)                                    | 3 bottles (540 ml) per 30 days                       | 3 bottles (540 ml) per 30 days                       | 3 bottles (540 ml) per 30 days                       | 3 bottles (540 ml) per 30 days                       | 3 bottles (540 ml) per 30 days                       |
| <b>Xywav</b><br>(calcium + magnesium + potassium + sodium oxybates) | 3 bottles (540 ml) per 30 days                       | Not covered  | 3 bottles (540 ml) per 30 days                       | 3 bottles (540 ml) per 30 days                       | Not covered  |
| <b>Xyzal oral solution</b><br>(levocetirizine)                      | 296 ml per 30 days                                   | Not covered  | 296 ml per 30 days                                   | Not covered  | Not covered  |
| <b>Xyzal tablet</b><br>(levocetirizine)                             | 4 tablets per day                                    | Not covered  | 4 tablets per day                                    | Not covered  | Not covered  |
| <b>Yonsa</b><br>(abiraterone acetate)                               | Not covered  | Not covered  | 120 tablets per 30 days                              | Not covered  | Not covered  |
| <b>Yupelri</b><br>(revefenacin)                                     | 1 vial per day                                       | 1 vial per day                                       | 1 vial per day                                       | 1 vial per day                                       | 1 vial per day                                       |
| <b>Zavesca</b><br>(miglustat)                                       | 3 capsules per day                                   | 3 capsules per day                                   | 3 capsules per day                                   | 3 capsules per day                                   | 3 capsules per day                                   |
| <b>Zavzpret</b><br>(zavegepant)                                     | 8 units per 30 days                                  | Not covered  | 8 units per 30 days                                  | 8 units per 30 days                                  | Not covered  |
| <b>Zegalogue</b><br>(dasiglucagon)                                  | 8 injections per fill,<br>16 injections per 365 days | 8 injections per fill,<br>16 injections per 365 days | 8 injections per fill,<br>16 injections per 365 days | 8 injections per fill,<br>16 injections per 365 days | 8 injections per fill,<br>16 injections per 365 days |
| <b>Zegerid</b><br>(omeprazole + sodium bicarbonate)                 | 1 capsule per day                                    | 1 capsule per day                                    | 1 capsule per day                                    | Not covered  | 1 capsule per day                                    |

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| Medication  | Quantity limits for:                      |                               |                                   |                               |                             |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-----------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List |
| <b>Zejula capsule 100mg</b><br>(niraparib)          | 2 capsules per day                        | 2 capsules per day            | 2 capsules per day                | 2 capsules per day            | 2 capsules per day          |
| <b>Zejula tablet</b><br>(niraparib)                 | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Zelapar</b><br>(selegiline)                      | 2 tablets per day                         | 2 tablets per day             | Not covered                       | 2 tablets per day             | 2 tablets per day           |
| <b>Zelboraf</b><br>(vemurafenib)                    | 240 tablets per 30 days*                  | 240 tablets per 30 days*      | 240 tablets per 30 days*          | 240 tablets per 30 days*      | 240 tablets per 30 days*    |
| <b>Zembrace SymTouch</b><br>(sumatriptan succinate) | 12 injections per 30 days                 | 12 injections per 30 days     | 12 injections per 30 days         | 12 injections per 30 days     | 12 injections per 30 days   |
| <b>Zenzedi</b><br>(dextroamphetamine)               | 4 tablets per day                         | 4 tablets per day             | 4 tablets per day                 | 4 tablets per day             | 4 tablets per day           |
| <b>Zepatier</b><br>(elbasvir + grazoprevir)         | 1 tablet per day                          | 1 tablet per day              | Not covered                       | 1 tablet per day              | 1 tablet per day            |
| <b>Zepbound</b><br>(tirzepatide)                    | 4 pens per 28 days                        | Not covered                   | 4 pens per 28 days                | 4 pens per 28 days            | Not covered                 |
| <b>Zeposia starter kit</b><br>(ozanimod)            | 1 starter kit per 365 days                | 1 starter kit per 365 days    | 1 starter kit per 365 days        | 1 starter kit per 365 days    | 1 starter kit per 365 days  |
| <b>Zeposia 7-Day starter pack</b><br>(ozanimod)     | 1 starter pack per 365 days               | 1 starter pack per 365 days   | 1 starter pack per 365 days       | 1 starter pack per 365 days   | 1 starter pack per 365 days |
| <b>Zeposia</b><br>(ozanimod)                        | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |
| <b>Zetia</b><br>(ezetimibe)                         | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day            |

