

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

This document shows the quantity limits for drugs covered under the medical benefit for **all** Blue Cross Blue Shield of Michigan and Blue Care Network commercial members.

## Notes:

- All requests for pediatric patients require clinical documentation.
- For many drugs, the rows cross pages. Be sure to read the entire row for each drug.
- Use RC Claim Assist to identify the correct HCPCS code and quantity limit based on the National Drug Code. To access that tool, log in to our provider portal ([availability.com](https://availability.com)<sup>†</sup>), click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo; on the Applications tab, click the *RC Claim Assist medical drug coding tool* tile.

In-state limits apply to providers who deliver services in Michigan. Out-of-state limits apply to providers who deliver services outside of Michigan.

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
A				
Q2055	Abecma	idecabtagene vicleucel	Affected providers: In-state.  HCPCS limit: 1 unit	
J0287	Abelcet	amphotericin b lipid complex	Affected providers: In-state.  HCPCS limit: 130 units	
J0401	Abilify	aripiprazole	Affected providers: In-state.  HCPCS limit: 400 units	
J0402	Abilify Asimtufii	aripiprazole	Affected providers: In-state.  HCPCS limit: 960 units	
J9264	Abraxane, Paclitaxel	paclitaxel protein-bound	Affected providers: In-state.  HCPCS limit: 800 units	
J0132	Acetadote, Acetylcysteine	acetylcysteine	Affected providers: In-state.  HCPCS limit: 480 units	
J0131 / J0134 / J0136	Acetaminophen	acetaminophen	Affected providers: In-state.  HCPCS limit: 400 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1120	Acetazolamide	acetazolamide sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J7608	Acetylcysteine	acetylcysteine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
Q0249	Actemra - 200MG/10ML Solution	tocilizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 800 units	
J3262	Actemra, Actemra Actpen	tocilizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1080 units	Rheumatoid arthritis (RA): • 8 mg/kg every 4 weeks  Polyarticular juvenile idiopathic arthritis (pJIA): • <30 kg: 10 mg/kg every 4 weeks • ≥ 30 kg: 8 mg/kg every 4 weeks  Systemic juvenile idiopathic arthritis (sJIA): • < 30 kg: 12 mg/kg every 2 weeks • ≥ 30 kg: 8 mg/kg every 2 weeks
J0801 / J0802	Acthar Gel	corticotropin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
*90648	Acthib	haemoph b poly conj-tet tox/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J0795	acthrel	corticotropin ovine triflural	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J2997	Activase, Cathflo	alteplase recombinant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 386 units	
J0133	Acyclovir	acyclovir sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1300 units	

# Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
*90715	Adacel	diph,pertuss(acell),tet vac/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2504	Adagen	pegademase bovine	<b>Affected providers:</b> In/outstate. <b>HCPCS limit:</b> 165 units Max daily limit to be determined during prior authorization process	Severe Combined Immunodeficiency Disease: • 30 units/kg  Max daily limit to be determined during prior authorization process
J0791	Adakveo	crizanlizumab-tmca	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 140 units	
J2062	Adasuve 10mg Aerosol Powder Breath Activated	loxapine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J9042	Adcetris 50mg	brentuximab vedotin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
A9582	Adreview	iobenguane sulfate i-123	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
Q2049	Adriamycin	doxorubicin hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 15 units	
J9000	Adriamycin, Doxorubicin	doxorubicin hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J9190	Adrucil, Fluorouracil	fluorouracil	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 9 units	
J0172	Aduhelm 100mg/ML	aducanumab-avwa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 685 units	
J7171	Adzynma	apadamtase alfa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 550 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
*90685 *90686 *90688	Afluria Quad 2021-22	flu vacc qs 2021	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> <ul style="list-style-type: none"> <li>90685 - 2 units</li> <li>90686 and 90688 – 1 unit</li> </ul>	
J3246	Aggrastat	tirofiban hcl monohydrate, tirofiban-0.9% sodium chloride	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 200 units	
Q5150	Ahzantive	aflibercept-mrbb	<b>Affected providers:</b> In/out state.  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
J1454	Akynzeo	fosnetupitant/palonosetron	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J8655	Akynzeo Capsule	netupitant/palonosetron hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J7609	Albuterol	albuterol sulfate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 60 units	
J7611 / J7613	Albuterol	albuterol sulfate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> <ul style="list-style-type: none"> <li>J7611- 30 units</li> <li>J7613 – 21 units</li> </ul>	
J0210	Aldomet	methyldopate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 16 units	
J1931	Aldurazyme	laronidase	<b>Affected providers:</b> In/out- state.  <b>HCPCS limit:</b> 783 units  Max daily limit to be determined during prior authorization process	Mucopolysaccharidosis I: <ul style="list-style-type: none"> <li>0.58 mg/kg once weekly</li> </ul> Max daily limit to be determined during prior authorization process

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9215	Alferon	interferon alfa-n3	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J9305	Alimta, Pemetrexed	pemetrexed disodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	
J9057	Aliqopa	copanlisib	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
J9245	Alkeran	melphalan	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 11 units	
J8600	Alkeran, Melphalan	melphalan	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 188 units	
J7214	Altuviiio	antihemophilic factor (recombinant)	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6750 units	
J1552	Alyglo	immune globulin intravenous, human-stwk 10%	<b>Affected providers:</b> In/out state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
Q5126	Alymsys	bevacizumab-maly	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 210 units	
J0289	Ambisome, Amphotericin	amphotericin b liposome	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 85 units	
J0278	Amikacin	amikacin sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J0281	Aminocaproic Acid	aminocaproic acid	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0282	Amiodarone	amiodarone hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 115 units	
J1426	Amondys 45	casimersen	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 410 units	
J3470	Amphadase	hyaluronidase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J0285	Amphotericin	amphotericin b	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 units	
J0290	Ampicillin	ampicillin sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 54 units	
J0295	Ampicillin, Unasyn	ampicillin sod/sulbactam sod, ampicillin sodium/sulbactam na	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 18 units	
J0225	Amvuttra	vutrisiran sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 25 units	
J0300	Amytal	amobarbital sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
S0170	Anastrozole Tablet	anastrozole	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J7169	Andexxa	factor xa, inactivated-zhzo	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 180 units	
J0330	Anectine, Quelicin, Succinylcholine	succinylcholine chloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 13 units	
J2704	Anesthesia, Diprivan, Propofol, Propoven	propofol, propofol in lipid mct/lct/pf, propofol/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3860 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1738	Anjeso	meloxicam	Affected providers: In-state. HCPCS limit: 30 units	
J7294	Annovera	segesterone ac/ethin estradiol	Affected providers: In-state. HCPCS limit: 1 unit	
Q0180	Anzemet tablet	dolasetron mesylate	Affected providers: In-state. HCPCS limit: 1 unit	
S0174	Anzemet Tablet	dolasetron mesylate	Affected providers: In-state. HCPCS limit: 4 units	
J2277	Aphexda	Motixafortide	Affected providers: In-state. HCPCS limit: 744 units	
J0364	Apokyn, Apomorphine	apomorphine hcl	Affected providers: In-state. HCPCS limit: 30 units	
J3490 / C9145	Aponvie	aprepitant	Affected providers: In-state. HCPCS limit: 32 units	
J8501	Aprepitant, Emend	aprepitant	Affected providers: In-state. HCPCS limit: 60 units	
J0739	Apretude Extended Release	cabotegravir	Affected providers: In-state. HCPCS limit: 600 units	
J0256	Aralast	alpha 1 proteinase inhibitor	Affected providers: In-state. HCPCS limit: 850 units	Alpha1-proteinase inhibitor deficiency: • 60 mg/kg once weekly
J0881 / J0882	Aranesp	darbepoetin alfa in polysorbate	Affected providers: In-state. HCPCS limit: 500 units	
J7605	Arformoterol, Brovana	arformoterol tartrate	Affected providers: In-state. HCPCS limit: 2 units	
J0891 / J0892/ J0898 / J0899	Argatroban	argatroban in 0.9 % sod chlor	Affected providers: In-state. HCPCS limit: 1900 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0883 / J0884/ J0891 / J0892 / J0898 /J0899	Argatroban	argatroban	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1900 units	
J7665	Aridol Capsule	mannitol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	
J1944	Aristada	aripiprazole lauroxil	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1064 units	
J1943	Aristada Initio	aripiprazole lauroxil	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 675 units	
J1652	Arixtra, Fondaparinux	fondaparinux sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J9261	Arranon, Nelarabine	nelarabine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 80 units	
J9017	Arsenic, Trisenox	arsenic trioxide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 48 units	
J0391	Artesunate	artesunate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 330 units	
J9302	Arzerra 20mg/ML	ofatumumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J1554	Asceniv	immune globulin (human)- slra	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J9118	Asparlas 750u/ML	calaspargase pegol-mknl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 750 units	



[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7508	Astagraf	tacrolimus	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 402 units	
J7504	Atgam	lymphocyte immune globulin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 22 units	
J2060	Ativan, Lorazepam	lorazepam	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J9035	Avastin	bevacizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 210 units	
J3145	Aveed	testosterone undecanoate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 750 units	Primary Hypogonadism: • 750 mg  Hypogonadotropic hypogonadism: • 750 mg
Q5121	Avsola	infliximab-axxq	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 268 units	
J0714	Avycaz	ceftazidime and avibactam	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J9025	Azacitidine, Vidaza	azacitidine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4000 units	
J7500	Azasan, Azathioprine, Imuran	azathioprine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
J7501	Azathioprine	azathioprine sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 7 units	
J0456	Azithromycin 500mg	azithromycin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
<b>B</b>				

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0475 / J0476	Baclofen, Gablofen, Lioresal	baclofen	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> <ul style="list-style-type: none"> <li>J0475 - 8 units</li> <li>J0476 – 2 units</li> </ul>	
J7165	Balfaxar	prothrombin complex concentrate (human)	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 5000 units	
J0470	Balin	dimercaprol	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 33 units	
J0184	Barhemsys	amisulpride	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 10 units	
J9023	Bavencio	avelumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 80 units	
J3490 / C9462	Baxdela	delafloxacin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 600 units	
*90585 *90586	Bcg Vaccine 50mg	bcg vaccine, live/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J9030	Bcgtice	bcg live	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 50 units	
J9032	Beleodaq	belinostat	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 300 units	Peripheral T-cell lymphoma (PTCL) – Relapsed or refractory: <ul style="list-style-type: none"> <li>1,000 mg/m<sup>2</sup> daily on days 1-5 of a 21-day cycle</li> </ul>
J9036	Belrapzo, Bendamustine	bendamustine hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 399 unit	
J9033	Bendamustine, Treanda	bendamustine hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 400 units	
J9034	Bendeka	bendamustine hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 399 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0490	Benlysta	belimumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 144 units	Systemic lupus erythematosus: • 10 mg/kg every 4 weeks
J0500	Bentyl, Dicyclomine	dicyclomine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J0515	Benztropine	benztropine mesylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J0179	Beovu	brovacizumab	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 12 units  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
J0597	Beriner	c-1 esterase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 850 units	Hereditary Angioedema: • 20 units/kg
J9229	Besponsa	inotuzumab ozogamicin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 27 units	
J0702	Beta1,Betamethasone, Bsp0820, Celestone,Podcare	betamethasone acetate, sod phos	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 10 units	
J7682	Bethkis, Kitabis, Tobi, Tobramycin	tobramycin, tobramycin in 0.225% sod chlor, tobramycin/nebulizer	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
90381 / 90380	Beyfortus	respiratory syncytial virus, monoclonal antibody	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> • 90380 - 1 unit • 90381 – 2 units	
*90620 *90621	Bexsero/Trumenba	meningococcal b vaccine,4-comp	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J0558 / J0561	Bicillin	pen g benz/pen g procaine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
*90581	Biothrax	anthrax vaccine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J1556	Bivigam	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process.
J9037	Blenrep	belantamab mafodotin-blmf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 800 units	
J9040	Bleomycin Sulfate	bleomycin sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 10 units	
J2710	Bloxiverz	neostigmine methylsulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
J1740	Boniva	ibandronate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J9046 / J9048	bortezomib, generic	bortezomib, not therapeutically equivalent to j9041	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 70 units	
J9049	bortezomib, generic	bortezomib, not therapeutically equivalent to j9041	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J0585	Botox	onabotulinumtoxinA	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	Axillary hyperhidrosis: <ul style="list-style-type: none"> <li>• 50 units</li> </ul> Blepharospasm: <ul style="list-style-type: none"> <li>• 15 units</li> </ul> Cervical dystonia <ul style="list-style-type: none"> <li>• 400 units</li> </ul> Chronic migraine: <ul style="list-style-type: none"> <li>• 155 units</li> </ul> Detrusor overactivity associated with a neurologic condition: <ul style="list-style-type: none"> <li>• 200 units</li> </ul> Overactive bladder: <ul style="list-style-type: none"> <li>• 100 units</li> </ul>

