Quantity Limit Program
November 2026

Blue Cross Blue Shield Blue Care Network of Michigan

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

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

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

Key
SC = subcutaneous, mg = milligram, gm = gram, mcg = microgram, ml = milliliter, IU = international unit
Not covered: You may be responsible for the full cost of the medication.
Not applicable: Quantity limits may not apply.

Sample
Absorica = brand name
(isotretinoin) = generic name

	Quantity limits for:				
Medication	**BCBSM Clinical, Custom, Closed Drug Lists**	**BCBSM Custom Select Drug List**	**BCBSM and BCN Preferred Drug List**	**BCN Custom, Closed Drug Lists**	**BCN Custom Select Drug List**
Abilify Asimtufii (aripiprazole, extended release)	1 injection per 60 days	1 injection per 60 days	1 injection per 60 days	1 injection per 60 days	1 injection per 60 days
Abrysvo (res piratory syncytial virus vaccine)	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Absorica (isotretinoin)	Not covered	Not covered	Not covered	Not covered	Not covered

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

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Medication	Quantity limits for:				
	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Absorica LD (isotretinoin)	Not covered	Not covered	5 capsules per day	Not covered	Not covered
Accolate (zafirlukast)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Accrufer (ferric maltol)	2 tablets per day	2 tablets per day	Not covered	2 tablets per day	2 tablets per day
Accutane (isotretinoin)	5 capsules per day	5 capsules per day	5 capsules per day	5 capsules per day	5 capsules per day
Actemra (tocilizumab)	Not covered	Not covered	4 packages (4 syringes) per 30 days	Not covered	Not covered
Acthar Gel (repository corticotropin)	4 vials (20 ml) per 30 days	Not covered	4 vials (20 ml) per 30 days	4 vials (20 ml) per 30 days	Not covered
Actonel 5mg, 30mg (risedronate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Actonel 35mg (risedronate)	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days
Actonel 150mg (risedronate)	1 tablet per 30 days	1 tablet per 30 days	1 tablet per 30 days	1 tablet per 30 days	1 tablet per 30 days
Aczone 5% (dapsone)	90 grams per 30 days	Not covered	90 grams per 30 days	90 grams per 30 days	Not covered
Adacel	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Adbry 150mg (tralokinumab-ldrm)	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days

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Revised: 11-01-26

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Adbry 300mg (tralokinumab-ldrm)	2 autoinjectors per 28 days	2 autoinjectors per 28 days	2 autoinjectors per 28 days	2 autoinjectors per 28 days	2 autoinjectors per 28 days
Adcirca (tadalafil)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Adderall 5, 7.5, 10, 12.5, 15mg (amphetamine + dextroamphetamine)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Adderall 20mg, 30mg (amphetamine + dextroamphetamine)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Adderall XR (amphetamine + dextroamphetamine)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Addyi (fibanserin)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Adempas (riociguat)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Adlarity (donepezil)	1 patch per day	1 patch per day	Not covered	1 patch per day	1 patch per day
Advair HFA (fluticasone propionate + salmeterol)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Adzenys ER (amphetamine extended-release)	15 ml (18.8mg) per day	Not covered	15 ml (18.8mg) per day	15 ml (18.8mg) per day	Not covered

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Adzenys XR-ODT (amphetamine extended-release)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Aemcolo (rifamycin)	12 tablets per 90 days	Not covered	12 tablets per 90 days	12 tablets per 90 days	Not covered
Agamree (vamorolone)	300 mg (10 ml) per day	300 mg (10 ml) per day	300 mg (10 ml) per day	300 mg (10 ml) per day	300 mg (10 ml) per day
Aimovig (erenumab)	1 autoinjector / syringe (1 pack) per 30 days	1 autoinjector / syringe (1 pack) per 30 days	1 autoinjector / syringe (1 pack) per 30 days	1 autoinjector / syringe (1 pack) per 30 days	1 autoinjector / syringe (1 pack) per 30 days
Airsupra (albuterol/budesonide)	3 inhalers per 30 days	3 inhalers per 30 days	3 inhalers per 30 days	3 inhalers per 30 days	3 inhalers per 30 days
Ajovy (fremanezumab-vfrm)	1 syringe / autoinjector per 30 days	1 syringe / autoinjector per 30 days	1 syringe / autoinjector per 30 days	1 syringe / autoinjector per 30 days	1 syringe / autoinjector per 30 days
Albenza (albendazole)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Aldara (imiquimod)	1 packet per day	1 packet per day	1 packet per day	1 packet per day	1 packet per day
Alhemo (concizumab-mtci)	25 mg per day	25 mg per day	25 mg per day	25 mg per day	25 mg per day
Alinia (nitazoxanide)	6 tablets per 30 days	6 tablets per 30 days	6 tablets per 30 days	6 tablets per 30 days	6 tablets per 30 days
Altreno (tretinoin)	1 tube (45 grams) per 30 days	1 tube (45 grams) per 30 days	1 tube (45 grams) per 30 days	1 tube (45 grams) per 30 days	1 tube (45 grams) per 30 days
Alyq (tadalafil)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Ambien (zolpidem tartrate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Ambien CR (zolpidem tartrate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Amerge (naratriptan)	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days
Amitiza (lubiprostone)	2 capsules per day	2 capsules per day	Not covered	2 capsules per day	2 capsules per day
Ampyra (dalfampridine)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Amzeeq (minocycline)	1 can per 30 days	Not covered	1 can per 30 days	1 can per 30 days	Not covered
Andembry (garadacimab-gxii)	1 syringe/autoinjector per 30 days	1 syringe/autoinjector per 30 days	1 syringe/autoinjector per 30 days	1 syringe/autoinjector per 30 days	1 syringe/autoinjector per 30 days
AndroGel packet 1% (2.5gm/day) (testosterone)	90 packets (225 gm) per 30 days	90 packets (225 gm) per 30 days	90 packets (225 gm) per 30 days	90 packets (225 gm) per 30 days	90 packets (225 gm) per 30 days
AndroGel packet 1% (5gm/day) (testosterone)	60 packets (300 gm) per 30 days	60 packets (300 gm) per 30 days	60 packets (300 gm) per 30 days	60 packets (300 gm) per 30 days	60 packets (300 gm) per 30 days
AndroGel packet 1.62% (1.25gm/day) (testosterone)	30 packets (38 gm) per 30 days	30 packets (38 gm) per 30 days	30 packets (38 gm) per 30 days	30 packets (38 gm) per 30 days	30 packets (38 gm) per 30 days
AndroGel packet 1.62% (2.5gm/day) (testosterone)	60 packets (150 gm) per 30 days	60 packets (150 gm) per 30 days	60 packets (150 gm) per 30 days	60 packets (150 gm) per 30 days	60 packets (150 gm) per 30 days

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AndroGel pump 1% (testosterone)	4 bottles (300 gm) per 30 days	4 bottles (300 gm) per 30 days	4 bottles (300 gm) per 30 days	4 bottles (300 gm) per 30 days	4 bottles (300 gm) per 30 days
AndroGel pump 1.62% (testosterone)	2 bottles (150 gm) per 30 days	2 bottles (150 gm) per 30 days	2 bottles (150 gm) per 30 days	2 bottles (150 gm) per 30 days	2 bottles (150 gm) per 30 days
Android (methyltestosterone)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Annovera (segesterone acetate + ethinyl estradiol)	1 ring per 365 days	1 ring per 365 days	1 ring per 365 days	1 ring per 365 days	1 ring per 365 days
Anoro Ellipta (umeclidinium + vilanterol)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Anzupgo (delgocitinib)	2 tubes (60 grams) per 30 days	2 tubes (60 grams) per 30 days	2 tubes (60 grams) per 30 days	2 tubes (60 grams) per 30 days	2 tubes (60 grams) per 30 days
Aptensio XR (methylphenidate extended-release)	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered
Aptiom 200mg, 400mg (eslicarbazepine acetate)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Aptiom 600mg, 800mg (eslicarbazepine acetate)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Aqneursa (levacetylleucine)	4 grams per day	4 grams per day	4 grams per day	4 grams per day	4 grams per day
Aqvesme (mitapivat)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Arakoda (tafenoquine)	1 carton (16 tablets) per 30 days	1 carton (16 tablets) per 30 days	1 carton (16 tablets) per 30 days	1 carton (16 tablets) per 30 days	1 carton (16 tablets) per 30 days

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Arcalyst (rilonacept)	8 vials per 28 days	8 vials per 28 days	8 vials per 28 days	8 vials per 28 days	8 vials per 28 days
Arcapta Neohaler (indacaterol)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Arexvy (respiratory syncytial virus vaccine)	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per day	0.5 ml per fill
Aricept 23mg (donepezil)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Arikayce (amikacin)	1 kit (28 vials) per 28 days	1 kit (28 vials) per 28 days	1 kit (28 vials) per 28 days	1 kit (28 vials) per 28 days	1 kit (28 vials) per 28 days
Arimidex (anastrozole)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Aristada 441, 662, 882mg (aripiprazole lauroxil)	1 syringe per 30 days	1 syringe per 30 days	1 syringe per 30 days	1 syringe per 30 days	1 syringe per 30 days
Aristada 1,064mg (aripiprazole lauroxil)	1 syringe per 60 days	1 syringe per 60 days	1 syringe per 60 days	1 syringe per 60 days	1 syringe per 60 days
Aromasin (exemestane)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Asmanex (mometasone furoate)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Astelin (azelastine)	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days

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Astepro (azelastine)	2 (30 ml bottles) per 30 days	Not covered	2 (30 ml bottles) per 30 days	Not covered	Not covered
Atelvia (risedronate)	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days
Atrovent HFA (ipratropium bromide)	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days
Atrovent nasal 21mcg (ipratropium bromide)	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days
Atrovent nasal 42mcg (ipratropium bromide)	3 (15 ml bottles) per 30 days	3 (15 ml bottles) per 30 days	3 (15 ml bottles) per 30 days	3 (15 ml bottles) per 30 days	3 (15 ml bottles) per 30 days
Aubagio (teriflunomide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Austedo 6mg (deutetrabenazine)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Austedo 9mg, 12mg (deutetrabenazine)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Austedo XR 24mg (deutetrabenazine extended-release)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Austedo XR 6mg, 12mg, 18mg, 30mg, 36mg, 42mg, 48mg (deutetrabenazine extended-release)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Austedo XR titration pack (deutetrabenazine extended-release)	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days