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| Medication                                  | Quantity limits for:  |   |   |   |   |
|---|---|---|---|---|---|
|   | BCBSM Clinical, Custom, Closed Drug Lists                         | BCBSM Custom Select Drug List                                     | BCBSM and BCN Preferred Drug List                                 | BCN Custom, Closed Drug Lists                                     | BCN Custom Select Drug List                                       |
| <b>Zetonna</b><br>(ciclesonide)             | 1 canister per 30 days  | Not covered   | Not covered   | Not covered   | Not covered   |
| <b>Ziextenzo</b><br>(pegfilgrastim-bmez)    | 2 syringes per 30 days  | 2 syringes per 30 days  | 2 syringes per 30 days  | 2 syringes per 30 days  | 2 syringes per 30 days  |
| <b>Zilbrysq</b><br>(zilucoplan)             | 1 syringe per day   | 1 syringe per day   | 1 syringe per day   | 1 syringe per day   | 1 syringe per day   |
| <b>Zimhi</b><br>(naloxone hydrochloride)    | 4 syringes per fill   | 4 syringes per fill   | 4 syringes per fill   | 4 syringes per fill   | 4 syringes per fill   |
| <b>Zipsor</b><br>(diclofenac)               | 4 capsules per day  | Not covered   | 4 capsules per day  | 4 capsules per day  | Not covered   |
| <b>Zocor</b><br>(simvastatin)               | 1.5 tablets per day   | 1.5 tablets per day   | 1.5 tablets per day   | 1.5 tablets per day   | 1.5 tablets per day   |
| <b>Zofran / Zofran ODT</b><br>(ondansetron) | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   | 4 tablets per day   |
| <b>Zohydro ER</b><br>(hydrocodone)          | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) | 2 tablets per day**<br>(Limited to 5 day supply for the 1st fill) |
| <b>Zokinvy</b><br>(lonafarnib)              | 4 capsules per day  | 4 capsules per day  | 4 capsules per day  | 4 capsules per day  | 4 capsules per day  |
| <b>Zoladex</b><br>(goserelin acetate)       | 1 syringe per Rx  | 1 syringe per Rx  | 1 syringe per Rx  | Not applicable  | Not applicable  |
| <b>Zolinza</b><br>(vorinostat)              | Limited to 15 day supply per fill                                 | Limited to 15 day supply per fill                                 | Limited to 15 day supply per fill                                 | Limited to 15 day supply per fill                                 | Limited to 15 day supply per fill                                 |
| <b>Zolpimist</b><br>(zolpidem tartrate)     | Not covered   | Not covered   | 2 sprays per day  | Not covered   | Not covered   |