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
				Strabismus: <ul style="list-style-type: none"> <li>• 25 units</li> </ul> Upper and lower limb spasticity: <ul style="list-style-type: none"> <li>• 400 units</li> </ul> Upper Limb Spasticity for pediatric patients: <ul style="list-style-type: none"> <li>• 400 units</li> </ul>
Q2054	Breyanzi	lisocabtagene maraleucel	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J0567	Brineura	cerliponase alfa	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 300 units  Max daily limit to be determined during prior authorization process	Late infantile neuronal ceroid lipofuscinosis type 2 (CLN2)/Tripeptidyl peptidase 1 (TPP1) deficiency: <ul style="list-style-type: none"> <li>• 300 mg once every other week</li> </ul> Max daily limit to be determined during prior authorization process
J0577 / J0578	Brixadi	buprenorphine	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
Q5152	Bkemv IV	eculizumab-aeeb	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J7626	Budesonide, Pulmicort	budesonide	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 8 units	
J1939	Bumetanide 0.25mg/ML	bumetanide	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 98 units	
J0572 / J0573 / J0574	Bunavail Tablet Sublingual	buprenorphine hcl/naloxone hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J0592	Buprenex, Buprenorphine	buprenorphine hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 60 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0571	Buprenorphine Tablet	buprenorphine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	
J0575	Buprenorphine-Tablet Sublingual	buprenorphine hcl/naloxone hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J0594	Busulfan, Busulfex	busulfan	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 480 units	
J0595	Butorphanol	butorphanol tartrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 32 units	
S0012	Butorphanol Tartrate 10mg/MI	butorphanol tartrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
Q5124	Byooviz	ranibizumab-nuna	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 10 units  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
<b>C</b>				
J0741	Cabenuva	cabotegravir/rilpivirine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J0706	Cafcit, Caffeine	caffeine citrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 228 units	
J0630	Calcitonin (Salmon)	calcitonin,salmon,synthetic	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 11 units	
J0636	Calcitriol	calcitriol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 80 units	
S0169	Calcitriol, Rocaltrol	calcitriol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 606 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0600	Calcium Disodium Versenate	edetate calcium disodium injection	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J0612 / J0613	calcium gluconate	calcium gluconate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> <ul style="list-style-type: none"> <li>• J0612 - 8000 units</li> <li>• J0613 – 7915 units</li> </ul>	
J1741	Caldolor	ibuprofen	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 32 units	
J1952	Camcevi 42mg Emulsion	leuprolide mesylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 42 units	
J9206	Camptosar, Irinotecan	irinotecan hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
J0637	Cancidas, Caspofungin	caspofungin acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J8522	Capecitabine, Xeloda	capecitabine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 89 units	
J8522	Capecitabine, Xeloda	capecitabine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 27 units	
J9045	Carboplatin, Paraplatin	carboplatin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 107 units	
J1566	Carimune NF	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J9050 / J9052	Carmustine/ Bicnu	carmustine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1955	Carnitor	levocarnitine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 194 units	
Q2056	Carvykti	ciltacabtagene autoleucel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J0689	Cefazolin	cefazolin sodium/dextrose, iso	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J0690 / J0688	Cefazolin	cefazolin sodium, cefazolin sodium/dextrose, iso	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	
J0692 / J0701 / J0703	Cefepime	cefepime hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J0698	Cefotaxime Sodium	cefotaxime sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J0694	Cefoxitin	cefoxitin sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J0713	Ceftazidime	ceftazidime	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 33 units	
J0696	Ceftriaxone	ceftriaxone sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 42 units	
J0697	Cefuroxime sodium	sterile cefuroxime	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J7517 / J7519	Cellcept	mycophenolate mofetil	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> <ul style="list-style-type: none"> <li>J7517 - 25 units</li> <li>J7519 – 400 units</li> </ul>	
J2724	Ceprothin	protein c concentrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5000 units	



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
Q2009	Cerebyx, Fosphenytoin	fosphenytoin sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 70 units	
S0078	Cerebyx, Fosphenytoin	fosphenytoin sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 units	
J1786	Cerezyme	imiglucerase	<b>Affected providers:</b> In/out-state. <b>HCPCS limit:</b> 840 units Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
A9591	Cerianna	fluoroestradiol f-18	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J8650	Cesamet	nabilone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J2850	Chirhostim	secretin acetate (human)	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 64 units	
J0720	Chloramphenicol	chloramphenicol sod succinate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
J1205	Chlorothiazide, Sodium	chlorothiazide sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J3230	Chlorpromazine	chlorpromazine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 48 units	
Q0161	Chlorpromazine 100mg Tablet	chlorpromazine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J0725	Chorionic, Novarel, Pregnyl	chorionic gonadotropin, human	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 10 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0740	Cidofovir	cidofovir	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
Q5128	Cimerli	ranibizumab-eqrn	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 10 units Max number of injections determined during prior authorization process	
J0717	Cimzia	certolizumab pegol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	Crohn's Disease, Psoriatic Arthritis, Ankylosing Spondylitis, Rheumatoid Arthritis, Plaque Psoriasis: • 400 mg every 4 weeks
J2786	Cinqair	reslizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 500 units	
J0598	Cinryze	c-1 esterase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 850 units	Hereditary Angioedema: • 2500 units
J0185	Cinvanti	aprepitant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 130 units	
J0744	Cipro I.V.	ciprofloxacin lactate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J9060	Cisplatin	cisplatin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 54 units	
J9065	Cladribine	cladribine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
J0698	Claforan	cefotaxime sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
A9575	Clariscan, Dotarem, Gadoterate	gadoterate meglumine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9027	Clofarabine	clofarabine	Affected providers: In-state. HCPCS limit: 140 units	
J0735	Clonidine Hcl	clonidine hcl/pf	Affected providers: In-state. HCPCS limit: 1 unit	
J7175	Coagadex	coagulation factor x	Affected providers: In-state. HCPCS limit: 8250 units	
C9046 / C9143	Cocaine, Goprelto	cocaine hcl	Affected providers: In-state. HCPCS limit: 160 units	
J0770	Colistimethate, Colymycin	colistin (colistimethate na)	Affected providers: In-state. HCPCS limit: 5 units	
J9286	Columvi	glofitamab-gxbm	Affected providers: In-state. HCPCS limit: 12 units	
J0780	Compazine	prochlorperazine edisylate	Affected providers: In-state. HCPCS limit: 12 units	
J1595	Copaxone, Glatiramer, Glatopa	glatiramer acetate	Affected providers: In-state. HCPCS limit: 2 units	
J7180	Corifact 100	factor xiii	Affected providers: In-state. HCPCS limit: 6030 units	
J0834	Cortrosyn, Cosyntropin	cosyntropin	Affected providers: In-state. HCPCS limit: 3 units	
J1742	Corvert, Ibutilide	ibutilide fumarate	Affected providers: In-state. HCPCS limit: 4 units	
J1448	Cosela	trilaciclib dihydrochloride	Affected providers: In-state. HCPCS limit: 900 units	
J3247	Cosentyx IV	secukinumab	Affected providers: In-state. HCPCS limit: 1375 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9120	Cosmegen	dactinomycin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
J1833	Cresemba	isavuconazonium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1116 units	
J0840	Crofab	antivenin, crotalidae fab (ovin)	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 18 units	
J7631	Cromolyn	cromolyn sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J0584	Crysvita	burosumab-twza	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 180 units	X-linked hypophosphatemia: • 90 mg every 4 weeks
J0878	Cubicin, Daptomycin	daptomycin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1350 units	
J1551	Cutaquig	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J1555	Cuvitru	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J3420	Cyanocobalamin	vitamin b12	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J3424	Cyanokit	hydroxocobalamin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J7515	Cyclosporine	cyclosporine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 129 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7502	Cyclosporine modified	cyclosporine	Affected providers: In-state. HCPCS limit: 26 units	
J9308	Cyramza	ramucirumab	Affected providers: In-state. HCPCS limit: 280 units	
A9603	Cytalux	pafolacianin	Affected providers: In-state. HCPCS limit: 64 units	
J9100	Cytarabine	cytarabine	Affected providers: In-state. HCPCS limit: 160 units	
J0850	Cytogam	cytomegalovirus immune globulin	Affected providers: In-state. HCPCS limit: 22 units	
*90291	Cytogam 50mg/MI	cytomegalovirus immune globulin	Affected providers: In-state. HCPCS limit: 11 units	
S0191	Cytotec 100mcg Tablet, Cytotec	misoprostol	Affected providers: In-state. HCPCS limit: 4 units	
<b>D</b>				
J9130	Dacarbazine	dacarbazine	Affected providers: In-state. HCPCS limit: 32 units	
J0894 / J0893	Dacogen 50mg, Decitabine 50mg	decitabine	Affected providers: In-state. HCPCS limit: 150 units	
J9120	dactinomycin	dactinomycin	Affected providers: In-state. HCPCS limit: 14 units	
J0875	Dalvance	dalbavancin	Affected providers: In-state. HCPCS limit: 300 units	
J9348	Danyelza	naxitamab-gqgk	Affected providers: In-state. HCPCS limit: 160 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0877 / J0874 / J0873	Daptomycin	daptomycin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> <ul style="list-style-type: none"> <li>J0877 – 1350 units</li> <li>J0874 – 1000 units</li> <li>J0873 – 1400 units</li> </ul>	
J9145	Darzalex	daratumumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 220 units	
J9144	Darzalex Faspro	daratumumab-hyaluronidase-fihj	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 180 units	
J9150	Daunorubicin	daunorubicin hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 12 units	
J0589	Daxxify	daxibotulinumtoxina-lanm	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 300 units	
J2597	Ddvp, Desmopressin	desmopressin acetate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 56 units	
J0893 / J0894	Decitabine	decitabine	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 4350 units	
J0895	Deferoxamine, Desferal	deferoxamine mesylate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 26 units	
J3121	Delatestryl	testosterone enanthate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 600 units	
J1380	Delestrogen, Estradiol	estradiol valerate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 4 units	
J2175	Demerol, Meperidine	meperidine hcl, meperidine hcl/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 12 units	
*90587	Dengvaxia	dengue vaccine, live, vero(pf)	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1000	Depoestradiol	estradiol cypionate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 units	
J1010	Depo-Medrol	methylprednisolone acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4040 units	
J1071	Depo-testosterone	testosterone cypionate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
A9592	Detectnet 1mci/MI	copper cu-64 dotatate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J8540	Dexabliss, Dexamethasone, Dxevo, Hidex, Taperdex	dexamethasone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J1190	Dexrazoxane, Totect	dexrazoxane hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 13 units	
J1096	Dextenza	dexamethasone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J3480	Dextrose, Potassium	potassium chlorid	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J1095	Dexycu 9% SUSP	dexamethasone/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1034 units	
J3360	Diazepam	diazepam	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 54 units	
J1162	Digifab	digoxin immune fab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J1160	Digoxin, Lanoxin	digoxin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 15 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1110	Dihydroergotamine	dihydroergotamine mesylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J1170	Dilaudid	hydromorphone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J1240	Dimenhydrinate	dimenhydrinate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J1200	Diphenhydramine	diphenhydramine hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J1245	Dipyridamole	dipyridamole	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	
J9171	Docetaxel	docetaxel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 320 units	
S0109	Dolophine Hcl	methadone hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J1265	Dopamine	dopamine hcl, dopamine hcl in dextrose 5 %	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 245 units	
J1267	Doribax	doripenem	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J1270	Doxercalciferol, Hectorol	doxercalciferol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
Q2050	Doxil, Doxorubicin	doxorubicin hcl peg-liposomal	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
Q0167	Dronabinol	dronabinol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 96 units	