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Auvelity (dextromethorphan + bupropion)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Auvelity titration pack (dextromethorphan + bupropion)	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days
Auvi-Q (epinephrine)	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days
Avandia (rosiglitazone maleate)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Avinza (morphine)	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered
Avonex (interferon beta 1a)	4 syringes / pens per 28 days	4 syringes / pens per 28 days	4 syringes / pens per 28 days	4 syringes / pens per 28 days	4 syringes / pens per 28 days
Axert (almotriptan)	12 tablets per 30 days	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days
Axiron (testosterone)	2 bottles (180 ml) per 30 days	Not covered	2 bottles (180 ml) per 30 days	2 bottles (180 ml) per 30 days	Not covered
Azstarys (serdexmethylphenidate + dexmethylphenidate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Bafiertam (monomethyl fumarate)	4 capsules per day	Not covered	4 capsules per day	4 capsules per day	Not covered
Banzel 200mg tablet (rufinamide)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Banzel 400mg tablet (rufinamide)	8 tablets per day	8 tablets per day	8 tablets per day	8 tablets per day	8 tablets per day
Baqsimi (glucagon)	8 units per 30 days 16 units per 365 days	8 units per 30 days 16 units per 365 days	8 units per 30 days 16 units per 365 days	8 units per 30 days 16 units per 365 days	8 units per 30 days 16 units per 365 days
Beconase AQ (beclomethasone dipropionate)	2 (25 gm bottles) per 30 days	Not covered	Not covered	Not covered	Not covered
Belbuca (buprenorphine)	2 films per day** (Limited to 5 day supply for the 1st fill)	Not covered	2 films per day** (Limited to 5 day supply for the 1st fill)	2 films per day** (Limited to 5 day supply for the 1st fill)	Not covered
Belsomra (suvorexant)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Benlysta (belimumab)	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days
Benznidazole 12.5mg (benznidazole)	12 tablets per day	12 tablets per day	12 tablets per day	12 tablets per day	12 tablets per day
Benznidazole 100mg (benznidazole)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Betaseron (interferon beta 1b)	14 syringes per 28 days	14 syringes per 28 days	14 syringes per 28 days	14 syringes per 28 days	14 syringes per 28 days
Bethkis (tobramycin)	56 ampules per 56 rolling days	56 ampules per 56 rolling days	56 ampules per 56 rolling days	56 ampules per 56 rolling days	56 ampules per 56 rolling days
Bevyxxa (betrixaban)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Beyfortus 50mg/0.5ml (nirsevimab-alip)	50mg (0.5ml) per fill	50mg (0.5ml) per fill	50mg (0.5ml) per fill	50mg (0.5ml) per fill	50mg (0.5ml) per fill

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Beyfortus 100mg/ml (nirsevimab-alip)	200mg (2ml) per fill	200mg (2ml) per fill	200mg (2ml) per fill	200mg (2ml) per fill	200mg (2ml) per fill
Bijuva (estradiol + progesterone)	1 capsule per day	Not covered	Not covered	1 capsule per day	Not covered
Biktarvy (bictegravir + emtricitabine + tenofovir alafenamide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Boniva 150mg (ibandronate)	1 tablet per 30 days	1 tablet per 30 days	1 tablet per 30 days	1 tablet per 30 days	1 tablet per 30 days
Bonjesta (doxylamine succinate + pyridoxine extended-release)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Boostrix / Boostrix TDAP vaccine	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Bowel preparation medications (Bisacodyl Magnesium Citrate Magnesium hydroxide Phosphate laxative)	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days
Bowel preparation medications (generic polyethylene glycol 3350 products)	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days
Breo Ellipta (fluticasone furoate + vilanterol)	1 inhaler (60 blisters) per 30 days	1 inhaler (60 blisters) per 30 days	1 inhaler (60 blisters) per 30 days	1 inhaler (60 blisters) per 30 days	1 inhaler (60 blisters) per 30 days

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Brexafemme (ibrexafungerp)	4 tablets per fill	Not covered	Not covered	4 tablets per fill	Not covered
Breztri Aerosphere (budesonide + glycopyrrolate + formoterol fumarate)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Brilinta (ticagrelor)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Brinsupri (brensocatib)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Brisdelle (paroxetine mesylate)	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered
Briviact oral solution (brivaracetam)	20 ml per day	20 ml per day	20 ml per day	20 ml per day	20 ml per day
Briviact tablet (brivaracetam)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Bronchitol (mannitol)	4 inhalers per 28 days	Not covered	Not covered	4 inhalers per 28 days	Not covered
Brovana (arformoterol tartrate)	2 vials (4 mL) per day	2 vials (4 ml) per day	Not covered	2 vials (4 ml) per day	2 vials (4 ml) per day
Bryhali (halobetasol propionate)	1 tube per 30 days	1 tube per 30 days	Not covered	1 tube per 30 days	1 tube per 30 days
Bunavail (buprenorphine + naloxone)	2 films per day	2 films per day	Not covered	2 films per day	2 films per day
Buphenyl tablet (sodium phenylbutyrate)	40 tablets per day	40 tablets per day	40 tablets per day	40 tablets per day	40 tablets per day

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butalbital + acetaminophen + caffeine + codeine	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)
butalbital + aspirin + caffeine + codeine (Fiorinal w/codeine, Ascomp w/codeine, Butalbital compound w/codeine)	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Butrans (buprenorphine)	4 patches per 28 days** (Limited to 5 day supply for the 1st fill)	4 patches per 28 days** (Limited to 5 day supply for the 1st fill)	4 patches per 28 days** (Limited to 5 day supply for the 1st fill)	4 patches per 28 days** (Limited to 5 day supply for the 1st fill)	4 patches per 28 days** (Limited to 5 day supply for the 1st fill)
Bynfezia (octreotide acetate)	2 pens per 30 days	2 pens per 30 days	Not covered	2 pens per 30 days	2 pens per 30 days
Bylvay (odevixibat)	2 capsules / pellets per day	2 capsules / pellets per day	2 capsules / pellets per day	2 capsules / pellets per day	2 capsules / pellets per day
Bystolic 2.5, 5, 10mg (nebivolol)	2 tablets per day	2 tablets per day	Not covered	2 tablets per day	2 tablets per day
Cablivi (caplacizumab-yhdp)	1 vial (kit) per day	1 vial (kit) per day	1 vial (kit) per day	1 vial (kit) per day	1 vial (kit) per day
Caduet (amlodipine + atorvastatin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Cambia (diclofenac)	Not covered	Not covered	9 packets per 30 days	Not covered	Not covered

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Camzyos (mavacamten)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Caplyta (lumateperone)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Capvaxive (Pneumococcal 21-Valent Vaccine, Diphtheria Conjugate)	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Cardamyst (etripamil)	4 cartons per 365 days	4 cartons per 365 days	Not covered	4 cartons per 365 days	4 cartons per 365 days
Caverject (alprostadil)	12 vials / units per 30 days	Not covered	Not covered	12 vials / units per 30 days	Not covered
Cayston (aztreonam)	84 vials per 28 days	84 vials per 28 days	84 vials per 28 days	84 vials per 28 days	84 vials per 28 days
Cequa (cyclosporine)	1 box (60 vials) per 30 days	1 box (60 vials) per 30 days	1 box (60 vials) per 30 days	1 box (60 vials) per 30 days	1 box (60 vials) per 30 days
Cequr Simplicity 2 U kit (Diabetic Supplies,Miscell)	8 units per 30 days	8 units per 30 days	8 units per 30 days	8 units per 30 days	8 units per 30 days
Cequr Simplicity Inserter (Diabetic Supplies,Miscell)	1 inserter per 90 days	1 inserter per 90 days	1 inserter per 90 days	1 inserter per 90 days	1 inserter per 90 days
Cerdelga (eliglustat)	56 capsules per 30 days	56 capsules per 30 days	56 capsules per 30 days	56 capsules per 30 days	56 capsules per 30 days
Chantix (varenicline)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Chicken pox vaccine (Varivax)	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx

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Cholbam (cholic acid)	8 capsules per day	8 capsules per day	8 capsules per day	8 capsules per day	8 capsules per day
chorionic gonadotropin	Not applicable	2 vials per 30 days, 6 vials per 365 days	Not covered	Not applicable	2 vials per 30 days, 6 vials per 365 days
Cialis (tadalafil)	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days	Not covered
Cibinqo (abrocitinib)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Cimduo (lamivudine + tenofovir disoproxil fumarate)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Cimzia starter kit (certolizumab)	2 starter kits per 365 days	2 starter kits per 365 days	2 starter kits per 365 days	2 starter kits per 365 days	2 starter kits per 365 days
Cimzia 1 syringe kit (certolizumab)	2 kits per 28 days	2 kits per 28 days	2 kits per 28 days	2 kits per 28 days	2 kits per 28 days
Cimzia 2 syringe kit (certolizumab)	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days
Clarinex / Clarinex Reditab (desloratadine)	1 tablet per day	Not covered	1 tablet per day	Not covered	Not covered
Clarinex D (desloratadine + pseudoephedrine)	2 tablets per day	Not covered	Not covered	Not covered	Not covered
Clenpiq (sodium picosulfate + magnesium oxide + anhydrous citric acid)	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days

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Clomid (clomiphene)	Not applicable	30 tablets per 365 days	Not applicable	Not applicable	30 tablets per 365 days
Coartem (artemether-lumefantrine)	24 tablets per Rx	24 tablets per Rx	24 tablets per Rx	24 tablets per Rx	24 tablets per Rx
codeine	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Combivent Respimat (ipratropium bromide + albuterol)	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days
Combunox (oxycodone + ibuprofen)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Complera (emtricitabine + rilpivirine + tenofovir disoproxil fumarate)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Concerta (methylphenidate)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Consensi (amlodipine and celecoxib)	Not covered	Not covered	1 tablet per day	Not covered	Not covered
Contrave (naltrexone + bupropion extended-release)	4 tablets per day	Not covered	4 tablets per day	4 tablets per day	Not covered

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Copaxone 20mg (glatiramer acetate)	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day
Copaxone 40mg (glatiramer acetate)	12 syringes per 30 days	12 syringes per 30 days	12 syringes per 30 days	12 syringes per 30 days	12 syringes per 30 days
Coreg CR (carvedilol)	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered
Corlanor solution (ivabradine)	4 cartons (112 pouches) per 30 days	4 cartons (112 pouches) per 30 days	4 cartons (112 pouches) per 30 days	4 cartons (112 pouches) per 30 days	4 cartons (112 pouches) per 30 days
Corlanor tablet (ivabradine)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Cosentyx 150mg/ml (secukinumab)	1 pen/syringe per 28 days	1 pen/syringe per 28 days	1 pen/syringe per 28 days	1 pen/syringe per 28 days	1 pen/syringe per 28 days
Cosentyx 150mg/ml Carton of 2 pens/syringes (secukinumab)	2 pens/syringes per 28 days	2 pens/syringes per 28 days	2 pens/syringes per 28 days	2 pens/syringes per 28 days	2 pens/syringes per 28 days
Cosentyx 300mg/2ml (secukinumab)	1 pen/syringe per 28 days	1 pen/syringe per 28 days	1 pen/syringe per 28 days	1 pen/syringe per 28 days	1 pen/syringe per 28 days
Cosentyx 75mg/0.5ml (secukinumab)	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days
COVID-19 Vaccines (Nuvaxovid, Spikevax/2024-25)	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
COVID-19 Vaccines (Comirnaty/2024-25)	0.3 ml per fill	0.3 ml per fill	0.3 ml per fill	0.3 ml per fill	0.3 ml per fill