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| Medication                                      | Quantity limits for:                      |                               |                                   |                               |                               |
|---|---|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
|   | BCBSM Clinical, Custom, Closed Drug Lists | BCBSM Custom Select Drug List | BCBSM and BCN Preferred Drug List | BCN Custom, Closed Drug Lists | BCN Custom Select Drug List   |
| <b>Zomig / Zomig ZMT</b><br>(zolmitriptan)      | 12 tablets per 30 days                    | 12 tablets per 30 days        | 12 tablets per 30 days            | 12 tablets per 30 days        | 12 tablets per 30 days        |
| <b>Zomig nasal spray</b><br>(zolmitriptan)      | 12 units per 30 days                      | 12 units per 30 days          | 12 units per 30 days              | 12 units per 30 days          | 12 units per 30 days          |
| <b>Zonisade</b><br>(zonisamide oral suspension) | 30 ml per day                             | 30 ml per day                 | 30 ml per day                     | 30 ml per day                 | 30 ml per day                 |
| <b>Zontivity</b><br>(vorapaxar)                 | 1 tablet per day                          | 1 tablet per day              | 1 tablet per day                  | 1 tablet per day              | 1 tablet per day              |
| <b>Zoryve cream</b><br>(roflumilast)            | 1 tube (60 grams) per 30 days             | 1 tube (60 grams) per 30 days | 1 tube (60 grams) per 30 days     | 1 tube (60 grams) per 30 days | 1 tube (60 grams) per 30 days |
| <b>Zoryve foam</b><br>(roflumilast)             | 1 tube (60 grams) per 30 days             | 1 tube (60 grams) per 30 days | Not covered                       | 1 tube (60 grams) per 30 days | 1 tube (60 grams) per 30 days |
| <b>Ztalmy</b><br>(ganaxolone)                   | 1800 mg (36 ml) per day                   | 1800 mg (36 ml) per day       | 1800 mg (36 ml) per day           | 1800 mg (36 ml) per day       | 1800 mg (36 ml) per day       |
| <b>ZTlido</b><br>(lidocaine)                    | Not covered                               | Not covered                   | 3 patches per day                 | Not covered                   | Not covered                   |
| <b>Zubsolv</b><br>(buprenorphine + naloxone)    | 3 tablets per day                         | 3 tablets per day             | 3 tablets per day                 | 3 tablets per day             | 3 tablets per day             |
| <b>Zurzuvaе 20mg, 25mg</b><br>(zuranolone)      | 2 capsules per day                        | 2 capsules per day            | 2 capsules per day                | 2 capsules per day            | 2 capsules per day            |
| <b>Zurzuvaе 30mg</b><br>(zuranolone)            | 1 capsule per day                         | 1 capsule per day             | 1 capsule per day                 | 1 capsule per day             | 1 capsule per day             |
| <b>Zyban</b><br>(bupropion extended-release)    | 2 tablets per day                         | 2 tablets per day             | 2 tablets per day                 | 2 tablets per day             | 2 tablets per day             |

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| Medication   | Quantity limits for:                            |                                     |   |                                     |                                   |
|--|---|-------------------------------------|---|-------------------------------------|-----------------------------------|
|  | BCBSM<br>Clinical, Custom, Closed<br>Drug Lists | BCBSM<br>Custom Select<br>Drug List | BCBSM and BCN<br>Preferred<br>Drug List | BCN<br>Custom, Closed<br>Drug Lists | BCN<br>Custom Select<br>Drug List |
| <b>Zyclara cream pack<br/>3.75%</b><br>(imiquimod)       | 1 packet per day                                | Not covered                         | 1 packet per day                        | 1 packet per day                    | Not covered                       |
| <b>Zyclara cream pump<br/>2.5%, 3.75%</b><br>(imiquimod) | 1 bottle per 30 days                            | Not covered                         | 1 bottle per 30 days                    | 1 bottle per 30 days                | Not covered                       |
| <b>Zydelig</b><br>(idelalisib)                           | 2 tablets per day                               | 2 tablets per day                   | 2 tablets per day                       | 2 tablets per day                   | 2 tablets per day                 |
| <b>Zyflo CR</b><br>(zileuton extended-release)           | 4 tablets per day                               | 4 tablets per day                   | 4 tablets per day                       | 4 tablets per day                   | 4 tablets per day                 |
| <b>Zykadia</b><br>(ceritinib)                            | 90 capsules per 30 days*                        | 90 capsules per 30 days*            | 90 capsules per 30 days*                | 90 capsules per 30 days*            | 90 capsules per 30 days*          |
| <b>Zytiga 250mg</b><br>(abiraterone)                     | 4 tablets per day                               | 4 tablets per day                   | 4 tablets per day                       | 4 tablets per day                   | 4 tablets per day                 |

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