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1790	Droperidol	droperidol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J7340	Duopa 4.63-20mg/MI	carbidopa/levodopa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2274	Duramorph, Infumorph, Mitigo, Morphine	morphine sulfate/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J2270	Duramorph, Morphine	morphine sulfate, morphine sulfate/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 322 units	
J7318	Durolane	hyaluronate sodium, stabilized	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
J7351	Durysta	bimatoprost	<b>Affected providers:</b> In-state. <b>J7351 HCPCS limit:</b> 20 units	
J0586	Dysport	abobotulinumtoxina	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	Cervical Dystonia: <ul style="list-style-type: none"> <li>• 1,000 units every 12 weeks</li> </ul> Upper Limb Spasticity: <ul style="list-style-type: none"> <li>• 1,000 units every 12 weeks</li> </ul> Lower Limb Spasticity: <ul style="list-style-type: none"> <li>• (&lt; 18 years of age)</li> <li>• 1,000 units every 12 weeks</li> </ul> Upper Limb Spasticity Pediatric: <ul style="list-style-type: none"> <li>• 640 units every 12 weeks</li> </ul> Lower Limb Spasticity Pediatric: <ul style="list-style-type: none"> <li>• 1000 units every 12 weeks</li> </ul>
<b>E</b>				
J9063	Elahere	mirvetuximab soravtansine-gynx	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 555 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1743	Elaprase	idursulfase	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 72 units  Max daily limit to be determined during prior authorization process	Mucopolysaccharidosis II: <ul style="list-style-type: none"> <li>0.5 mg/kg once weekly</li> </ul> Max daily limit to be determined during prior authorization process
J3060	ElELYso	taliglucerase alfa	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 820 units  Max daily limit to be determined during prior authorization process	Type 1 Gaucher Disease ages 4 years and older: <ul style="list-style-type: none"> <li>60 units/ kg every 2 weeks</li> </ul> Max daily limit to be determined during prior authorization process
J1413	Elevidys	delandistrogene moxeparvovec-rokl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J2508	Elfabrio	pegunigalsidase alfa-iwxj	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 140 units  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J9217	Eligard	leuprolide acetate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 6 units	Prostate cancer: <ul style="list-style-type: none"> <li>7.5 mg given monthly in males.</li> <li>Maximum of 7.5 mg per month</li> </ul>
J2783	Elitek	rasburicase	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 54 units	
J9178	Ellence, Epirubicin	epirubicin hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 200 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1323	Elrexio	elranatamab-bcmm	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 76 units	
A9573	Elucirem	gadopiclenol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 15 units	
J7295	Eluryng 0.12- Etonogestrel- Ethinyl Estradiol	etonogestrel/ethinyl estradiol	<b>Affected providers:</b> In state. <b>HCPCS limit:</b> 1 unit	
J9269	Elzonris	tagraxofusp-erzs	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J1453	Emend 150mg, Fosaprepitant Dimeglumine 150mg	fosaprepitant dimeglumine	<b>Affected providers:</b> In state. <b>HCPCS limit:</b> 150 units	
J9176	Empliciti	elotuzumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2700 units	
J0750 / J0751	Emtricitabine and tenofovir disoproxil/tenofovir alafenamide	emtricitabine and tenofovir disoproxil/tenofovir alafenamide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> <ul style="list-style-type: none"> <li>J0750 – 500 units</li> <li>J0751 – 225 units</li> </ul>	
**NOC Codes	Encelto	revakinagene taroretcel- lwey	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	One injection per eye for life.
*90746	Engerix, Recombivax	hepatitis b virus vaccine/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J9358	Enhertu	fam-trastuzumab deruxtecan-nxki	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 900 units	
J1302	Enjaymo	sutimlimab-jome	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 750 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1650	Enoxaparin, Lovenox	enoxaparin sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 44 units	
J3380	Entyvio IV	vedolizumab	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 300 units Max number of injections determined during prior authorization process	Crohn's disease and Ulcerative colitis: • 300mg every 8 weeks Max number of injections determined during prior authorization process
**NOC Codes	Entyvio SQ	vedolizumab	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 108 units Max number of injections determined during prior authorization process	SQ: Ulcerative colitis: Following the first two ENTYVIO intravenous doses administered at Week 0 and Week 2 in UC, ENTYVIO MAYBE switched to subcutaneous injection at Week 6. Recommended subcutaneous dosage in UC starting at Week 6: 108 mg administered every 2 weeks  Max number of injections determined during prior authorization process
J7503	Envarsus	tacrolimus	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 161 units	
Q5149	Enzeevu	aflibercept-abzv	<b>Affected providers:</b> In/Out of state. Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
J9321	Epkinly	epcoritamab-bysp	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J0885	Epogen, Procrit	epoetin alfa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 81 units	
Q4081	Epogen, Procrit	epoetin alfa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 810 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1327	Eptifibatide	eptifibatide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 88 units	
Q5151	Epysqli IV	eculizumab-aagh	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J0348	Eraxis	anidulafungin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J9055	Erbix	cetuximab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 140 units	
J1335	Ertapenem	ertapenem sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J1364	Erythrocin, Erythromycin	erythromycin lactobionate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J7204	Esperoct	fviii rec, b-dom trunc peg-exei	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 7000 units	
J1430	Ethamolin	ethanolamine oleate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 10 units	
J0207	Ethylol	amifostine crystalline	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 units	
J9181	Etopophos, Etoposide, Toposar	etoposide, etoposide phosphate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 800 units	
J8560	Etoposide	etoposide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7323	Euflexxa 20mg/2ml	hyaluronate sodium	<b>Affected providers:</b> In state. <b>HCPCS limit:</b> 2 units	
S0175	Eulexin 125mg Capsule	flutamide	<b>Affected providers:</b> In state. <b>HCPCS limit:</b> 6 units	
J3111	Evenity	romosozumab-aqqg	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 210 units	Osteoporosis: • 210 mg once monthly
J7527	Everolimus, Zortress	everolimus	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 40 units	
J1305	Evkeeza	evinacumab-dgnb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 420 units	
J9246	Evomela	melphalan hcl/betadex sbes	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 550 units	
S0156	Exemestane	exemestane	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J1428	Exondys	eteplirsen	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 410 units	
J0178	Eylea	aflibercept	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 4 units  Max number of injections determined during prior authorization process	Diabetic macular edema (DME) & macular edema following retinal vein occlusion (RVO): • 2 mg every 4 weeks x 5 doses, then every 8 weeks thereafter  Wet age-related macular degeneration (AMD): • 2 mg every 4 weeks  Max number of injections determined during prior authorization process

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0177	Eylea HD	aflibercept	<b>Affected providers:</b> In/Out of state.  <b>HCPCS limit:</b> 16 units  Max number of injections determined during prior authorization process	<b>Affected providers:</b> In/Out of state.  Max number of injections determined during prior authorization process
<b>F</b>				
J0180	Fabrazyme	agalsidase beta	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 135 units  Max daily limit to be determined during prior authorization process	Fabry Disease: <ul style="list-style-type: none"> <li>1 mg/kg every 2 weeks</li> </ul> Max daily limit to be determined during prior authorization process
J1308	Famotidine	famotidine, famotidine in nacl, iso-osm/pf, famotidine/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 7 units	
J0517	Fasenra	benralizumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 30 units	Severe Eosinophilic Asthma: <ul style="list-style-type: none"> <li>30 mg every 8 weeks</li> </ul>
J9395	Faslodex, Fulvestrant	fulvestrant	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 20 units	
J1951	Fensolvi	leuprolide acetate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 180 units	
J3010	Fentanyl citrate	fentanyl citrate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 201 units	
Q0138 / Q0139	Feraheme	ferumoxytol	<b>Affected providers:</b> In-state  <b>HCPCS limit:</b> 1020 units	
J2916	Ferrlecit, Sodferric	sodium ferric apanese/sucrose	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 10 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0699	Fetroja	cefiderocol sulfate tosylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	
J1744	Firazyr	icatibant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 90 units	Hereditary angioedema: • 30 mg
J9155	Firmagon	degarelix acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 240 units	
J1572	Flebogamma	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J9200	Floxuridine 0.5gm	floxuridine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90694	Fluad Quad 2021-2022	flu vacc	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90682	Flublok Quad 2019-2020	flu vac qv	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90756	Flucelvax Quad 2021-2022	flu vac qs	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J1450	Fluconazole	fluconazole in nacl, iso-osm	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 9 units	
J9185	Fludarabine	fludarabine phosphate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
*90672 *90673 *90674	Flumist Quad 2019-2020	flu vacc qv live	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2680	Fluphenazine Decanoate 25mg/MI	fluphenazine decanoate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J2679	fluphenazine hcl	fluphenazine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
S0128	Follistim	follitropin beta, recomb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J9307	Folotylin	pralatrexate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 80 units	
J1451	Fomepizole	fomepizole	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J7606	Formoterol, Perforomist	formoterol fumarate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J0713	Fortaz	ceftazidime	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 33 units	
J1456	Fosaprepitant	fosaprepitant dimeglumine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 150 units	
J1455	Foscarnet, Foscavir	foscarnet sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J1645	Fragmin	dalteparin sodium, porcine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
Q5108	Fulphila	pegfilgrastim-jmdb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 36 units	
J9393 / J9394	Fulvestrant	fulvestrant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J1938	Furosemide	furosemide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0641	Fusilev, Levoleucovorin	levoleucovorin calcium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2200 units	
J9331	Fyarro	sirolimus protein-bound	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
Q5130	Fylnetra	pegfilgrastim-pbbk	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 36 units	
S0132	Fyremadel	ganirelix acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90653 *90656 *90657 *90658 *90661 *90662	Influenza vaccine, - Fluad 2019-2020 Formula	flu vacc	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
<b>G</b>				
C9067	Gallium	gallium ga-68 dotatoc	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 500 units	
*90281	Gamastan	immune globul g (igg)/glycine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 81 units	
J1460	Gamastan	immune globul g (igg)/glycine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 162 units	
J1560	Gamastan	immune globul g (igg)/glycine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 17 units	
J9210	Gamifant	emapalumab-lzsg	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 140 units	
J1569	Gammagard	immune globulin	<b>Affected providers:</b> In/Out of state.	Max daily limit to be determined during prior authorization process