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Crenessity capsule (crinecerfont)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Crenessity solution (crinecerfont)	4 ml per day	4 ml per day	4 ml per day	4 ml per day	4 ml per day
Cresemba 74.5mg (isavuconazonium sulfate)	6 capsules per day	6 capsules per day	6 capsules per day	6 capsules per day	6 capsules per day
Cresemba 186mg (isavuconazonium sulfate)	70 capsules per 30 days	70 capsules per 30 days	70 capsules per 30 days	70 capsules per 30 days	70 capsules per 30 days
Crestor (rosuvastatin)	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day
Crexont (carbidopa and levodopa)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Cycloset (bromocriptine mesylate)	6 tablets per day	Not covered	6 tablets per day	6 tablets per day	Not covered
Cystadrops (cysteamine)	4 bottles per 30 days	Not covered	Not covered	4 bottles per 30 days	Not covered
Cystaran (cysteamine)	4 bottles (60 ml) per 30 days	4 bottles (60 ml) per 30 days	4 bottles (60 ml) per 30 days	4 bottles (60 ml) per 30 days	4 bottles (60 ml) per 30 days
Daliresp (roflumilast)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Dalmane (flurazepam)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Dawnzera (donidalorsen)	1 autoinjector per 28 days	Not covered	Not covered	1 autoinjector per 28 days	Not covered
Daybue (trofinetide)	120 ml per day	120 ml per day	Not covered	120 ml per day	120 ml per day

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Daybue Stix 5,000mg, 6,000mg Packet (trofinetide)	4 packets per day	Not covered	Not covered	4 packets per day	Not covered
Daybue Stix 8,000mg Packet (trofinetide)	2 packets per day	Not covered	Not covered	2 packets per day	Not covered
Daytrana (methylphenidate)	1 patch per day	1 patch per day	1 patch per day	1 patch per day	1 patch per day
Dayvigo (lemborexant)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Delstrigo (doravirine + lamivudine + tenofovir disoproxil fumarate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Depen (penicillamine)	8 tablets per day	8 tablets per day	8 tablets per day	8 tablets per day	8 tablets per day
Descovy (emtricitabine + tenofovir)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Desoxyn (methamphetamine)	5 tablets per day	5 tablets per day	5 tablets per day	5 tablets per day	5 tablets per day
Dexcom G6 Receiver, Dexcom G7 Receiver	1 receiver per 365 days	1 receiver per 365 days	1 receiver per 365 days	1 receiver per 365 days	1 receiver per 365 days
Dexcom G6 Sensor, Dexcom G7 Sensor	3 units per 30 days	3 units per 30 days	3 units per 30 days	3 units per 30 days	3 units per 30 days
Dexcom G6 Transmitter, Dexcom G7 Transmitter	1 transmitter per 90 days	1 transmitter per 90 days	1 transmitter per 90 days	1 transmitter per 90 days	1 transmitter per 90 days
Dexcom G7 15-day Sensor	2 units per 30 days	2 units per 30 days	2 units per 30 days	2 units per 30 days	2 units per 30 days

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Dexedrine (dextroamphetamine)	4 tablets / capsules per day	4 tablets / capsules per day	4 tablets / capsules per day	4 tablets / capsules per day	4 tablets / capsules per day
D.H.E. 45 (dihydroergotamine)	6 vials per 30 days	6 vials per 30 days	6 vials per 30 days	6 vials per 30 days	6 vials per 30 days
Diacomit (stiripentol)	3,000 mg per day	3,000 mg per day	Not covered	3,000 mg per day	3,000 mg per day
Dibenzyline (phenoxybenzamine)	12 capsules per day	12 capsules per day	12 capsules per day	12 capsules per day	12 capsules per day
Diclegis (doxylamine succinate + pyridoxine)	4 tablets per day	Not covered	4 tablets per day	4 tablets per day	Not covered
Dificid suspension (fidaxomicin)	1 bottle (150 ml) per 30 days	1 bottle (150 ml) per 30 days	1 bottle (150 ml) per 30 days	1 bottle (150 ml) per 30 days	1 bottle (150 ml) per 30 days
Dificid tablet (fidaxomicin)	20 tablets per 30 days	20 tablets per 30 days	20 tablets per 30 days	20 tablets per 30 days	20 tablets per 30 days
Doptelet (avatrombopag)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Doptelet sprinkle (avatrombopag)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Dovato (dolutegravir + lamivudine)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Doxepin cream (Prudoxin, Zonalon)	1 tube per 365 days	1 tube per 365 days	1 tube per 365 days	1 tube per 365 days	1 tube per 365 days
Acticlate 150mg (doxycycline hyclate)	200mg (1.34 tablets) per day	Not covered	200mg (1.34 tablets) per day	200mg (1.34 tablets) per day	Not covered

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Duobrii (halobetasol + tazarotene)	1 tube per 30 days	Not covered	1 tube per 30 days	1 tube per 30 days	Not covered
Duopa (carbidopa + levodopa)	4 cartons (2800ml) per 30 days	Not covered	4 cartons (2800ml) per 30 days	4 cartons (2800ml) per 30 days	Not covered
Dupixent (dupliumab)	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days
Duragesic 12, 25, 50, 75 100mcg/hr (fentanyl)	10 patches per 30 days** (Limited to 5 day supply for the 1st fill)	10 patches per 30 days** . (Limited to 5 day supply for the 1st fill)	10 patches per 30 days** (Limited to 5 day supply for the 1st fill)	10 patches per 30 days** (Limited to 5 day supply for the 1st fill)	10 patches per 30 days** (Limited to 5 day supply for the 1st fill)
Duragesic 37.5, 62.5, 87.5mcg/hr (fentanyl)	10 patches per 30 days** (Limited to 5 day supply for the 1st fill)	Not covered	10 patches per 30 days** (Limited to 5 day supply for the 1st fill)	10 patches per 30 days** (Limited to 5 day supply for the 1st fill)	Not covered
Duvyzat (givinostat)	12 ml per day	12 ml per day	12 ml per day	12 ml per day	12 ml per day
Duzallo (lesinurad + allopurinol)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Dyanavel XR suspension (amphetamine extended-release)	8 ml per day	Not covered	8 ml per day	8 ml per day	Not covered
Dyanavel XR 5mg tablet (amphetamine extended-release)	1.5 tablets per day	Not covered	1.5 tablets per day	1.5 tablets per day	Not covered
Dyanavel XR 10mg, 15mg, 20mg tablet (amphetamine extended-release)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered

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Dymista (azelastine + fluticasone)	1 bottle (23 gm) per 30 days	Not covered	1 bottle (23 gm) per 30 days	Not covered	Not covered
Ebglyss (lebrikizumab-lbkz)	2 pens/syringes per 28 days	2 pens/syringes per 28 days	2 pens/syringes per 28 days	2 pens/syringes per 28 days	2 pens/syringes per 28 days
Ecoza (econazole)	1 bottle per 30 days	Not covered	Not covered	1 bottle per 30 days	Not covered
Edarbi (azilsartan medoxomil)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Edarbyclor (azilsartan medoxomil + chlorthalidone)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Edex (alprostadil)	12 units per 30 days	Not covered	12 units per 30 days	12 units per 30 days	Not covered
Edurant (rilpivirine)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Effient (prasugrel)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Egrifta SV (tesamorelin)	1 vial per day	Not covered	1 vial per day	1 vial per day	Not covered
Egrifta WR (tesamorelin)	4 vials per 28 days	Not covered	4 vials per 28 days	4 vials per 28 days	Not covered
Elepsia XR (levetiracetam extended-release)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Eliquis oral suspension (apixaban)	592 tablets per 30 days	592 tablets per 30 days	592 tablets per 30 days	592 tablets per 30 days	592 tablets per 30 days

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Eliquis Sprinkle oral suspension (apixaban)	74 capsules per 30 days	74 capsules per 30 days	74 capsules per 30 days	74 capsules per 30 days	74 capsules per 30 days
Eliquis starter pack (apixaban)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Eliquis (apixaban)	74 tablets per 30 days 194 tablets per 90 days	74 tablets per 30 days 194 tablets per 90 days	74 tablets per 30 days 194 tablets per 90 days	74 tablets per 30 days 194 tablets per 90 days	74 tablets per 30 days 194 tablets per 90 days
Ella (ulipristal acetate)	1 tablet per fill	1 tablet per fill	1 tablet per fill	1 tablet per fill	1 tablet per fill
Enbumyst (bumetanide)	1 pack (12 doses) per 30 days	1 pack (12 doses) per 30 days	Not covered	1 pack (12 doses) per 30 days	1 pack (12 doses) per 30 days
Emend 40mg, 80mg capsules (aprepitant)	4 capsules per 30 days	4 capsules per 30 days	4 capsules per 30 days	4 capsules per 30 days	4 capsules per 30 days
Emend 125mg capsules (aprepitant)	2 capsules per 30 days	2 capsules per 30 days	2 capsules per 30 days	2 capsules per 30 days	2 capsules per 30 days
Emend oral suspension (aprepitant)	6 packets per 30 days	6 packets per 30 days	6 packets per 30 days	6 packets per 30 days	6 packets per 30 days
Emend Trifold pack (aprepitant)	2 packs (6 capsules) per 30 days	2 packs (6 capsules) per 30 days	2 packs (6 capsules) per 30 days	2 packs (6 capsules) per 30 days	2 packs (6 capsules) per 30 days
Emgality 100mg (galcanezumab-gnlm)	1 carton (3 syringes) per 30 days	1 carton (3 syringes) per 30 days	1 carton (3 syringes) per 30 days	1 carton (3 syringes) per 30 days	1 carton (3 syringes) per 30 days
Emgality 120mg (galcanezumab-gnlm)	1 pen / syringe per 30 days	1 pen / syringe per 30 days	1 pen / syringe per 30 days	1 pen / syringe per 30 days	1 pen / syringe per 30 days

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Empaveli (pegcetacoplan)	5.4 ml per day	5.4 ml per day	5.4 ml per day	5.4 ml per day	5.4 ml per day
Emsam (selegiline)	1 patch per day	1 patch per day	1 patch per day	1 patch per day	1 patch per day
Emverm (mebendazole)	6 tablets per 30 days	Not covered	6 tablets per 30 days	6 tablets per 30 days	Not covered
Enablex (darifenacin)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Enbrel 25mg (etanercept)	8 syringes / vials per 30 days	8 syringes / vials per 30 days	8 syringes / vials per 30 days	8 syringes / vials per 30 days	8 syringes / vials per 30 days
Enbrel 50mg (etanercept)	4 syringes / vials per 30 days	4 syringes / vials per 30 days	4 syringes / vials per 30 days	4 syringes / vials per 30 days	4 syringes / vials per 30 days
Endari (l-glutamine)	6 packets per day	6 packets per day	6 packets per day	6 packets per day	6 packets per day
Enflonsia (clesrovimab-cfor)	0.7ml per fill	0.7ml per fill	0.7ml per fill	0.7ml per fill	0.7ml per fill
Engerix B vaccine, 10mcg/0.5ml	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Engerix B vaccine, 20mcg/ml	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill
Enspryng (satralizumab)	1 syringe (120 mg) per 30 days	1 syringe (120 mg) per 30 days	1 syringe (120 mg) per 30 days	1 syringe (120 mg) per 30 days	1 syringe (120 mg) per 30 days

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Enstilar (calcipotriene + betamethasone dipropionate)	7 cans per 30 days	Not covered	7 cans per 30 days	7 cans per 30 days	Not covered
Entresto (sacubitril + valsartan)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Entyvio Pen (vedolizumab)	2 syringes/pens per 28 days	2 syringes/pens per 28 days	2 syringes/pens per 28 days	2 syringes/pens per 28 days	2 syringes/pens per 28 days
Eohilia (budesonide oral suspension)	2 packs per day	2 packs per day	2 packs per day	2 packs per day	2 packs per day
Epclusa pellet 200mg/50mg (sofosbuvir + velpatasvir)	2 pellets per day	2 pellets per day	2 pellets per day	2 pellets per day	2 pellets per day
Epclusa pellet 50mg/37.5mg (sofosbuvir + velpatasvir)	1 pellet per day	1 pellet per day	1 pellet per day	1 pellet per day	1 pellet per day
Epclusa tablet (sofosbuvir + velpatasvir)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Epidiolex (cannabidiol)	20 ml per day (6 bottles per month)	20 ml per day (6 bottles per month)	20 ml per day (6 bottles per month)	20 ml per day (6 bottles per month)	20 ml per day (6 bottles per month)
Epiduo Forte (adapalene + benzoyl peroxide)	1 pump per 30 days	Not covered	1 pump per 30 days	1 pump per 30 days	Not covered
epinephrine auto-injector (EpiPen, EpiPen Jr.)	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days	4 injections per Rx, 8 injections per 365 days

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Eprontia (topiramate)	16 ml per day	16 ml per day	16 ml per day	16 ml per day	16 ml per day
ergotamine-caffeine	1 box (40 tablets) per 30 days	1 box (40 tablets) per 30 days	1 box (40 tablets) per 30 days	1 box (40 tablets) per 30 days	1 box (40 tablets) per 30 days
Erzofri (paliperidone palmitate)	1 injection per 30 days	1 injection per 30 days	1 injection per 30 days	1 injection per 30 days	1 injection per 30 days
Esbriet 267mg (pirfenidone)	9 capsules / tablets per day	9 capsules / tablets per day	9 capsules / tablets per day	9 capsules / tablets per day	9 capsules / tablets per day
Esbriet 534mg, 801mg (pirfenidone)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Esgic (butalbital + acetaminophen)	4 grams of APAP per day	4 grams of APAP per day	4 grams of APAP per day	4 grams of APAP per day	4 grams of APAP per day
Eucrisa (crisaborole)	1 tube per Rx	Not covered	1 tube per Rx	1 tube per Rx	Not covered
Evekeo (amphetamine sulfate)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day
Evista (raloxifene)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Evotaz (atazanavir + cobicistat)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Evrysdi oral solution (risdiplam)	3 bottles (240 ml) per 30 days	3 bottles (240 ml) per 30 days	3 bottles (240 ml) per 30 days	3 bottles (240 ml) per 30 days	3 bottles (240 ml) per 30 days
Evrysdi tablet (risdiplam)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Exalgo (hydromorphone)	1 tablet per day** (Limited to 5 day supply for the 1st fill)	Not covered	1 tablet per day** (Limited to 5 day supply for the 1st fill)	1 tablet per day** (Limited to 5 day supply for the 1st fill)	Not covered

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

Revised: 11-01-26

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Exjade (deferasirox)	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Extavia (interferon beta 1b)	14 vials / kits per 30 days	Not covered	Not covered	14 vials / kits per 30 days	Not covered
Exxua (gepirone)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Exxua titration pack (gepirone)	1 pack per 365 days	Not covered	Not covered	1 pack per 365 days	Not covered
Fabhalta (iptacopan)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Fabior (tazarotene)	1 canister per 30 days	Not covered	Not covered	1 canister per 30 days	Not covered
Farxiga (dapagliflozin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Fasenra (benralizumab)	1 autoinjector per 56 days	1 autoinjector per 56 days	1 autoinjector per 56 days	1 autoinjector per 56 days	1 autoinjector per 56 days
Female Condom	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days
FemCap (cervical cap)	1 cap per 90 days	1 cap per 90 days	1 cap per 90 days	1 cap per 90 days	1 cap per 90 days
Fenoprofen 200mg	16 capsules per day	Not covered	Not covered	16 capsules per day	Not covered
Fenoprofen 400mg	8 capsules per day	8 capsules per day	8 capsules per day	8 capsules per day	8 capsules per day

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

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Firdapse (amifampridine)	8 tablets per day	8 tablets per day	8 tablets per day	8 tablets per day	8 tablets per day
Firvanq (vancomycin)	1 gram per day	1 gram per day	Not covered	1 gram per day	1 gram per day
Flector patch (diclofenac)	2 patches per day	Not covered	Not covered	2 patches per day	Not covered
Fleqsuvy (baclofen)	16 ml per day	Not covered	16 ml per day	16 ml per day	Not covered
Flonase (fluticasone)	1 (16 gm bottle) per 30 days	1 (16 gm bottle) per 30 days	1 (16 gm bottle) per 30 days	Not covered	1 (16 gm bottle) per 30 days
Flu vaccines (Afluria, Quad; Fluad, Quad; Flublok, Quad; Flucelvax, Quad; Fluarix, Quad; Flucelvax, Quad; Flulaval, Quad)	0.5 ml per fill 1 vaccine per 180 days	0.5 ml per fill 1 vaccine per 180 days	0.5 ml per fill 1 vaccine per 180 days	0.5 ml per fill 1 vaccine per 180 days	0.5 ml per fill 1 vaccine per 180 days
Flumist	2 nasal spray syringes per 6 months	2 nasal spray syringes per 6 months	2 nasal spray syringes per 6 months	2 nasal spray syringes per 6 months	2 nasal spray syringes per 6 months
Fluzone HD	0.7 ml per fill ≥ 65 years old	0.7 ml per fill ≥ 65 years old	0.7 ml per fill ≥ 65 years old	0.7 ml per fill ≥ 65 years old	0.7 ml per fill ≥ 65 years old
fluticasone-salmeterol inhalation powder	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Focalin (dexmethylphenidate)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Focalin XR (dexmethylphenidate)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Follistim AQ cartridge 300IU (follitropin beta)	Not applicable	45 cartridges (19 ml) per 365 days	Not covered	Not applicable	45 cartridges (19 ml) per 365 days
Follistim AQ cartridge 600IU (follitropin beta)	Not applicable	24 cartridges (19 ml) per 365 days	Not covered	Not applicable	24 cartridges (19 ml) per 365 days
Follistim AQ cartridge 900IU (follitropin beta)	Not applicable	15 cartridges (18 ml) per 365 days	Not covered	Not applicable	15 cartridges (18 ml) per 365 days
Forteo (teriparatide)	1 pen per 30 days	1 pen per 30 days	1 pen per 30 days	1 pen per 30 days	1 pen per 30 days
Fortesta (testosterone)	2 canisters (120 gm) per 30 days	Not covered	2 canisters (120 gm) per 30 days	2 canisters (120 gm) per 30 days	Not covered
Fosamax 5, 10, 40mg (alendronate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Fosamax 35mg, 70mg (alendronate)	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days	4 tablets per 30 days
Fosamax solution (alendronate)	4 bottles (300 ml) per 30 days	4 bottles (300 ml) per 30 days	4 bottles (300 ml) per 30 days	4 bottles (300 ml) per 30 days	4 bottles (300 ml) per 30 days
Foundayo (orforglipron)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Freestyle Libre 14 day reader, Freestyle Libre 2 14 day reader Freestyle Libre 3 Reader	1 reader per 365 days	1 reader per 365 days	1 reader per 365 days	1 reader per 365 days	1 reader per 365 days
Freestyle Libre 14 Day Sensor, Freestyle Libre 2 Sensor, Freestyle Libre 3 Sensor, Freestyle Libre 3 Plus Sensor	4 units per 28 days	4 units per 28 days	4 units per 28 days	4 units per 28 days	4 units per 28 days
Freestyle Libre 2 Plus Sensor	2 units per 28 days	2 units per 28 days	2 units per 28 days	2 units per 28 days	2 units per 28 days
Frova (frovatriptan)	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days
Furoscix On-body Infusor (furosemide)	8 injections per 30 days	8 injections per 30 days	Not covered	8 injections per 30 days	8 injections per 30 days
Furoscix ReadyFlow Autoinjector (furosemide)	8 injections per 30 days	8 injections per 30 days	Not covered	8 injections per 30 days	8 injections per 30 days
Fycompa oral suspension (perampanel)	2 bottles (680 ml) per 30 days	2 bottles (680 ml) per 30 days	2 bottles (680 ml) per 30 days	2 bottles (680 ml) per 30 days	2 bottles (680 ml) per 30 days
Fycompa tablet (perampanel)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Galafold (migalastat)	1 wallet pack (14 capsules) per 28 days	1 wallet pack (14 capsules) per 28 days	1 wallet pack (14 capsules) per 28 days	1 wallet pack (14 capsules) per 28 days	1 wallet pack (14 capsules) per 28 days