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
			Max daily limit to be determined during prior authorization process	
J1566	Gammagard S/D	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J1557	Gammaplex	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J1561	Gamunex-C/ Gammaked	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J1570 / J1574	Ganciclovir	ganciclovir sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 3 units	
*90651 *	Gardasil 9	hpv vaccine 9-valent/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J9301	Gazyva 25mg/ML	obinutuzumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 100 units	
J8565	Gefitinib 250mg Tablet	gefitinib	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J7326	Gel-One 30mg/3ml	hyaluronate sod, cross-linked	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 2 units	
J7328	Gelsyn-3 8.4mg/ML	hyaluronate sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 336 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9201	Gemcitabine HCL	gemcitabine hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J9196	gemcitabine, generic	gemcitabine hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J9201	Gemzar	gemcitabine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	<p>Breast cancer:</p> <ul style="list-style-type: none"> <li>1,250 mg/m<sup>2</sup> given 2 days of each 21-day cycle.</li> </ul> <p>Non-small cell lung cancer (NSCLC):</p> <ul style="list-style-type: none"> <li>1,000 mg/m<sup>2</sup> given on 3 days of each 28-day cycle.</li> <li>1,250 mg/m<sup>2</sup> given for 2 days of each 21-day cycle.</li> </ul> <p>Ovarian cancer:</p> <ul style="list-style-type: none"> <li>1,000 mg/m<sup>2</sup> given weekly for 7 weeks, then weekly every 3 weeks of each 21-day cycle.</li> </ul> <p>Pancreatic cancer:</p> <ul style="list-style-type: none"> <li>1,000 mg/m<sup>2</sup> given weekly for 7 weeks, then weekly for 3 weeks of each 28-day cycle</li> </ul>
J7502	Gengraf	cyclosporine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 26 units	
J7515	Gengraf	cyclosporine modified	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 129 units	
J1580	Gentamicin	gentamicin in nacl, iso-osm	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 17 units	
J7320	Genvisc 850 10mg/MI	hyaluronate sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J3486	Geodon, Ziprasidone	ziprasidone mesylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0223	Givlaari	givosiran	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 756 units	
J0257	Glassia	alpha 1 proteinase inhibitor	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 900 units	Alpha1-proteinase inhibitor deficiency: • 60 mg/kg once weekly
S0178	Gleostine 100mg Capsule	lomustine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 35 units	
J1610 / J1611	Glucagen, Glucagon	glucagon, glucagon, human recombinant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 250 units	
J1596	Glycopyrrolate	glycopyrrolate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
S0126	Gonal	follitropin alfa, recombinant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
S0091	Granisetron	granisetron hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J1627	Granisetron extended release	granisetron extended release	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
J1626	Granisetron hcl	granisetron hydrochloride/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
Q0166	Granisetron hcl	granisetron hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J1447	Granix	tbo-filgrastim	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 780 units	
<b>H</b>				
J9179	Halaven	eribulin mesylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 40 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1631	Haldol, Haloperidol	haloperidol decanoate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J1630	Haloperidol	haloperidol lactate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
*90632 *90633 *90636	Havrix 1440elu/ML, Vaqta 50unit/ML	hepatitis a virus vaccine/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J1411	Hemgenix	etranacogene dezaparvovec-drlb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 Unit	
J7170	Hemlibra	emicizumab-kxwh	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 1620 units  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J1573	Hepagam	hepatitis b apane glob/maltose	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 130 units	
J1571	Hepagam B	hepatitis b apane glob/maltose	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 18 units	
J1643	Heparin Sodium (Porcine) 1000unit/ML	heparin sodium,porcine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 112 units	
*90739 *90740 *90743 *90744 *90747 *90759	Hepatitis B vaccine (HepB)	hepatitis b vaccine/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9248	Hepzato	melphalan	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 220 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9356	Herceptin	trastuzumab-hyaluronidase-oysk	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
J9355	Herceptin 150mg, Herceptin 420mg	trastuzumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
Q5113	Herzuma	trastuzumab-pkrb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 114 units	
J3303	Hexatrione	triamcinolone hexacetonide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 16 units	
J1559	Hizentra	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J7321	Hyalgan	hyaluronate sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J8705	Hycamtin	topotecan hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 62 units	
J9351	Hycamtin, Topotecan	topotecan hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
J0360	Hydralazine Hcl 20mg/MI	hydralazine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 13 units	
S0176	Hydrea Capsule	hydroxyurea	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 96 units	
J1170	Hydromorphone HCL	hydromorphone hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
S0092	Hydromorphone Hcl	hydromorphone hcl/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J3425	Hydroxocobalam in	hydroxocobalamin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J3410	Hydroxyzine	hydroxyzine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	
J3473	Hylanex	hyaluronidase, human recomb.	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 900 units	
J7322	Hymovis	hyaluronate, mod., non-crosslink	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 72 units	
J1980	Hyoscyamine	hyoscyamine sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
*90371	Hyperhep, Nabihb	hepatitis b immune globulin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 9 units	
*90375	Hyperrab	rabies immune globulin/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 18 units	
J2790	Hyperrho S/D Rhogam Ultra	rho(d) immune globulin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90385 *90389	Hyperrho S/D 250unit, Micrhogam Ultra-Filtered Plus 250unit	rho(d) immune globulin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2788	Hyperrho S-D Syringe	rho(d) immune globulin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90384	Hyperrho, Rhogam, Rhophylac, Winrho	rho(d) immune globulin, rho(d) immune globulin/maltose	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	



[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1670	Hypertet	tetanus immune globulin/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	
J1575	Hyqvia	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
<b>I</b>				
J1744	Icatibant	icatibant hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 90 units	Hereditary angioedema: • 30 mg
J9211	Idamycin PFS	idarubicin hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 22 units	
J9208	Ifex, Ifosfamide	ifosfamide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 64 units	
J1105	Igalmi	dexmedetomidine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 360 units	
J0638	Ilaris	canakinumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	Cryopyrin-associated periodic syndrome (CAPS) Adult and Pediatric ≥ 4years (>40kg): • 150 mg every 8 weeks  Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS): • 300 mg every 4 weeks  Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD): • 300 mg every 4 weeks  Familial Mediterranean Fever (FMF): • 300 mg every 4 weeks

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
				Systemic Juvenile Idiopathic Arthritis (SJIA): <ul style="list-style-type: none"> <li>• 300 mg</li> </ul> Cryopyrin-associated periodic syndrome (CAPS) Pediatric Pediatric ≥ 4years (15-40 kg): <ul style="list-style-type: none"> <li>• 3 mg/kg every 8 weeks</li> </ul>
A9596	Illuccix 25mcg	kit prep of ga-68/gozetotide	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 7 units	
J3245	Ilumya Syringe	tildrakizumab-asnm	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 100 units	
J7313	Iluvien	fluocinlone acetoneide	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 38 units	
S0088	Imatinib mesylate	imatinib mesylate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 8 units	
Q0243	imdevimab (regn10987) (eua)	imdevimab (regn10987)	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J9173	Imfinzi	durvalumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 150 units	
J0743	Imipenem, Primaxin	imipenem/cilastatin sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 54 units	
J3030	Imitrex, Sumatriptan	sumatriptan succinate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 2 units	
J9325	Imlygic	talimogene laherparepvec	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 400 units	
*90376	Imogam	rabies immune globulin/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 18 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
*90675	Imovax Rabies	rabies vacc, human diploid/pf, rabies vaccine (pcec)/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
**NOC Codes	Imuldosa IV	ustekinumab-srlf	Affected providers: In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
Q5103	Inflectra	infliximab-dyyb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 270 units	Ankylosing spondylitis: <ul style="list-style-type: none"> <li>10mg/kg every 6 weeks</li> </ul> Crohn's disease (pediatric): <ul style="list-style-type: none"> <li>Psoriasis / psoriatic arthritis</li> <li>Ulcerative colitis</li> <li>10mg/kg every 8 weeks</li> </ul> Rheumatoid Arthritis: <ul style="list-style-type: none"> <li>10 mg/kg every 4 weeks</li> </ul> Crohn's Disease (adult): <ul style="list-style-type: none"> <li>10 mg/kg every 8 weeks</li> </ul>
J1439	Injectafer	ferric carboxymaltose	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1500 units	
J9214	Intron-A	interferon alfa-2b	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 136 units	AIDS-related Kaposi's Sarcoma: <ul style="list-style-type: none"> <li>30 million IU/m2 per dose 3 times weekly</li> </ul> Chronic hepatitis B: <ul style="list-style-type: none"> <li>10 million IU/dose given daily or 3 times weekly.</li> <li>Maximum of 140 million IU per month</li> </ul> Chronic hepatitis B (pediatrics): <ul style="list-style-type: none"> <li>3 million IU/m2 per dose given 3 times weekly up to 16-24 weeks.</li> <li>Maximum of 36 million IU/m2 per month</li> </ul> Chronic Hepatitis C: <ul style="list-style-type: none"> <li>3 million IU 3 times weekly</li> <li>Maximum of 36 million IU per month</li> </ul>