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Medication	Quantity limits for:				
	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Galzin (zinc acetate)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Gardasil / Gardasil 9 vaccine	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Gattex (teduglutide)	1 vial per day	1 vial per day	1 vial per day	1 vial per day	1 vial per day
Gelnique sachet (oxybutynin)	1 sachet per day	Not covered	1 sachet per day	1 sachet per day	Not covered
Gemtesa (vibegron)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Genvoya (elvitegravir + cobicstat + emtricitabine + tenofovir alafenamide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Giazo (balsalazide)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day
Gilenya (fingolimod)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Glassia 1GM/50ml (alpha-1 Proteinase Inhibitor (Human))	20 vials per 28 days	20 vials per 28 days	20 vials per 28 days	20 vials per 28 days	20 vials per 28 days
Glassia 4GM/200ml (alpha-1 Proteinase Inhibitor (Human))	4 vials (16 grams) per 28 days	4 vials (16 grams) per 28 days	4 vials (16 grams) per 28 days	4 vials (16 grams) per 28 days	4 vials (16 grams) per 28 days
Glatopa (glatiramer acetate)	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Gloperba (colchicine)	Not covered	Not covered	150 ml per 30 days	Not covered	Not covered
Glucometer (Contour Next Gen, Contour Next EZ, Contour Next, Contour Next One, Accu-Chek Guide Me, Accu-Chek Guide)	1 meter per 365 days	1 meter per 365 days	1 meter per 365 days	1 meter per 365 days	1 meter per 365 days
Glyxambi (empagliflozin + linagliptin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Gonal-f 450 units (follitropin alfa)	Not applicable	7 vials per 30 days, 21 vials per 365 days	Not applicable	Not applicable	7 vials per 30 days, 21 vials per 365 days
Gonal-f 1,050 units (follitropin alfa)	Not applicable	4 vials per 30 days, 12 vials per 365 days	Not applicable	Not applicable	4 vials per 30 days, 12 vials per 365 days
Gonal-f RFF 75 units (follitropin alfa)	Not applicable	10 vials per 30 days, 30 vials per 365 days	Not applicable	Not applicable	10 vials per 30 days, 30 vials per 365 days
Gonal-f RFF Pen 300 units (follitropin alfa)	Not applicable	15 cartridges per 30 days, 45 cartridges per 365 days	Not applicable	Not applicable	15 cartridges per 30 days, 45 cartridges per 365 days
Gonal-f RFF Pen 450 units (follitropin alfa)	Not applicable	10 cartridges per 30 days, 30 cartridges per 365 days	Not applicable	Not applicable	10 cartridges per 30 days, 30 cartridges per 365 days
Gonal-f RFF Pen 900 units (follitropin alfa)	Not applicable	5 cartridges per 30 days, 15 cartridges per 365 days	Not applicable	Not applicable	5 cartridges per 30 days, 15 cartridges per 365 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Gralise starter pack (gabapentin)	78 tablets per 365 days	Not covered	78 tablets per 365 days	78 tablets per 365 days	Not covered
Gralise 300mg, 600mg (gabapentin)	3 tablets per day	Not covered	3 tablets per day	3 tablets per day	Not covered
Gralise 450, 750, 900mg (gabapentin)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Grastek (timothy grass pollen allergen extract)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Gvoke Syringe / Hypopen (glucagon)	8 units per 30 days, 16 units per 365 days	8 units per 30 days, 16 units per 365 days	8 units per 30 days, 16 units per 365 days	8 units per 30 days, 16 units per 365 days	8 units per 30 days, 16 units per 365 days
Gynol II (nonoxinol 9)	1 package (81 grams) per 30 days	1 package (81 grams) per 30 days	1 package (81 grams) per 30 days	1 package (81 grams) per 30 days	1 package (81 grams) per 30 days
Haegarda 2,000mg (C1 Esterase Inhibitor)	16 vials per 30 days	16 vials per 30 days	16 vials per 30 days	16 vials per 30 days	16 vials per 30 days
Haegarda 3,000mg (C1 Esterase Inhibitor)	8 vials per 30 days	8 vials per 30 days	8 vials per 30 days	8 vials per 30 days	8 vials per 30 days
Halcion 0.125mg (triazolam)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Halcion 0.25mg (triazolam)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Harvoni pellet (ledipasvir + sofosbuvir)	2 packets per day	2 packets per day	2 packets per day	2 packets per day	2 packets per day
Harvoni tablet (ledipasvir + sofosbuvir)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Havrix vaccine 720 units	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Havrix vaccine 1,440 units	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill
Hemlibra 30 mg/ml (emicizumab-kxwh)	20 ml per 28 days	20 ml per 28 days	20 ml per 28 days	20 ml per 28 days	20 ml per 28 days
Hemlibra 60mg/0.4ml, 105mg/0.7ml, 150mg/ml, 300mg/2ml (emicizumab-kxwh)	4 ml per 28 days	4 ml per 28 days	4 ml per 28 days	4 ml per 28 days	4 ml per 28 days
Hepcludex (bulevirtide-gmod/bulevirtide)	1 vial per day	1 vial per day	1 vial per day	1 vial per day	1 vial per day
Hetlioz (tasimelteon)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Hetlioz LQ 48ml bottle (tasimelteon)	2 bottles per 30 days	Not covered	Not covered	2 bottles per 30 days	Not covered
Hetlioz LQ 158ml bottle (tasimelteon)	1 bottle per 30 days	Not covered	Not covered	1 bottle per 30 days	Not covered
Horizant (gabapentin enacarbil)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Humira 10mg, 20mg (adalimumab)	Not covered	Not covered	1 package (2 syringes) per 30 days	Not covered	Not covered
Humira 40mg (adalimumab)	Not covered	Not covered	2 packages (4 syringes/pens) per 30 days	Not covered	Not covered

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Humira 80mg (adalimumab)	Not covered	Not covered	1 package (3 syringes) per 30 days	Not covered	Not covered
Humira 80mg-40mg (adalimumab)	Not covered	Not covered	2 kits per 365 days	Not covered	Not covered
Humira Crohn's kit (adalimumab)	Not covered	Not covered	2 kits (6 syringes) per 365 days	Not covered	Not covered
Humira Pen starter pack (adalimumab)	Not covered	Not covered	2 packages per 365 days	Not covered	Not covered
Humira Psoriasis kit (adalimumab)	Not covered	Not covered	2 kits (8 syringes) per 365 days	Not covered	Not covered
Hycet (hydrocodone bitartrate + acetaminophen)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
hydrocodone / acetaminophen, oxycodone / acetaminophen, codeine / acetaminophen (Capital with Codeine, Endocet, Lorcet, Lortab, Margesic #3, Norco, Percocet, Tylenol with Codeine, Verdrocdet, Vicodin, Xodol)	4 grams acetaminophen per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	4 grams acetaminophen per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	4 grams acetaminophen per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	4 grams acetaminophen per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	4 grams acetaminophen per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)

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hydrocodone + ibuprofen (Ibudone, Reprexain, Xylon 10)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
hydromorphone (Dilaudid)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Hyftor (sirolimus topical gel)	20 grams per 30 days	20 grams per 30 days	20 grams per 30 days	20 grams per 30 days	20 grams per 30 days
Hympavzi (marstacimab-hncq)	600mg per 28 days	600mg per 28 days	600mg per 28 days	600mg per 28 days	600mg per 28 days
Hysingla ER (hydrocodone extended-release)	1 tablet per day** (Limited to a 5 day supply for the 1st fill)	Not covered	1 tablet per day** (Limited to a 5 day supply for the 1st fill)	1 tablet per day** (Limited to a 5 day supply for the 1st fill)	Not covered
Ibsrela (tenapanor)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Idvynso (doravirine/islatravir)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Imcivree (setmelanotide)	9 ml per 30 days	9 ml per 30 days	9 ml per 30 days	9 ml per 30 days	9 ml per 30 days
Imitrex injection (sumatriptan)	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days
Imitrex nasal spray (sumatriptan)	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Imitrex tablet (sumatriptan)	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days
Impavido (miltefosine)	84 capsules per 30 days	84 capsules per 30 days	84 capsules per 30 days	84 capsules per 30 days	84 capsules per 30 days
Inbrija 60 count (levodopa)	5 cartons per 30 days	5 cartons per 30 days	5 cartons per 30 days	5 cartons per 30 days	5 cartons per 30 days
Indocin suppository (indomethacin)	4 suppositories per day	4 suppositories per day	4 suppositories per day	4 suppositories per day	4 suppositories per day
Ingrezza capsule (valbenazine)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Ingrezza sprinkle (valbenazine)	1 capsule per day	1 capsule per day	Not covered	1 capsule per day	1 capsule per day
Ingrezza titration pack (valbenazine)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Insulin Needles and Syringes	Not applicable	200 per 30 days	Not applicable	200 syringes per Rx	200 syringes per Rx
Intermezzo (zolpidem)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Intuniv (guanfacine)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Invega 1.5mg, 3mg, 9mg (paliperidone)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Invega 6mg (paliperidone)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Invega Hafyera (paliperidone palmitate)	2 injections per 365 days	2 injections per 365 days	2 injections per 365 days	2 injections per 365 days	2 injections per 365 days
Invega Trinza (paliperidone palmitate)	4 kits per 365 days	4 kits per 365 days	4 kits per 365 days	4 kits per 365 days	4 kits per 365 days
Inveltys (loteprednol)	1 bottle per 30 days	Not covered	1 bottle per 30 days	1 bottle per 30 days	Not covered
Iqirvo (elafibranor)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Isturisa 1mg (osilodrostat)	4 tablets per day	4 tablets per day	Not covered	4 tablets per day	4 tablets per day
Isturisa 5mg (osilodrostat)	12 tablets per day	12 tablets per day	Not covered	12 tablets per day	12 tablets per day
ivermectin (Stromectol)	20 tablets per 365 days	20 tablets per 365 days	20 tablets per 365 days	20 tablets per 365 days	20 tablets per 365 days
Iyuzeh (latanoprost)	2 vials per day	Not covered	2 vials per day	2 vials per day	Not covered
Jadenu packet (deferasirox)	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Jadenu tablet (deferasirox)	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Jalyn (dutasteride + tamsulosin)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Janumet (sitagliptin + metformin)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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** Limited to a 30 day supply

Revised: 11-01-26

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Janumet XR 50/1,000mg (sitagliptin + metformin)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Janumet XR 50/500mg, 100/1,000mg (sitagliptin + metformin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Januvia (sitagliptin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Jardiance (empagliflozin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Jascayd (nerandomilast)	2 tablets per day	2 tablets per day	Not covered	2 tablets per day	2 tablets per day
Jatenzo 158mg, 198mg (testosterone)	4 capsules per day	Not covered	4 capsules per day	4 capsules per day	Not covered
Jatenzo 237mg (testosterone)	2 capsules per day	Not covered	2 capsules per day	2 capsules per day	Not covered
Jentadueto (linagliptin + metformin)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Jentadueto XR 2.5/1,000mg (linagliptin + metformin extended-release)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Jentadueto XR 5/1,000mg (linagliptin + metformin extended-release)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Joenja (leniolisib phosphate)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Jornay PM (methylphenidate)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Juluca (dolutegravir + rilpivirine)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Jynarque 15mg (tolvaptan)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Jynarque 15-15, 30, 30-15, 45-15, 60-30, 90-30mg (tolvaptan)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Jynneos (Smallpox Monkeypox Vaccine)	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Kadian (morphine)	1 capsule per day** (Limited to a 5 day supply for the 1st fill)	1 capsule per day** (Limited to a 5 day supply for the 1st fill)	1 capsule per day** (Limited to a 5 day supply for the 1st fill)	1 capsule per day** (Limited to a 5 day supply for the 1st fill)	1 capsule per day** (Limited to a 5 day supply for the 1st fill)
Kalydeco granule (ivacaftor)	2 packets per day	2 packets per day	2 packets per day	2 packets per day	2 packets per day
Kalydeco tablet (ivacaftor)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Kapvay (clonidine extended-release)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Karbinal ER (carbinoxamine extended-release)	3 bottles (1,440 ml) per 30 days	Not covered	Not covered	3 bottles (1,440 ml) per 30 days	Not covered
Katerzia (amlodipine)	10 ml per day	Not covered	Not covered	10 ml per day	Not covered