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
				<p>Congylomata Acuminata:</p> <ul style="list-style-type: none"> <li>1 million IU per lesion 3 times weekly x 3 weeks</li> <li>Given in a maximum of 5 lesions.</li> </ul> <p>Follicular lymphoma:</p> <ul style="list-style-type: none"> <li>5 million IU 3 times weekly x 18 months</li> <li>Maximum of 60 million IU per month</li> </ul> <p>Hairy Cell Leukemia:</p> <ul style="list-style-type: none"> <li>2 million IU/m2 3 times weekly</li> <li>Maximum of 24 million IU/m2 per month</li> </ul> <p>Malignant melanoma:</p> <ul style="list-style-type: none"> <li>Induction: 20 million IU/m2 for 5 consecutive days per week for 4 weeks (maximum of 400 million IU/m2 per month)</li> <li>Maintenance: 10 million IU/m2 3 times weekly for 48 weeks (maximum of 120 million IU/m2 per month)</li> </ul>
J1335	Invanz	ertapenem	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 2 units</p>	
J2426	Invega	paliperidone palmitate	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 234 units</p>	
Q9967	Iodixanol, Isovue, Omnipaque, Optiray, Ultravist, Visipaque	iodixanol, iohexol, iopamidol, iopromide, ioversol	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 250 units</p>	
Q9966	Iodixanol, Isovue, Omnipaque, Optiray, Visipaque	iodixanol, iohexol, iopamidol, ioversol	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 350 units</p>	
*90713	Ipol Injectable	poliomyelitis vaccine, killed	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 1 unit</p>	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7620	Ipratropium	ipratropium/albuterol sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
J7644	Ipratropium	ipratropium bromide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J9319	Istodax, Romidepsin	romidepsin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J9207	Ixempra	ixabepilone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
*90738	Ixiaro 6mcg/0.5ml	45apanese encephalitis vacc/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2782	Izervay	avacincaptad pegol intravitreal solution	<b>Affected providers:</b> In/Out state. <b>HCPCS limit:</b> 40 units  Max number of injections determined during prior authorization process	2 mg once monthly for up to 12 months Max number of injections determined during prior authorization process
<b>J</b>				
J9281	Jelmyto	mitomycin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
J9272	Jemperli 500mg/10ml	dostarlimab-gxly	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
J7316	Jetrea	ocriplasmin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J9043	Jevtana	cabazitaxel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
*90611	Jynneos 0.5ml	smallpox and mpox live vacc/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
<b>K</b>				
J9354	Kadcyla	ado-trastuzumab emtansine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 500 units	
J1290	Kalbitor	ecallantide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	Hereditary angioedema: • 60mg
Q5117	Kanjinti	trastuzumab-anns	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 126 units	
J2840	Kanuma	sebelipase alfa	<b>Affected providers:</b> In/out-state. <b>HCPCS limit:</b> 420 units  Max daily limit to be determined during prior authorization process	Lysosomal acid lipase (LAL) deficiency within the first 6 months of life: • 3 mg/kg  Lysosomal acid lipase (LAL) deficiency: • 1 mg/kg  Max daily limit to be determined during prior authorization process
**NOC Codes	Kebilidi	eladocagene exuparvovec-tneq	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90377	Kedrab	rabies immune globulin/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 18 units	
J2425	Kepivance	palifermin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 250 units	
J1953	Keppra, Levetiracetam	levetiracetam, levetiracetam in nacl (iso-os)	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 450 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1885	Ketorolac tromethamine	ketorolac tromethamine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J9271	Keytruda	pembrolizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J0642	Khapzory	levoleucovorin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2150 units	
J9274	Kimmtrak	tebentafusp-tebn	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
J2406	Kimyrsa	oritavancin diphosphate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
J2805	Kinevac	sincalide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
*90696 *90698 *90700 *90702	Kinrix, Quadracel, Quadracel 0.5ml	diph,pertus(acer),tet,polio/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J0879	Korsuva	difelikefalin acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1300 units	
J2507	Krystexxa	pegloticase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	Gout: • 8 mg every 2 weeks
J7296	Kyleena 19.5mg Intrauterine Device	levonorgestrel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
Q2042	Kymriah	tisagenlecleucel-t	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9047	Kyprolis	carfilzomib	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1626	Kytril	granisetron hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
<b>L</b>				
J0217	Lamzede	velmanase alfa-tycv	<b>Affected providers:</b> In/out-state. <b>HCPCS limit:</b> 140 units Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J1932	Lanreotide	lanreotide acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
J0202	Lemtrada	alemtuzumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 48 units	Multiple Sclerosis: • 12 mg
J1306	Leqvio	inclisiran sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 284 units	
J0640	Leucovorin	leucovorin calcium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 27 units	
S0172	Leukeran 2mg Tablet	chlorambucil	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 40 units	
J2820	Leukine	sargramostim	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J1954	Leuprolide	leuprolide acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J9218	Leuprolide acetate	leuprolide acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7612 / J7614	Levalbuterol, Xopenex	levalbuterol hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J1956	Levaquin	levofloxacin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J0650 / J0651 / J0652	Levothyroxine sodium	levothyroxine sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 260 units	
J2785	Lexiscan, Regadenoson	regadenoson	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J9119	Libtayo	cemiplimab-rwic	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 350 units	
J2001	Lidocaine	lidocaine hcl/dextrose 5 %/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1340 units	
J2310	Lifems, Naloxone	naloxone hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 992 units	
J7297	Liletta 20.1mcg/Day Intrauterine Device	levonorgestrel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2010	Lincocin	lincomycin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 27 units	
J2021 / J2020	Linezolid	linezolid in 0.9% sodium chlor	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J7100	Lmd10	dextran 40 in 0.9 % nacl, dextran 40 in dextrose 5 %	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
A9800	Locametz	kit prep of ga-68/gozetotide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 7 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2778	Lucentis	ranibizumab	<p><b>Affected providers:</b> In/Out of state.</p> <p><b>HCPCS limit:</b> 10 units</p> <p>Max number of injections determined during prior authorization process</p>	<p>Diabetic macular edema (DME):</p> <ul style="list-style-type: none"> <li>0.3 mg every 4 weeks</li> <li>Maximum of 0.3 mg per month</li> </ul> <p>Wet age-related macular degeneration (AMD) and macular edema following retinal vein occlusion (RVO):</p> <ul style="list-style-type: none"> <li>0.5 mg every 4 weeks</li> <li>Maximum of 0.5 mg per month</li> </ul> <p>Myopic choroidal neovascularization (mCNV):</p> <ul style="list-style-type: none"> <li>0.5mg every 4 weeks, Maximum of 0.5mg per month for 3 months</li> </ul> <p>Max number of injections determined during prior authorization process</p>
Q9950	Lumason 25mg	sulfur hexafluoride microspher	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 5 units</p>	
J0221	Lumizyme	alglucosidase alfa	<p><b>Affected providers:</b> In/out-state.</p> <p><b>HCPCS limit:</b> 270 units</p> <p>Max daily limit to be determined during prior authorization process</p>	<p>Pompe Disease:</p> <ul style="list-style-type: none"> <li>20 mg/kg every 2 weeks</li> </ul> <p>Max daily limit to be determined during prior authorization process</p>
J1950	Lupron Depot	leuprolide acetate	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 8 units</p>	<p>Lupron Depot (pediatrics):</p> <ul style="list-style-type: none"> <li>Central precocious puberty</li> <li>Males &lt; 9 years of age and females &lt; 8 years of age <ul style="list-style-type: none"> <li>1 month regimen: 7.5 mg, 11.25 mg and 15 mg (given monthly)</li> <li>3-month regimen: 11.25 mg and 30 mg (given every 3 months)</li> </ul> </li> </ul> <p>Lupron Depot</p>

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
				<p>Endometriosis (females):</p> <ul style="list-style-type: none"> <li>3.75 mg monthly for 6 months</li> <li>11.25 mg every 3 months for 6 months</li> <li>1 additional treatment of both regimens is allowed.</li> </ul> <p>Fibroids (females)</p> <ul style="list-style-type: none"> <li>3.75 mg monthly for 3 months</li> <li>11.25 mg once in 3 months</li> <li>1 additional treatment of both regimens is allowed.</li> </ul> <p>Prostate cancer (males)</p> <ul style="list-style-type: none"> <li>1 month regimen: 7.5 mg</li> <li>3-month regimen: 22.5 mg</li> <li>4-month regimen: 30 mg</li> <li>6-month regimen: 45 mg</li> </ul>
J9217	Lupron Depot-PED	leuprolide acetate	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 6 units</p>	<p>Lupron Depot (pediatrics):</p> <ul style="list-style-type: none"> <li>Central precocious puberty</li> <li>Males &lt; 9 years of age and females &lt; 8 years of age <ul style="list-style-type: none"> <li>1 month regimen: 7.5 mg, 11.25 mg and 15 mg (given monthly)</li> <li>3-month regimen: 11.25 mg and 30 mg (given every 3 months) Lupron Depot</li> </ul> </li> </ul>
A9513	Lutathera 10mci/MI	lutetium lu 177 dotatate	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 200 units</p>	
J3398	Luxturna	voretigene neparvovec	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 150 units</p>	One injection per eye for life.
J3394	Lyfgenia	lovo-cel	<p><b>Affected providers:</b> In/Out of state.</p> <p><b>HCPCS limit:</b> 1 unit</p>	
<b>M</b>				
J7330	Maci Sheet	autol chondrocy/collagen	<p><b>Affected providers:</b> In-state.</p> <p><b>HCPCS limit:</b> 3 units</p>	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2503	Macugen	pegaptanib	<b>Affected providers:</b> In/Out of state.  <b>HCPCS limit:</b> 3 units  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
J3475	Magnesium	magnesium sulfate, magnesium sulfate in water, magnesium sulfate/d5w	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 200 units	
J9353	Margenza	margetuximab-cmkb	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 450 units	
Q0167	Marinol	dronabinol	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 96 units	
S0182	Matulane 50mg Capsule	procarbazine hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 34 units	
J7509	Medrol, Methylpred, Methylprednisolone	methylprednisolone	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 665 units	
J0694	Mefoxin	cefotixin sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 12 units	
J9245	Melphalan HCL	melphalan hydrochloride	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 11 units	
*90734	Menactra Injectable	mening vac a,c,y,w-135 dip/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
S0122	Menopur	menotropins	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 6 units	
*90619	Menquadfi	mening vac a, c, y, w135,c-tet/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J3397	Mepsevii	vestronidase alfa-vjbk	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 540 units  Max daily limit to be determined during prior authorization process	Mucopolysaccharidosis VII: • 600 mg every 2 weeks  Max daily limit to be determined during prior authorization process
S0108	Mercaptopurine Tablet	mercaptopurine	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 7 units	
J2184 / J2185	Meropenem	meropenem-0.9% sodium chloride	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 60 units	
J9209	Mesna, Mesnex	mesna	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 55 units	
J1230	Methadone	methadone hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 3 units	
J2800	Methocarbamol, Robaxin	methocarbamol	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 100 units	
J9260	Methotrexate sodium	methotrexate sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 798 units	
J8610	Methotrexate, Trexall	methotrexate sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 134 units	
J2210	Methylergonovine	methylergonovine maleate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 12 units	
J2765	Metoclopramide	metoclopramide hcl	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 195 units	
J2247 / J2248	Micafungin	micafungin sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 300 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2250	Midazolam	midazolam hcl, midazolam hcl/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5308 units	
S0190	Mifeprex 200mg Tablet	mifepristone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J7510	Millipred, Orapred, Pediapred, Prednisolone	prednisolone, prednisolone sodium phosphate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 268 units	
J2260	Milrinone	milrinone lactate, milrinone lactate/d5w	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 58 units	
J2265	Minocin	minocycline hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1400 units	
J0887 / J0888	Mircera	methoxy peg-epoetin beta	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 360 units	
J7298	Mirena Intrauterine Device	levonorgestrel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9280	Mitomycin	mitomycin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
J7315	Mitosol 0.2mg	mitomycin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J9293	Mitoxantrone HCL	mitoxantrone hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 32 units	
*90707 *90710	M-M-R li Injectable, Priorix	measles,mumps,rubella vacc/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9349	Monjuvi	tafasitamab-cxix	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 900 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1437	Monoferic	ferric derisomaltose	Affected providers: In-state. HCPCS limit: 100 units	
J7327	Monovisc 88mg/4ml	hyaluronate sodium, stabilized	Affected providers: In-state. HCPCS limit: 2 units	
J2272	Morphine	morphine sulfate	Affected providers: In-state. HCPCS limit: 322 units	
S0093	Morphine Sulfate 50mg/MI	morphine sulfate	Affected providers: In-state. HCPCS limit: 2 units	
J2280 / J2281	Moxifloxacin	moxifloxacin- sod.chloride(iso)	Affected providers: In-state. HCPCS limit: 4 units	
J2562	Mozobil	plerixafor	Affected providers: In-state. HCPCS limit: 48 units	
A9577	Multihance	gadobenate dimeglumine	Affected providers: In-state. HCPCS limit: 55 units	
J0275	Muse	alprostadil	Affected providers: In-state. HCPCS limit: 8 units	
Q5107	Mvasi	bevacizumab-awwb	Affected providers: In-state. HCPCS limit: 210 units	
J7517	Mycophenolate mofetil	mycophenolate mofetil	Affected providers: In-state. HCPCS limit: 25 units	
J7518	Mycophenolic, Myfortic	mycophenolate sodium	Affected providers: In-state. HCPCS limit: 17 units	
J8510	Myleran	busulfan	Affected providers: In-state. HCPCS limit: 1072 units	
J9203	Mylotarg	gemtuzumab ozogamicin	Affected providers: In-state. HCPCS limit: 270 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0587	Myobloc	rimabotulinumtoxinb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 150 units	Cervical Dystonia: • 10,000 units every 12 weeks
J0220	Myozyme	alglucosidase alfa	<b>Affected providers:</b> In/out-state. <b>HCPCS limit:</b> 268 units  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
<b>N</b>				
S0032	Nafcillin	nafcillin in dextrose, iso-osm, nafcillin sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J1458	Naglazyme	galsulfase	<b>Affected providers:</b> In/out-state. <b>HCPCS limit:</b> 135 units  Max daily limit to be determined during prior authorization process	Mucopolysaccharidosis VI: • 1 mg/kg once weekly  Max daily limit to be determined during prior authorization process
J2300	Nalbuphine	nalbuphine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 41 units	
J2325	Natrecor	nesiritide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J9390	Navelbine, Vinorelbine	vinorelbine tartrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 10 units	
J2545	Nebupent, Pentamidine	pentamidine isethionate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J2515	Nembutal, Pentobarbital	pentobarbital sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 143 units	