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Kenalog Spray (triamcinolone acetonide)	100 gm per 365 days	100 gm per 365 days	100 gm per 365 days	100 gm per 365 days	100 gm per 365 days
Kerendia (finerenone)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Kesimpta (ofatumumab)	4 pens / injectors per 28 days	4 pens / injectors per 28 days	4 pens / injectors per 28 days	4 pens / injectors per 28 days	4 pens / injectors per 28 days
Ketoprofen 25mg (ketoprofen)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Keveyis (dichlorphenamide)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Kevzara (sarilumab)	2 syringes (1 pack) per 28 days	2 syringes (1 pack) per 28 days	2 syringes (1 pack) per 28 days	2 syringes (1 pack) per 28 days	2 syringes (1 pack) per 28 days
Kineret (anakinra)	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day
Klisyri (tirbanibulin)	5 packets per 30 days	5 packets per 30 days	Not covered	5 packets per 30 days	5 packets per 30 days
Kloxxado (naloxone)	4 doses per fill	4 doses per fill	4 doses per fill	4 doses per fill	4 doses per fill
Korlym (mifepristone)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Krintafel (tafenoquine)	2 tablets per Rx	2 tablets per Rx	2 tablets per Rx	2 tablets per Rx	2 tablets per Rx
Kygevvi (Doxecitine and Doxribtimine)	20 packets per day	20 packets per day	20 packets per day	20 packets per day	20 packets per day
Kytril (granisetron)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Kyzatrex (testosterone capsules)	4 capsules per day	Not covered	4 capsules per day	4 capsules per day	Not covered
Lagevrio (molnupiravir)	8 tablets per day 2 fills per 365 days	8 tablets per day 2 fills per 365 days	8 tablets per day 2 fills per 365 days	8 tablets per day 2 fills per 365 days	8 tablets per day 2 fills per 365 days
Lampit 30mg (nifurtimox)	720 tablets per 365 days	720 tablets per 365 days	Not covered	720 tablets per 365 days	720 tablets per 365 days
Lampit 120mg (nifurtimox)	450 tablets per 365 days	450 tablets per 365 days	Not covered	450 tablets per 365 days	450 tablets per 365 days
Lancets	300 units per 30 days	300 units per 30 days	300 units per 30 days	300 units per 30 days	300 units per 30 days
Lasix ONYU (furosemide injection)	8 kits per 30 days	8 kits per 30 days	Not covered	8 kits per 30 days	8 kits per 30 days
Leqselvi (deuruxolitinib)	Not covered	Not covered	2 tablets per day	Not covered	Not covered
Letairis (ambrisentan)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
leucovorin tablet (folinic acid)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day
Levitra (vardenafil)	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days	Not covered
levonorgestrel (Plan B) (emergency OC)	2 tablets per fill	2 tablets per fill	2 tablets per fill	2 tablets per fill	2 tablets per fill
Libervant (diazepam buccal film)	10 buccal films per 30 days	10 buccal films per 30 days	Not covered	10 buccal films per 30 days	10 buccal films per 30 days
Lialda (mesalamine)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day

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Likmez (metronidazole)	40 ml per day	40 ml per day	40 ml per day	40 ml per day	40 ml per day
Linzess (linaclotide)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Lipitor 10mg, 20mg, 80mg (atorvastatin)	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day
Lipitor 40mg (atorvastatin)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Litfulo (ritlecitinib)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Livalo (pitavastatin)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Livdelzi (seladelpar)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Livmarli 9.5 mg/ml (maralixibat)	4 ml per day	4 ml per day	4 ml per day	4 ml per day	4 ml per day
Livmarli 19 mg/ml (maralixibat)	2 ml per day	2 ml per day	2 ml per day	2 ml per day	2 ml per day
Livmarli 10mg, 15 mg, 20mg (maralixibat)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Livmarli 30mg (maralixibat)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Livtencity (maribavir)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Loargys (pegzilarginase)	28 vials per 28 days	28 vials per 28 days	28 vials per 28 days	28 vials per 28 days	28 vials per 28 days
Lokelma 5gm (sodium zirconium cyclosilicate)	3 boxes (90 packets) per 30 days	3 boxes (90 packets) per 30 days	3 boxes (90 packets) per 30 days	3 boxes (90 packets) per 30 days	3 boxes (90 packets) per 30 days
Lokelma 10gm (sodium zirconium cyclosilicate)	1 box (30 packets) per 30 days	1 box (30 packets) per 30 days	1 box (30 packets) per 30 days	1 box (30 packets) per 30 days	1 box (30 packets) per 30 days
Long acting opioids + narcotics Brand and generic	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill
Long acting opioids + narcotic combination products Brand and generic	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the first fill, 30 day supply for each subsequent fill
Lonhala Magnair starter pack (glycopyrrolate)	1 starter pack per 365 days	1 starter pack per 365 days	1 starter pack per 365 days	1 starter pack per 365 days	1 starter pack per 365 days
Lonhala Magnair refill pack (glycopyrrolate)	2 vials per day	2 vials per day	2 vials per day	2 vials per day	2 vials per day
Lopressor oral solution (metoprolol tartrate)	45 ml per day	Not covered	45 ml per day	45 ml per day	Not covered
LoSeasonique (levonorgestrel + ethinyl estradiol)	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days

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	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Lotemax SM (loteprednol etabonate)	1 bottle per 30 days	Not covered	1 bottle per 30 days	1 bottle per 30 days	Not covered
Lotronex (alosetron)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Lovaza (omega-3-ccid ethyl esters)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Lucemyra (lofexidine)	224 tablets per 30 days	224 tablets per 30 days	Not covered	224 tablets per 30 days	224 tablets per 30 days
Lumryz (sodium oxybate)	1 packet per day	1 packet per day	Not covered	1 packet per day	1 packet per day
Lunesta (eszopiclone)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Lupkynis (voclosporin)	6 tablets per day	Not covered	Not covered	6 tablets per day	Not covered
Luzu (luliconazole)	1 tube per 30 days	1 tube per 30 days	Not covered	1 tube per 30 days	1 tube per 30 days
Lybalvi (olanzapine + samidorphan)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Lynavoy (linerixibat)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Lynkuet (elinzanetant)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Lyrica capsule (pregabalin)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day

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Lyrica solution (pregabalin)	2 bottles (946 ml) per 30 days	2 bottles (946 ml) per 30 days	2 bottles (946 ml) per 30 days	2 bottles (946 ml) per 30 days	2 bottles (946 ml) per 30 days
Lyrica CR 82.5, 165mg (pregabalin extended-release)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Lyrica CR 330mg (pregabalin extended-release)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Lysodren (mitotane)	24 tablets per day	24 tablets per day	24 tablets per day	24 tablets per day	24 tablets per day
Lysteda (tranexamic acid)	90 tablets per 84 days	90 tablets per 84 days	90 tablets per 84 days	90 tablets per 84 days	90 tablets per 84 days
Lyvispah (baclofen)	4 packets per day	Not covered	Not covered	4 packets per day	Not covered
Male condom	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days
Mavenclad (cladribine)	2 boxes per 365 days	2 boxes per 365 days	2 boxes per 365 days	2 boxes per 365 days	2 boxes per 365 days
Mavyret pellet (glecaprevir + pibrentasvir)	5 pellets per day	5 pellets per day	5 pellets per day	5 pellets per day	5 pellets per day
Mavyret tablet (glecaprevir + pibrentasvir)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Mayzent starter pack (siponimod)	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days
Mayzent 0.25mg (siponimod)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Mayzent 2mg (siponimod)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Maxalt / Maxalt MLT (rizatriptan)	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days
Measles, Mumps, Rubella vaccine (MMR II)	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx
Menactra vaccine	0.5 ml per fill	0.5ml per fill	0.5 ml per fill	0.5ml per fill	0.5 ml per fill
Meningococcal B vaccine (Trumenba, Bexsero)	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx
Menveo (Meningococcal conjugate vaccine)	1 kit per Rx	1 kit per Rx	1 kit per Rx	1 kit per Rx	1 kit per Rx
meperidine (Demerol)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Not covered	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Not covered
Metadate CD 10, 20, 30mg (methylphenidate)	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day
Metadate CD 40, 50, 60mg (methylphenidate)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Methadone (Diskets, Dolophine, Methadose)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Methergine (methylergonovine)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day

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Methitest (methyltestosterone)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Methylin tablet 2.5, 5, 10mg (methylphenidate)	7 tablets per day	7 tablets per day	7 tablets per day	7 tablets per day	7 tablets per day
Methylin chew tablet 2.5, 5, 10mg (methylphenidate)	7 tablets per day	Not covered	7 tablets per day	7 tablets per day	Not covered
Methylin solution (methylphenidate)	80 mg per day	80 mg per day	80 mg per day	80 mg per day	80 mg per day
Methylin ER 10, 20mg (methylphenidate extended-release)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day
Methylphenidate ER 72mg (methylphenidate extended-release)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Mevacor 10mg, 20mg (lovastatin)	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day
Mevacor 40mg (lovastatin)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
mFlusiva (Influenza Vaccine, mRNA)	0.38 ml per fill 1 vaccine per 180 days	0.38 ml per fill 1 vaccine per 180 days	0.38 ml per fill 1 vaccine per 180 days	0.38 ml per fill 1 vaccine per 180 days	0.38 ml per fill 1 vaccine per 180 days
Miebo (perfluorohexyloctane)	1 bottle (3ml) per 30 days	1 bottle (3ml) per 30 days	1 bottle (3ml) per 30 days	1 bottle (3ml) per 30 days	1 bottle (3ml) per 30 days
Migranal (dihydroergotamine)	8 ampules per Rx	8 ampules per Rx	8 ampules per Rx	8 ampules per Rx	8 ampules per Rx