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7502	Neoral	cyclosporine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 26 units	
J7515	Neoral	cyclosporine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 129 units	
J2710	Neostigmine methylsulfate	neostigmine methylsulfate	<b>Affected providers:</b> In-state <b>HCPCS limit:</b> 14 units	
J2506	Neulasta, Neulasta Onpro	pegfilgrastim	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 36 units	
J1442	Neupogen	filgrastim	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1680 units	
J7307	Nexplanon Implant	etonogestrel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J0283	Nexterone	amiodarone in dextrose, iso-osm	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 35 units	
J0219	Nexviazyme	avalglucosidase alfa-ngpt	<b>Affected providers:</b> In/out-state. <b>HCPCS limit:</b> 675 units Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J2404	Nicardipine	nicardipine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5000 units	
J9268	Nipent	pentostatin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
Q5110	Nivestym	filgrastim-aafi	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1680 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2802	Nplate	romiplostim	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 150 units	Chronic Immune Thrombocytopenia: • 10 mcg/kg once weekly
J2182	Nucala	mepolizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J0485	Nulojix	belatacept	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1500 units	
J7209	Nuwiq	antihemoph.fviii, hek b-delete	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5500 units	
J0121	Nuzyra	omadacycline tosylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
Q5122	Nyvepria	pegfilgrastim – apgf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 36 units	
<b>O</b>				
J2350	Ocrevus	ocrelizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	Relapsing Multiple Sclerosis, Primary Progressive Multiple Sclerosis: • 600 mg every 6 months
J1568	Octagam	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J2354	Octreotide acetate	octreotide nondepot	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 194 units	
Q5114	Ogivri	trastuzumab-dkst	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 108 units	
C9101	Olinvyk	oliceridine fumarate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 270 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1097	Omidria	phenylephrine/ketorolac	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
Q9965	Omnipaque	iohexol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 250 units	
J2267	OmvoH IV and SQ	mirikizumab-mrkz	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J9266	Oncaspar	pegaspargase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	Acute lymphoblastic leukemia (ALL): <ul style="list-style-type: none"> <li>2,500 IU/m<sup>2</sup> given no more frequently than every 14 days.</li> <li>Maximum of 5,000 IU/m<sup>2</sup> per month</li> </ul>
S0119	Ondansetron hcl/ODT	ondansetron	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 20 units	
Q0162	Ondansetron, Zuplenz	ondansetron, ondansetron hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	
J9205	Onivyde	irinotecan liposomal	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 215 units	
J0222	Onpattro	patisiran	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Hereditary Transthyretin Mediated Amyloidosis Polyneuropathy: <ul style="list-style-type: none"> <li>30 mg every 3 weeks</li> </ul> Max daily limit to be determined during prior authorization process
Q5112	Ontruzant	trastuzumab-dttb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
J9299	Opdivo	nivolumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 480 units	
J9298	Opdualag	nivolumab-relatlimab-rmbw	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1202	Opfolda	miglustat	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 4 units	
Q5153	Opuviz	aflibercept-yszy	<b>Affected providers:</b> In/Out of state.  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
J2407	Orbactiv	oritavancin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 120 units	
J0129	Orencia, Orencia Clickject	abatacept, abatacept/maltose	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Rheumatoid arthritis: <ul style="list-style-type: none"> <li>Induction (doses given at 0, 2, and 4 weeks): <ul style="list-style-type: none"> <li>&lt; 60 kg: 500 mg</li> <li>60 - 100 kg: 750 mg</li> <li>&gt; 100 kg: 1,000 mg</li> </ul> </li> <li>Maintenance (doses given monthly): <ul style="list-style-type: none"> <li>&lt; 60 kg: 500 mg</li> <li>60 - 100 kg: 750 mg</li> <li>&gt; 100 kg: 1,000 mg.</li> </ul> </li> </ul> Juvenile arthritis: <ul style="list-style-type: none"> <li>Induction (doses given at 0, 2, and 4 weeks): <ul style="list-style-type: none"> <li>&lt; 75 kg: 10 mg/kg</li> <li>75 - 100 kg: 750 mg</li> <li>&gt; 100 kg: 1,000 mg.</li> </ul> </li> <li>Maintenance (doses given monthly): <ul style="list-style-type: none"> <li>&lt; 75 kg: 10 mg/kg</li> <li>75 - 100 kg: 750 mg</li> <li>&gt; 100kg: 1,000 mg.</li> </ul> </li> </ul> Max daily limit to be determined during prior authorization process
J2360	Orphenadrine	orphenadrine citrate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 2 units	
J7324	Orthovisc	hyaluronate sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 2 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7342	Otiprio	ciprofloxacin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J3590/Q9999	Otulfu IV	ustekinumab-aaaz	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J2700	Oxacillin	oxacillin in dextrose (iso-osm), oxacillin sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 484 units	
J9263	Oxaliplatin	oxaliplatin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 700 units	
J0224	Oxlumo	lumarisan	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1700 units	
J7312	Ozurdex	dexamethasone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 14 units	
<b>P</b>				
J9267	Paclitaxel	paclitaxel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 745 units	
J9177	Padcev	enfortumab vedotin-ejfv	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 520 units	
J2469	Palonosetron	palonosetron hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
J2430	Pamidronate Disodium	pamidronate disodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1640	Panhematin	hemin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1050 units	
J1576	Panzyga	immune globulin	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J2440	Papaverine	papaverine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	
J7300	Paragard Intrauterine Copper Intrauterine Device	copper	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2501	Paricalcitol, Zemplar	paricalcitol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 34 units	
J0606	Parsabiv	etelcalcetide hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 150 units	
Q5147	Pavblu	aflibercept-ayyh	<b>Affected providers:</b> In/Out of state. Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
*90723	Pediarix	hep b vaccine/dp(a)-polio/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J0208	Pedmark	tremelimumab-actl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 625 units	
*90647	Pedvaxhib 7.5mcg/0.5ml	haemph b polysac conj-menin/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9314	Pemetrexed	pemetrexed	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9294 / J9296 / J9297 / J9322	pemetrexed, generic	pemetrexed, not therapeutically equivalent to j9305	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	
J9304	Pemfexy	pemetrexed	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J9324	Pemrydi RTU	pemetrexed	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 240 units	
J2510	Penicillin	penicillin g procaine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J2540	Penicillin, Pfizerpen	pen g pot/dextrose-water, penicillin g potassium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 65 units	
S0080	Pentam, Pentamidine	pentamidine isethionate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J9306	Perjeta	pertuzumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 840 units	
Q0175	Perphenazine Tablet	perphenazine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J2798	Perseris	risperidone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 240 units	
J2550	Phenergan	promethazine hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
Q0169	Phenergan	promethazine hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J2560	Phenobarbital	phenobarbital sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 38 units	
J2760	Phentolamine	phentolamine mesylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 73 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9316	Phesgo	pertuzumab, trastuzumab, hyaluronidase -zzxf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 180 units	
J9600	Photofrin	porfimer sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J3430	Phytonadione, Vitamin	phytonadione (vit k1)	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J1307	Piasky IV and SQ	crovalimab-akkz	<b>Affected providers:</b> In/Out of state  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J2543	Piperacillin, Zosyn	piperacillin sodium/tazobactam, piperacillin-tazo-dextrose, iso	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 24 units	
A9607	Pluvicto		<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
*90732	Pneumovax 23 Injectable	pneumococcal 23-val p-sac vac	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9309	Polivy	polatuzumab vedotin-piiq	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 260 units	
J0670	Polocaine	mepivacaine hcl, mepivacaine hcl/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J1203	Pombiliti	cipaglucosidase alfa-atga	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 546 units  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9295	Portrazza	necitumumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 800 units	
C9144	Posimir	bupivacaine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 660 units	
A9608	Posluma	flotufolastat	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J9204	Poteligeo	mogamuliziumab-kpkc	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 140 units	
J7512	Prednisone, Rays	prednisone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 410 units	
J1410	Premarin	estrogens, conjugated	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
*90670 *90671	Prevnar 13	pneumoc 13-val conj-dip crm/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90677	Prevnar 20 Syringe	pneumoc 20-val conj-dip crm/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2278	Prialt	ziconotide acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 500 units	
J1459	Privigen	immune globulin	<b>Affected providers:</b> In/Out of state. Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J2690	Procainamide	procainamide hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 7 units	
J0780	Prochlorperazine	prochlorperazine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0780	Prochlorperazine edisylate	prochlorperazine edisylate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
Q0164	Prochlorperazine Maleate Tablet	prochlorperazine maleate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
S0183	Prochlorperazine Maleate Tablet	prochlorperazine maleate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J0570	Prodbuphine	buprenorphine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J2675	Progesterone	progesterone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 10 units	
J7525	Prograf 5mg/MI	tacrolimus	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J7521	Prograf, Tacrolimus	tacrolimus	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 41 units	
A9576	Prohance	gadoteridol	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 81 units	
J0256	Prolastin C	alpha 1 proteinase inhibitor	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 850 units	Alpha1-proteinase inhibitor deficiency: • 60 mg/kg once weekly
J9015	Proleukin	aldesleukin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 11 units	
J0897	Prolia	denosumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	Osteoporosis, Glucocorticoid induced Osteoporosis, Prevention of bone loss in men with Prostate Cancer, and Prevention of bone loss in women with Breast Cancer: • 60 mg every 6 months

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2550	Promethazine HCL	promethazine hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
Q0169	Promethazine HCL	promethazine hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 12 units	
J1800	Propranolol	propranolol hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 21 units	
J2720	Protamine	protamine sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 30 units	
J2730	Protopam	pralidoxime chloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
Q2043	Provenge	sipuleucel-t/lactated ringers	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J1050	Provera	medroxyprogesterone acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4000 units	
J7674	Provocholine	methacholine chloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J0802	Purified Cortropin Gel	corticotropin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J7639	Pulmozyme	dornase alfa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 units	
J3415	Pyridoxine	pyridoxine hcl (vitamin b6)	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
Q9997	Pyzchiva IV	ustekinumab-ttwe	<b>Affected providers:</b> In/Out of state  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
Q				
J1304	Qalsody	tofersen	Affected providers: In-state.  HCPCS limit: 100 units	
A9604	Quadramet 1850mbq/MI	samarium sm 153 lexidronam	Affected providers: In-state.  HCPCS limit: 1 unit	
J1201	Quzyttir	cetirizine	Affected providers: In-state.  HCPCS limit: 20 units	
R				
J1301	Radicava	edaravone	Affected providers: In-state.  HCPCS limit: 60 units	Amyotrophic lateral sclerosis (ALS): <ul style="list-style-type: none"><li>Induction: 60mg once daily for 14 days, followed by a 14-day drug-free period</li><li>Maintenance: 60mg once daily for 10 days within a 14-day period, followed by a 14-day drug-free period</li></ul>
J2780	Ranitidine HCL	ranitidine hydrochloride	Affected providers: In-state.  HCPCS limit: 24 units	
J7520	Rapamune 0.5mg Tablet	sirolimus	Affected providers: In-state.  HCPCS limit: 40 units	
J2547	Rapivab	peramivir	Affected providers: In-state.  HCPCS limit: 600 units	
J0896	Reblozyl	luspatercept-aamt	Affected providers: In-state.  HCPCS limit: 1000 units	
J0742	Recarbrio	imipenem/cilastatin/relebact am	Affected providers: In-state.  HCPCS limit: 500 units	
J3489	Reclast	zoledronic acid	Affected providers: In-state.  HCPCS limit: 5 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
Q0240	Regencov	casirivimab and imdevimab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
Q0243	REGEN-COV (EUA)	casirivimab/ imdevimab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
Q5125	Releuko	filgrastim-ayow	<b>Affected providers:</b> In-State <b>HCPCS limit:</b> 1740 units	
J2212	Relistor	methylnaltrexone bromide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 480 units	
J0248	Remdesivir	remdesivir	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J1745	Remicade	infliximab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 270 units	Ankylosing spondylitis: • 10mg/kg every 6 weeks  Crohn's disease (pediatric): • Psoriasis / psoriatic arthritis • Ulcerative colitis • 10mg/kg every 8 weeks  Rheumatoid Arthritis: • 10 mg/kg every 4 weeks  Crohn's Disease (adult): • 10 mg/kg every 8 weeks
Q2004	Renacidin	citric ac/gluconolact/mag carb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
Q5104	Renflexis	infliximab-abda	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 270 units	Ankylosing spondylitis: • 10mg/kg every 6 weeks  Crohn's disease (pediatric): • Psoriasis / psoriatic arthritis • Ulcerative colitis • 10mg/kg every 8 weeks  Rheumatoid Arthritis: • 10 mg/kg every 4 weeks