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Mirapex ER (pramipexole extended-release)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Mircera (methoxy polyethylene glycol-epoetin beta)	2 syringes per 30 days	Not covered	Not covered	2 syringes per 30 days	Not covered
Molindone 5mg	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Molindone 10mg, 20mg	9 tablets per day	Not covered	9 tablets per day	9 tablets per day	Not covered
Molnupiravir	8 units per day, 80 units per 365 days	8 units per day, 80 units per 365 days	8 units per day, 80 units per 365 days	8 units per day, 80 units per 365 days	8 units per day, 80 units per 365 days
Morphine ER (Arymo ER, Morphine Sulfate, Morphine Sulfate CR)	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Motegrity (prucalopride)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Motpoly XR 100mg (lacosamide)	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered
Motpoly XR 150mg, 200mg (lacosamide)	2 capsules per day	Not covered	2 capsules per day	2 capsules per day	Not covered
Mounjaro (tirzepatide)	4 pens per 28 days	4 pens per 28 days	4 pens per 28 days	4 pens per 28 days	4 pens per 28 days
Mresvia (respiratory syncytial virus vaccine)	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill

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MS Contin (morphine)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)
MSIR (morphine)	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Multaq (dronedarone)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Muse (alprostadil)	12 pouches per 30 days	Not covered	12 pouches per 30 days	6 units per 28 days	Not covered
Myalept (metreleptin)	1 vial per day	1 vial per day	1 vial per day	1 vial per day	1 vial per day
Mycapssa (octreotide)	112 capsules (4 wallets) per 28 days	Not covered	Not covered	112 capsules (4 wallets) per 28 days	Not covered
Mydayis (amphetamine + dextroamphetamine)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Myfembree (relugolix + estradiol + norethindrone acetate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Myqorzo (aficamten)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Myrbetriq granules (mirabegron extended-release)	10 ml per day	10 ml per day	Not covered	10 ml per day	10 ml per day
Myrbetriq tablet (mirabegron extended-release)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Mytesi (crofelemer delayed-release)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Naftin (naftifine)	1 bottle per 30 days	1 bottle per 30 days	1 bottle per 30 days	1 bottle per 30 days	1 bottle per 30 days
Nalfon 400mg (fenoprofen)	8 capsules per day	8 capsules per day	Not covered	8 capsules per day	8 capsules per day
Nalfon 600mg (fenoprofen)	5 tablets per day	5 tablets per day	Not covered	5 tablets per day	5 tablets per day
Namenda titration pack (memantine)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Namzaric (memantine + donepezil)	1 capsule per day	Not covered	Not covered	1 capsule per day	Not covered
Namzaric titration pack (memantine + donepezil)	1 pack (28 capsules) per 365 days	Not covered	Not covered	1 pack (28 capsules) per 365 days	Not covered
Narcan (naloxone hydrochloride)	2 cartons (4 doses) per fill	2 cartons (4 doses) per fill	2 cartons (4 doses) per fill	2 cartons (4 doses) per fill	2 cartons (4 doses) per fill
Nasalide (flunisolide)	3 (25 ml bottles) per 30 days	3 (25 ml bottles) per 30 days	3 (25 ml bottles) per 30 days	Not covered	Not covered
Nasonex (mometasone furoate)	2 bottles (17 gm) per 30 days	2 bottles (17 gm) per 30 days	2 bottles (17 gm) per 30 days	Not covered	Not covered
Natacyn (natamycin ophthalmic suspension)	5 bottles per 365 days	5 bottles per 365 days	5 bottles per 365 days	5 bottles per 365 days	5 bottles per 365 days
Nayzilam (midazolam)	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days

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** Limited to a 30 day supply

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Nemluvio (nemolizumab-ilto)	1 pen per 56 days	1 pen per 56 days	1 pen per 56 days	1 pen per 56 days	1 pen per 56 days
Neulasta (pegfilgrastim)	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days
Neupro (rotigotine)	1 patch per day	Not covered	1 patch per day	1 patch per day	Not covered
Nexletol (bempedoic acid)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Nexlizet (bempedoic acid)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Nicorette gum / lozenges (nicotine)	770 pieces per 30 days	770 pieces per 30 days	770 pieces per 30 days	770 pieces per 30 days	770 pieces per 30 days
Nicotine patch (nicotine)	1 patch per day	1 patch per day	1 patch per day	1 patch per day	1 patch per day
Nicotrol NS nasal spray (nicotine)	40 ml (4 bottles) per 30 days	40 ml (4 bottles) per 30 days	40 ml (4 bottles) per 30 days	40 ml (4 bottles) per 30 days	40 ml (4 bottles) per 30 days
Nivestym (filgrastim-aafi)	2 vials per day	2 vials per day	2 vials per day	2 vials per day	2 vials per day
Noctiva (desmopressin acetate)	1 bottle per 30 days	Not covered	Not covered	1 bottle per 30 days	Not covered
Northera 100mg, 200mg (droxidopa)	3 capsules per day	Not covered	3 capsules per day	3 capsules per day	Not covered
Northera 300mg (droxidopa)	6 capsules per day	Not covered	6 capsules per day	6 capsules per day	Not covered

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Nourianz (istradefylline)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Noxafil suspension (posaconazole)	2 bottles (210ml) per 30 days	2 bottles (210ml) per 30 days	2 bottles (210ml) per 30 days	2 bottles (210ml) per 30 days	2 bottles (210ml) per 30 days
Noxafil tablet (posaconazole delayed-release)	99 tablets per 30 days	99 tablets per 30 days	99 tablets per 30 days	99 tablets per 30 days	99 tablets per 30 days
Nucala (mepolizumab)	3 auto-injectors per 30 days	3 auto-injectors per 30 days	3 auto-injectors per 30 days	3 auto-injectors per 30 days	3 auto-injectors per 30 days
Nucynta (tapentadol)	6 tablets per day** (Limited to 5 day supply for the 1st fill)	6 tablets per day** (Limited to 5 day supply for the 1st fill)	Not covered	6 tablets per day** (Limited to 5 day supply for the 1st fill)	6 tablets per day** (Limited to 5 day supply for the 1st fill)
Nucynta ER (tapentadol)	2 tablets per day** (Limited to 5 day supply for the 1st fill)	2 tablets per day** (Limited to 5 day supply for the 1st fill)	Not covered	2 tablets per day** (Limited to 5 day supply for the 1st fill)	2 tablets per day** (Limited to 5 day supply for the 1st fill)
Nuedexta (dextromethorphan HBr + quinidine)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Nuplazid (pimavanserin)	1 tablet / capsule per day	1 tablet / capsule per day	1 tablet / capsule per day	1 tablet / capsule per day	1 tablet / capsule per day
Nurtec ODT (rimegepant)	18 tablets per 30 days	18 tablets per 30 days	18 tablets per 30 days	18 tablets per 30 days	18 tablets per 30 days
Nuvaring (etonogestrel + ethinyl estradiol, EluRyng)	1 vaginal ring per 28 days	1 vaginal ring per 28 days	1 vaginal ring per 28 days	1 vaginal ring per 28 days	1 vaginal ring per 28 days
Nuvigil (armodafinil)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Nuzyra tablet (omadacycline)	30 tablets per 10 days	30 tablets per 10 days	30 tablets per 10 days	30 tablets per 10 days	30 tablets per 10 days
Nymalize 30mg/5ml (nimodipine)	630 ml per 21 days, 1260 ml per 365 days	630 ml per 21 days, 1260 ml per 365 days	630 ml per 21 days, 1260 ml per 365 days	630 ml per 21 days, 1260 ml per 365 days	630 ml per 21 days, 1260 ml per 365 days
Nymalize 60mg/10ml (nimodipine)	1260 ml per 21 days, 2520 ml per 365 days	1260 ml per 21 days, 2520 ml per 365 days	1260 ml per 21 days, 2520 ml per 365 days	1260 ml per 21 days, 2520 ml per 365 days	1260 ml per 21 days, 2520 ml per 365 days
Nymalize 60mg/20ml (nimodipine)	2520 ml per 21 days, 5040 ml per 365 days	2520 ml per 21 days, 5040 ml per 365 days	2520 ml per 21 days, 5040 ml per 365 days	2520 ml per 21 days, 5040 ml per 365 days	2520 ml per 21 days, 5040 ml per 365 days
Obredon (hydrocodone + guaifenisin)	240 ml per 30 days	Not covered	240 ml per 30 days	240 ml per 30 days	Not covered
Odactra (house dust mite allergan extract)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Odefsey (emtricitabine + rilpivirine + tenofovir)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Ofev (nintedanib)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Ohtuvayre (ensifentrine inhalation suspension)	2 ampules per day	Not covered	2 ampules per day	2 ampules per day	Not covered
Olpruva (sodium phenylbutyrate)	20 gm per day	20 gm per day	Not covered	20 gm per day	20 gm per day
Olumiant (baricitinib)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day

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Omnaris (ciclesonide)	1 bottle (13 gm) per 30 days	Not covered	Not covered	Not covered	Not covered
Omnipod GO	10 kits per 30 days	10 kits per 30 days	10 kits per 30 days	10 kits per 30 days	10 kits per 30 days
Omnipod Pods (DASH, 5)	4 packs (20 units) per 30 days	4 packs (20 units) per 30 days	4 packs (20 units) per 30 days	4 packs (20 units) per 30 days	4 packs (20 units) per 30 days
Onapgo (apomorphine HCl)	20 ml per day	20 ml per day	20 ml per day	20 ml per day	20 ml per day
Onexton (clindamycin + benzoyl peroxide)	Not covered	Not covered	1 bottle per 30 days	Not covered	Not covered
Onfi (clobazam)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Onfi oral suspension (clobazam)	16 ml (40mg) per day	16 ml (40mg) per day	16 ml (40mg) per day	16 ml (40mg) per day	16 ml (40mg) per day
Ongentys (opicapone)	1 capsule per day	1 capsule per day	Not covered	1 capsule per day	1 capsule per day
Onzetra Xsail (sumatriptan)	1 kit per 30 days	Not covered	Not covered	Not covered	1 kit per 30 days
Opana (oxymorphone)	6 tablets per day** (Limited to 5 day supply for the 1st fill)	6 tablets per day** (Limited to 5 day supply for the 1st fill)	6 tablets per day** (Limited to 5 day supply for the 1st fill)	6 tablets per day** (Limited to 5 day supply for the 1st fill)	6 tablets per day** (Limited to 5 day supply for the 1st fill)
Opana ER (oxymorphone extended-release)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)	4 tablets per day** (Limited to 5 day supply for the 1st fill)

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Opfolda (miglustat)	8 capsules per 28 days	8 capsules per 28 days	8 capsules per 28 days	8 capsules per 28 days	8 capsules per 28 days
Opium + Belladonna alkaloids	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Opsumit (macitentan)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Opsynvi (macitentan/tadalafil)	1 oral film per day	1 oral film per day	Not covered	1 oral film per day	1 oral film per day
Opvee (nalmefene)	4 doses per fill	4 doses per fill	4 doses per fill	4 doses per fill	4 doses per fill
Opzelura (ruxolitinib)	4 grams per day	4 grams per day	4 grams per day	4 grams per day	4 grams per day
Oralair (mixed grass pollens allergens extract)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Oravig (miconazole)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Orencia (abatacept)	4 syringes per 30 days	4 syringes per 30 days	4 syringes per 30 days	4 syringes per 30 days	4 syringes per 30 days
Orenitram (treprostinil)	9 tablets per day	9 tablets per day	9 tablets per day	9 tablets per day	9 tablets per day
Oriahnn (elagolix+estradiol+norethindrone acetate & elagolix)	1 carton (56 capsules) per 28 days	Not covered	1 carton (56 capsules) per 28 days	1 carton (56 capsules) per 28 days	Not covered