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
				Crohn's Disease (adult): • 10 mg/kg every 8 weeks
J0130	ReoPro	reopro	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 units	
Q5105 / Q5106	Retacrit	epoetin alfa-epbx	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> • Q5105 - 810 units • Q5106 - 81 units	
J2993	Retavase	reteplase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J7311	Retisert	fluocinolone acetonide hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 118 units	
S0104	Retrovir Capsule	zidovudine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 34 units	
J3485	Retrovir 10mg/MI	zidovudine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 340 units	
J0349	Rezzayo	rezafungin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J2791	Rhophylac	rho(d) immune globulin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 345 units	
*90386	Rhophylac, Winrho	rho(d) immune globulin, rho(d) immune globulin/maltose	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 405 units	
Q5123	Riabni	rituximab-arxx	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 140 units	
J1212	Rimso-50 50%	dimethyl sulfoxide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2794	Risperdal	risperidone microspheres	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
J9312	Rituxan	rituximab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	Chronic Lymphocytic Leukemia (CLL): <ul style="list-style-type: none"> <li>1st cycle: 375 mg/m<sup>2</sup> 500 mg/m<sup>2</sup>, then 500 mg/m<sup>2</sup> cycle 2-6 every 28 days</li> </ul> Non-Hodgkin's Lymphoma (NHL): <ul style="list-style-type: none"> <li>375 mg/m<sup>2</sup> per dose</li> </ul> Rheumatoid arthritis (RA): <ul style="list-style-type: none"> <li>1,000 mg per dose every 2 weeks for 2 doses, repeated every 24 weeks.</li> <li>Maximum of 2,000 mg per month</li> </ul> Wegener's granulomatosis / microscopic polyangiitis: <ul style="list-style-type: none"> <li>375 mg/m<sup>2</sup> weekly for 4 weeks</li> <li>Maximum of 1,500 mg/m<sup>2</sup> per month</li> </ul>
J9311	Rituxan Hycela	rituximab and hyaluronidase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 160 units	
J0696	Rocephin	ceftriaxone sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 42 units	
J1412	Roctavian	valoctocogene roxaparvovec-rvox	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 408 units	
J1449	Rolvedon	eflapegrastim-xnst	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 132 units	
J9318	Romidepsin	romidepsin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 550 units	
*90680 *90681	Rotateq, Rotateq 2ml Solution, Oral	rotavirus vaccine, live oral pv	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0596	Ruconest	c1 inhibitor recombinant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 840 units	Hereditary Angioedema: • 8400 units
Q5119	Ruxience	rituximab-pvvr	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	
J9061	Rybrevant	amivantamab-vmjw	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 700 units	
J2801	Rykindo	risperidone	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 100 units	
J9021	Rylaze	asparaginase erwinia-rywn	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 700 units	
J2998	Ryplazim	plasminogen, human-tvmh	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 895 units	
**NOC Codes	Ryoncil	remestemcel-L-rknd	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J9333	Rystiggo	rozanolixizumab-noli	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 840 units	
<b>S</b>				
J1744	Sajazir	icatibant acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 90 units	
J7502	Sandimmune	cyclosporine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 26 units	
J7515	Sandimmune	cyclosporine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 129 units	
J7516	Sandimmune	cyclosporine parental	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 11 units	



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2354	Sandostatin	octreotide, nondepot	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 194 units	
J2353	Sandostatin LAR Depot	octreotide acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
J9074	Sandoz	cyclophosphamide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3216 units	
J0491	Saphnelo	anifrolumab-fnia	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J9227	Sarclisa	isatuximab-irfc	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 140 units	
J7352	Scenesse	afamelanotide	<b>Affected providers:</b> In/Out of state. <b>HCPCS limit:</b> 16 units Max number of injections determined during prior authorization process	
Q9998	Selarsdi IV	ustekinumab-aekn	<b>Affected providers:</b> In/Out of state. Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
*90750	Shingrix 50mcg, Shingrix 50mcg/0.5ml	varicella-zoster ge/as01b/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2502	Signifor LAR	pasireotide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	Acromegaly and Cushing Disease: • 60 mg every 4 weeks
S0090	Sildenafil, Viagra	sildenafil citrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 10 units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J1602	Simponi Aria	golimumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	Rheumatoid arthritis, Psoriatic Arthritis, Ankylosing Spondylitis: <ul style="list-style-type: none"> <li>2 mg/kg at week 0 and 4, then every 8 weeks thereafter</li> </ul>
J0480	Simulect 10mg, Simulect 20mg	basiliximab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 2 units	
J3090	Sivextro	tedizolid phosphate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J7301	Skyla 13.5mg Intrauterine Device	levonorgestrel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J2327	Skyrizi	risankizumab-rzaa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	
**NOC Codes	Skysona	elivaldogene autotemcel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J0209	Sodium thiosulfate	sodium thiosulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 250 units	
J1299	Soliris	eculizumab	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Atypical Hemolytic Uremic Syndrome and Generalized Myasthenia Gravis: <ul style="list-style-type: none"> <li>1200 mg every 2 weeks</li> </ul> Paroxysmal Nocturnal Hemoglobinuria: <ul style="list-style-type: none"> <li>900 mg every 2 weeks</li> </ul> Neuromyelitis Optica: <ul style="list-style-type: none"> <li>900 mg every 2 weeks</li> </ul> Neuromyelitis optica spectrum disorder (NMOSD): <ul style="list-style-type: none"> <li>1200 mg every 2 weeks</li> </ul> Max daily limit to be determined during prior authorization process

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2919	Solu-Medrol	methylprednisolone sodium succinate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4825 units	
S0187	Soltamox Tamoxifen Citrate 10mg Tablet	tamoxifen citrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 64 units	
J1720	Solucortef	hydrocortisone sod succinate, hydrocortisone sodium succ/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 60 units	
J1930	Somatuline	lanreotide acetate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
C9482	Sotalol	sotalol hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J1747	Spevigo IV and SQ	spesolimab-sbzo	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 900 unit	
J2326	Spinraza 12mg/5ml	nusinersen sodium/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
S0013	Spravato	esketamine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 84 unit	
*90717	Stamaril, Yf-Vax Powder For Reconstitution	yellow fever vaccine live/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
**NOC Codes	Starjemza SQ and IV	ustekinumab-hmny	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J3358	Stelara IV	ustekinumab	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Crohn's Disease: • 520 mg for one dose  Max daily limit to be determined during prior authorization process

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
Q5099	Steqeyma IV	ustekinumab-stba	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
Q5127	Stimufend	pegfilgrastim-fpgk	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 36 units	
J3000	Streptomycin sulfate	streptomycin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 3 units	
J3010	Sublimaze	fentanyl citrate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 201 units	
Q9991 / Q9992	Sublocade	buprenorphine	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
J2865	Sulfamethoxazole-Trimethoprim	sulfamethoxazole/trimethoprim	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 48 units	
J9226	Supprelin LA Implant	histrelin acetate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	Central precocious puberty: <ul style="list-style-type: none"> <li>50 mg per dose once every 12 months in males &lt; 9 years of age and females &lt; 8 years of age</li> </ul>
J1627	Sustol	granisetron, extended release	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 100 units	
J2779	Susvimo	ranibizumab	<b>Affected providers:</b> In/Out of state.  <b>HCPCS limit:</b> 100 units  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J2781	Syfovre	pegcetacoplan	<b>Affected providers:</b> In/Out of state.  <b>HCPCS limit:</b> 30 units  Max number of injections determined during prior authorization process	15 mg once every 25 to 60 days.  Max number of injections determined during prior authorization process
J2860	Sylvant	siltuximab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 150 units	
90378	Synagis	palivizumab	<b>Affected providers:</b> In/Out of state.  <b>HCPCS limit:</b> 6 units  Max number of injections determined during prior authorization process	Respiratory Syncytial Virus (RSV) prophylaxis: <ul style="list-style-type: none"> <li>• 15 mg/kg monthly in members &lt; 24 months of age</li> <li>• Maximum of 5 doses</li> </ul> Given through RSV season.  Max number of injections determined during prior authorization process
J2770	Synercid	quinupristin/dalfopristin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 7 units	
J7331	Synjoynnt	hyaluronate sodium	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 40 units	
J9262	Synribo	omacetaxine mepesuccinate	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 700 units	
J7325	Synvisc/Synvisc One	hylan g-f 20	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 96 units	
<b>T</b>				
J3055	Talvey	talquetamab-tgvs	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 432 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9171	Taxotere	docetaxel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 320 units	Breast cancer: <ul style="list-style-type: none"> <li>Locally advanced/metastatic: 100 mg/m2 per dose every 3 weeks</li> <li>Adjuvant: 75 mg/m2 every per dose every 3 weeks up to 6 cycles</li> </ul> Non-small cell lung cancer (NSCLC)/prostate cancer/gastric adenocarcinoma/ head and neck cancer: <ul style="list-style-type: none"> <li>75 mg/m2 per dose every 3 weeks</li> </ul>
J0713	Tazicef	ceftazidime	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 33 units	
*90714	Tdvax 2	tetanus, diphtheria tox,adult, tetanus-diphtheria toxoids/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
Q2053	Tecartus	brexucabtagene autoleucel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9022	Tecentriq	atezolizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 168 units	
J9380	Tecvayli	teclistamab-cqyv	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 426 units	
J0712	Teflaro	ceftaroline fosamil	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 120 units	
J9328	Temodar	temozolomide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	
J8700	Temodar Capsule	temozolomide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 320 units	
J9330	Temsirolimus	temsirolimus	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 175 units	Renal cell carcinoma (RCC): <ul style="list-style-type: none"> <li>25 mg weekly</li> </ul> Maximum of 100 mg per month

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
Q2017	Teniposide	teniposide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 13 units	
J9340	Tepadina	thiotepa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 156 units	
J3241	Tepezza	teprotumumab-trbw	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J3105	Terbutaline Sulfate	terbutaline sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J1071	Testone CIK	testosterone cypionate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
S0189	Testopel	testosterone pellets	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J1071	Testosterone cypionate	testosterone cypionate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J3121	Testosterone enanthate	testosterone enanthate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	
J2356	Tezspire	tezepelumab-ekko	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 210 units	
J3411	Thiamine Hcl	thiamine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 3 units	
J9340	Thiotepa	thiotepa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 156 units	
J7197	Thrombate Iii 500unit	antithrombin iii (plasma der)	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8000 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7511	Thymoglobulin	anti-thymocyte globulin, rabbit	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 108 units	
J3240	Thyrogen 1.1mg	thyrotropin alfa	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90626 *90627	Ticovac 1.2mcg/0.25ml	tick-borne encephalitis vaccin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J3250	Tigan	trimethobenzamide hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J3244 / J3243	Tigecycline	tigecycline	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J9273	Tivdak	tisotumab vedotin-tftv	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J3101	Tnkase	tenecteplase	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J3260	Tobramycin sulfate	tobramycin sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 15 units	
Q5133	Tofidence	tocilizumab-bavi	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1040 units	
J1885	Toradol	ketorolac tromethamine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 8 units	
J9330	Torisel	temsirolimus	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 175 units	Renal cell carcinoma (RCC): • 25 mg weekly Maximum of 100 mg per month
Q5116	Trazimera	trastuzumab-gyyp	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 126 units	
J3315	Trelstar	triptorelin pamoate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	



## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J7181	Tretten	factor xiii a-subunit,recomb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5000 units	
J3301	Triamcinolone acetonide	triamcinolone acetonide	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 16 units	
J3300	Triesence	triamcinolone acetonide/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 40 units	
J1445	Triferic	ferric pyrophosphate citrate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 68 units	
J7332	Triluron	hyaluronate sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 40 units	
J3316	Triptodur 22.5mg Er	triptorelin pamoate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 6 units	
J7329	Trivisc 10mg/MI	hyaluronate sodium	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J9317	Trodelyv	sacituzumab govitecan-hziy	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 576 units	
J1746	Trogarzo 200mg/1.33ml	ibalizumab-uiyk	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
Q5115	Truxima	rituximab-abbs	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 600 units	
J2323	Tysabri	natalizumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	Crohn's Disease, Multiple Sclerosis: • 300 mg every 4 weeks
J7686	Tyvaso	treprostinil, treprostinil/neb	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9381	Tzield	teplizumab-mzwv	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 800 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
U				
Q5111	Udenyca/Udenyca Onbody	pegfilgrastim-cbqv	Affected providers: In-state.  HCPCS limit: 36 units	
J1303	Ultomiris	ravulizumab	Affected providers: In/Out of state.  Max daily limit to be determined during prior authorization process	Paroxysmal nocturnal hemoglobinuria: <ul style="list-style-type: none"><li>3,600 mg every 8 weeks</li></ul> Atypical Hemolytic Uremic Syndrome: <ul style="list-style-type: none"><li>3,600 mg every 8 weeks</li></ul> Max daily limit to be determined during prior authorization process
J1823	Uplizna	inebilizumab - cdon	Affected providers: In-state.  HCPCS limit: 300 units	
J2799	Uzedy	risperidone	Affected providers: In-state.  HCPCS limit: 250 units	
V				
J2186	Vabomere 2	meropenem/vaborbactam	Affected providers: In-state.  HCPCS limit: 600 units	
J2777	Vabysmo	faricimab-svoa	Affected providers: In/Out of state.  HCPCS limit: 120 units  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
J9230	Valchlor	mechlorethamine hydrochloride	Affected providers: In-state.  HCPCS limit: 6 units	
J9357	Valstar	valrubicin	Affected providers: In-state.  HCPCS limit: 4 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J3370 / J3371 / J3372	Vancomycin	vancomycin hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 25 units	
*90716	Varivax Injectable	varicella vaccine live/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90396	Varizig 125unit/1.2ml	varicella-zoster ig/maltose	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 units	
J8670	Varubi	rolapitant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 180 units	
J2797	Varubi IV	rolapitant	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 333 units	
*90625	Vaxchora	cholera vaccine, live	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
*90697	Vaxelis	dip, pert(a)tet/hepb/pol/hib/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9303	Vectibix	panitumumab	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 90 units	
Q5129	Vegzelma	bevacizumab-adcd	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 210 units	
J0248	Veklury	remdesivir	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 200 units	
J9041 / J9051	Velcade	bortezomib	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 70 units	Mantle cell lymphoma (MCL) & multiple myeloma (MM): • 1.3 mg/m2 per dose
J1756	Venofer	iron sucrose	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
Q4074	Ventavis	iloprost tromethamine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 9 units	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J9376	Veopoz	pozelimab-bbfg	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4400 units	
J3465	Vfend, Voriconazole	voriconazole	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 180 units	
J3095	Vibativ	telavancin hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 150 units	
J1427	Viltepso	viltolarsen	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1075 units	
J1322	Vimizim	elosulfase alfa	<b>Affected providers:</b> In/out-state. <b>HCPCS limit:</b> 270 units  Max daily limit to be determined during prior authorization process	Mucopolysaccharidosis type IV A (MPS IV A; Morquio A syndrome): • 300mg  Max daily limit to be determined during prior authorization process
J9360	Vinblastine sulfate	vinblastine sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 50 units	
J9370	Vincasar, Vincristine	vincristine sulfate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 4 units	
J3396	Visudyne	verteporfin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 750 units	
J3471	Vitrase	hyaluronidase, ovine	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 960 units	
J2315	Vivitrol	naltrexone microspheres	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 380 units	
*90690 *90691	Vivotif Capsule Delayed Release	typhoid vacc,live,attenuated	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J3385	Vpriv	velaglucerase alfa	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 84 units  Max daily limit to be determined during prior authorization process	Type 1 Gaucher Disease adults: <ul style="list-style-type: none"> <li>60 units/kg every 2 weeks</li> </ul> Max daily limit to be determined during prior authorization process
J3032	Vyepti	eptinezumab-jjmr	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 300 units	
J3401	Vyjuvek	beremagene geperpavec-svdt	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 25 units	
J1429	Vyondys 53 100mg/2ml	golodirsen	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 410 units	
J9332	Vyvgart	efgartigimod alfa-fcab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 600 units	
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase injection	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 504 units	
J9153	Vyxeos	daunorubicin/cytarabine	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 132 units	
<b>W</b>				
Q5138	Wezlana IV	ustekinumab-auub	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J2792	Winrho	rho(d) immune globulin/maltose	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 415 units	
<b>X</b>				

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
C9089	Xaracoll	bupivacaine hcl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J1558	Xembify	immune globulin (human)-klhw	<b>Affected providers:</b> In/Out of state.  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J0691	Xenleta	lefamulin	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J0218	Xenpozyme	olipudase alfa-rpcp	<b>Affected providers:</b> In/out-state.  <b>HCPCS limit:</b> 420 units  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J0588	Xeomin	incobotulinumtoxin a	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 400 units	Cervical Dystonia: • 400 units every 12 weeks  Blepharospasm: • 35 units/eye (70 total for both eyes) every 12 weeks  Upper Limb Spasticity: • 400 units every 12 weeks
J0122	Xerava	eravacycline di-hydrochloride	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 300 units	
J0897	Xgeva	denosumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 120 units	Prevention of Skeletal Related Events in Multiple Myeloma or Solid Tumors, Giant Cell Tumor of the Bone, Hypercalcemia of Malignancy: • 120 mg every 4 weeks
J0775	Xiaflex	collagenase clostridium histolyticum	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 270 units	Dupuytren's Contracture: • 0.58 mg per joint (can do 2 joints/hand at one time) every 4 weeks up to 3 treatment cycles per cord.

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
				Peyronie's disease: <ul style="list-style-type: none"> <li>0.58 mg on day 1 followed by a second dose 1-3 days later of each 4-week treatment cycle with up to 4 treatment cycles per plaque</li> </ul>
J3299	Xipere	triamcinolone acetonide/pf	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 72 units	
A9606	Xofigo	radium-223 dichloride	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 356 units	
J2357	Xolair	omalizumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 120 units	Allergic Asthma: <ul style="list-style-type: none"> <li>375 mg every 2 weeks</li> </ul> Chronic Idiopathic Urticaria: <ul style="list-style-type: none"> <li>300 mg every 4 weeks</li> </ul>
J7304	Xulane	contraceptive hormone patch	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	
<b>Y</b>				
J9228	Yervoy	ipilimumab	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1340 units	
**NOC Codes	Yesafili	aflibercept-jbvf	<b>Affected providers:</b> In-state/out-state  Max number of injections determined during prior authorization process	Max number of injections determined during prior authorization process
Q2041	Yescarta	axicabtagene ciloleucel	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1 unit	

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
Q5100	Yesintek IV	ustekinumab-kfce	<b>Affected providers:</b> In-state/out-state  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
**NOC Codes	Yimmugo IV	immune globulin intravenous, human-dira	<b>Affected providers:</b> In/Out of state  Max daily limit to be determined during prior authorization process	Max daily limit to be determined during prior authorization process
J9352	Yondelis	trabectedin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 40 units	
J7677	Yupelri	revefenacin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 175 units	
J7314	Yutiq	fluocinolone acetonide	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 36 units	
<b>Z</b>				
J9400	Zaltrap	ziv-aflibercept	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 600 units	
J9320	Zanosar	streptozocin	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 4 units	
Q5101	Zarxio	filgrastim-sndz	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 1680 units	
J0256	Zemaira	alpha 1 proteinase inhibitor	<b>Affected providers:</b> In-state.  <b>HCPCS limit:</b> 850 units	Alpha1-proteinase inhibitor deficiency: • 60 mg/kg once weekly



# Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J0291	Zemdri	plazomicin sulfate	Affected providers: In-state. HCPCS limit: 500 units	
J9223	Zepzelca	lurbinectedin	Affected providers: In-state. HCPCS limit: 120 units	
J0695	Zerbaxa	ceftolozane and tazobactam	Affected providers: In-state. HCPCS limit: 120 units	
**NOC Codes	Zevaskyn	prademagene zamikeracel	Affected providers: In-state. HCPCS limit: 1 unit	
Q5120	Ziextenzo	pegfilgrastim-bmez	Affected providers: In-state. HCPCS limit: 36 units	
J3304	Zilretta	triamcinolone acetonide, pfextended-release	Affected providers: In-state. HCPCS limit: 64 units	
J0697	Zinacef	sterile cefuroxime	Affected providers: In-state. HCPCS limit: 12 units	
J0565	Zinplava	bezlotoxumab	Affected providers: In-state. HCPCS limit: 200 units	
Q5118	Zirabev	bevacizumab-bvzr	Affected providers: In-state. HCPCS limit: 210 units	
J2405	Zofran	ondansetron hydrochloride	Affected providers: In-state. HCPCS limit: 96 units	
S0119	Zofran	ondansetron hydrochloride	Affected providers: In-state. HCPCS limit: 20 units	
J9202	Zoladex	goserelin acetate	Affected providers: In-state. HCPCS limit: 3 units	
J3489	Zoledronic Acid	zoledronic acid	Affected providers: In-state. HCPCS limit: 5 Units	

## Blue Cross and BCN quantity limits for medical drugs

For Blue Cross commercial and BCN commercial

July 2025

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Procedure code	Brand name	Generic name	Quantity limit summary	
			Blue Cross commercial	BCN commercial
J3399	Zolgensma	onasemnogene abeparvovec-xioi	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J3489	Zometa	zoledronic acid	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 5 Units	
*90736	Zostavax	zoster vaccine live/pf	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 Unit 1 dose/lifetime	
J9359	Zynlonta	loncastuximab tesirine-lpyl	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
C9088	Zynrelef	bupivacaine/meloxicam	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 400 units	
J3393	Zynteglo	betibeglogene autotemcel	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 1 unit	
J9345	Zynyz	retifanlimab-dlwr	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 500 units	
J2358	Zyprexa	olanzapine pamoate	<b>Affected providers:</b> In-state. <b>HCPCS limit:</b> 405 units	