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Orilissa 150mg (elagolix)	1 carton (28 tablets) per 30 days	1 carton (28 tablets) per 30 days	1 carton (28 tablets) per 30 days	1 carton (28 tablets) per 30 days	1 carton (28 tablets) per 30 days
Orilissa 200mg (elagolix)	1 carton (56 tablets) per 30 days	1 carton (56 tablets) per 30 days	1 carton (56 tablets) per 30 days	1 carton (56 tablets) per 30 days	1 carton (56 tablets) per 30 days
Orkambi granules (lumacaftor + ivacaftor)	56 packets per 30 days	56 packets per 30 days	56 packets per 30 days	56 packets per 30 days	56 packets per 30 days
Orkambi tablet (lumacaftor + ivacaftor)	112 tablets per 30 days	112 tablets per 30 days	112 tablets per 30 days	112 tablets per 30 days	112 tablets per 30 days
Orladeyo (berotralstat)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Orlynvah (sulopenem/probenecid)	20 tablets per 180 days	20 tablets per 180 days	Not covered	20 tablets per 180 days	20 tablets per 180 days
Ortho Evra (ethinyl estradiol + norelgestromin)	3 patches per 28 days	3 patches per 28 days	3 patches per 28 days	3 patches per 28 days	3 patches per 28 days
Ortikos (budesonide)	Not covered	Not covered	1 capsule per day	Not covered	Not covered
Otezla (apremilast)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Otezla XR (apremilast)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Otrexup (methotrexate)	4 injections per 30 days	Not covered	Not covered	4 injections per 30 days	Not covered
Ovidrel (choriogonadotropin alfa i)	Not applicable	2 syringes per 30 days, 6 syringes per 365 days	Not applicable	Not applicable	2 syringes per 30 days, 6 syringes per 365 days

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Oxervate (cenegermin-bkbj)	2 vials per day	2 vials per day	2 vials per day	2 vials per day	2 vials per day
Oxistat (oxiconazole)	1 bottle per 30 days	1 bottle per 30 days	1 bottle per 30 days	1 bottle per 30 days	1 bottle per 30 days
Oxtellar XR 150mg, 300mg (oxcarbazepine extended-release)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Oxtellar XR 600mg (oxcarbazepine extended-release)	4 tablets per day	Not covered	4 tablets per day	4 tablets per day	Not covered
oxycodone 5 mg (immediate release)	12 tablets per day**, (Limited to 5 day supply for the 1st fill)	12 tablets per day**, (Limited to 5 day supply for the 1st fill)	12 tablets per day**, (Limited to 5 day supply for the 1st fill)	12 tablets per day**, (Limited to 5 day supply for the 1st fill)	12 tablets per day**, (Limited to 5 day supply for the 1st fill)
oxycodone 10, 15, 20, 30mg (immediate release)	6 tablets per day**, (Limited to 5 day supply for the 1st fill)	6 tablets per day**, (Limited to 5 day supply for the 1st fill)	6 tablets per day**, (Limited to 5 day supply for the 1st fill)	6 tablets per day**, (Limited to 5 day supply for the 1st fill)	6 tablets per day**, (Limited to 5 day supply for the 1st fill)
oxycodone oral concentrate 20mg/ml	150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	150 ml per 30 days**, (Limited to 5 day supply for the 1st fill)
oxycodone oral solution 1 mg/ml	2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)	2400 ml per 30 days**, (Limited to 5 day supply for the 1st fill)
oxycodone + ibuprofen	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Not covered	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Not covered

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Ozempic 2mg (semaglutide)	2 pens per 28 days	2 pens per 28 days	2 pens per 28 days	2 pens per 28 days	2 pens per 28 days
Ozempic 4mg/3ml (semaglutide)	1 pen (3 ml) per 30 days	1 pen (3 ml) per 30 days	1 pen (3 ml) per 30 days	1 pen (3 ml) per 30 days	1 pen (3 ml) per 30 days
Ozempic 8mg/3ml (semaglutide)	1 pen (3ml) per 28 days	1 pen (3ml) per 28 days	1 pen (3ml) per 28 days	1 pen (3ml) per 28 days	1 pen (3ml) per 28 days
Ozempic tablets (semaglutide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Ozobax (baclofen)	5 bottles (2400 ml) per 30 days	Not covered	5 bottles (2400 ml) per 30 days	5 bottles (2400 ml) per 30 days	Not covered
Palforzia packet (peanut arachis hypogaea)	1 kit per 30 days	1 kit per 30 days	1 kit per 30 days	1 kit per 30 days	1 kit per 30 days
Palsonify (paltusotine)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Palynziq 2.5mg (pegvaliase-pqpz)	8 injections per 30 days	8 injections per 30 days	Not covered	8 injections per 30 days	8 injections per 30 days
Palynziq 10mg (pegvaliase-pqpz)	1 injection per day	1 injection per day	Not covered	1 injection per day	1 injection per day
Palynziq 20mg (pegvaliase-pqpz)	2 injections per day	2 injections per day	Not covered	2 injections per day	2 injections per day
Patanase (olopatadine)	1 bottle (30 gm) per 30 days	Not covered	1 bottle (30 gm) per 30 days	1 bottle (30 gm) per 30 days	Not covered

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Paxlovid 150mg-100mg (nirmatrelvir + ritonavir)	40 tablets per 180 days	40 tablets per 180 days	40 tablets per 180 days	40 tablets per 180 days	40 tablets per 180 days
Paxlovid 300mg-100mg (nirmatrelvir + ritonavir)	60 tablets per 180 days	60 tablets per 180 days	60 tablets per 180 days	60 tablets per 180 days	60 tablets per 180 days
Paxlovid 150mg(6)-100mg(5) (nirmatrelvir + ritonavir)	22 tablets per 180 days	22 tablets per 180 days	22 tablets per 180 days	22 tablets per 180 days	22 tablets per 180 days
Pazeo (olopatadine hydrochloride)	2 bottles per 30 days	2 bottles per 30 days	Not covered	2 bottles per 30 days	2 bottles per 30 days
Pegasys (peginterferon alfa-2a)	4 syringes / vials / pens per 30 days	4 syringes / vials / pens per 30 days	4 syringes / vials / pens per 30 days	4 syringes / vials / pens per 30 days	4 syringes / vials / pens per 30 days
Peg-intron (peginterferon alfa-2b)	4 vials / redipens per 30 days	4 vials / redipens per 30 days	4 vials / redipens per 30 days	4 vials / redipens per 30 days	4 vials / redipens per 30 days
Penbraya (meningococcal groups A, B, C, W and Y vaccine)	1 ml per fill 2 fills per year	1 ml per fill 2 fills per year	1 ml per fill 2 fills per year	1 ml per fill 2 fills per year	1 ml per fill 2 fills per year
Pennsaid 2% (diclofenac sodium)	2 bottles per 30 days	Not covered	Not covered	2 bottles per 30 days	Not covered
pentazocine + naloxone	Limit to 30 day supply per fill	Limit to 30 day supply per fill	Limit to 30 day supply per fill	Limit to 30 day supply per fill	Limit to 30 day supply per fill
Percodan (aspirin + oxycodone)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Perforomist (formoterol fumarate dihydrate)	2 vials (4 ml) per day	2 vials (4 ml) per day	2 vials (4 ml) per day	2 vials (4 ml) per day	2 vials (4 ml) per day

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Perseris (risperidone)	2 syringes per 30 days	2 syringes per 30 days	Not covered	2 syringes per 30 days	2 syringes per 30 days
Pheburane (sodium phenylbutyrate)	20 grams per day	20 grams per day	20 grams per day	20 grams per day	20 grams per day
Phex (lactic acid, citric acid, and potassium bitartrate)	60 grams per 30 days	60 grams per 30 days	60 grams per 30 days	60 grams per 30 days	60 grams per 30 days
Pifeltro (doravirine)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Plegridy (peginterferon beta- 1a)	1 carton (2 syringes) per 30 days	Not covered	Not covered	1 carton (2 syringes) per 30 days	Not covered
Plegridy starter pack (peginterferon beta- 1a)	1 pack per 365 days	Not covered	Not covered	1 pack per 365 days	Not covered
Plenvu (polyethylene glycol 3350 with electrolytes for oral solution)	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days
Pneumovax 23 vaccine	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Polio vaccine (Ipol)	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx
Ponvory starter pack (ponesimod)	1 pack per 365 days	1 pack per 365 days	Not covered	1 pack per 365 days	1 pack per 365 days
Ponvory (ponesimod)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day

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Pradaxa capsule (dabigatran)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Pradaxa oral suspension (dabigatran)	2 packets per day	2 packets per day	2 packets per day	2 packets per day	2 packets per day
Pravachol (pravastatin)	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day
Pregnyl (chorionic gonadotropin)	Not applicable	2 vials per 30 days, 6 vials per 365 days	Not covered	Not applicable	2 vials per 30 days, 6 vials per 365 days
PreHevbrio Vaccine	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill
Prestalia (perindopril arginine + amlodipine)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Pretomanid	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Prevacid (lansoprazole)	Not applicable	2 capsules per day	Not applicable	Not covered	2 capsules per day
Prevnar 13 vaccine	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Prevnar 20 vaccine	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Prevymis (letermovir)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Prezcobix (darunavir + cobicistat)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day

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Medication	Quantity limits for:				
	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Prilosec (omeprazole)	Not applicable	2 capsules per day	Not applicable	Not covered	2 capsules per day
ProAir HFA (albuterol sulfate)	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days
Procentra (dextroamphetamine)	60 mL (60 mg) per day	60 mL (60 mg) per day	60 mL (60 mg) per day	60 mL (60 mg) per day	60 mL (60 mg) per day
Procysbi 25mg (cysteamine bitartrate)	2 capsules per day	Not covered	Not covered	2 capsules per day	Not covered
Procysbi packet (cysteamine bitartrate)	2 cartons per 30 days	Not covered	Not covered	2 cartons per 30 days	Not covered
Prosom (estazolam)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Protonix (pantoprazole)	Not applicable	2 tablets per day	Not applicable	Not covered	2 tablets per day
Proventil HFA (albuterol sulfate)	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days
Provigil (modafinil)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Prozac Weekly (fluoxetine)	4 capsules per 30 days	4 capsules per 30 days	4 capsules per 30 days	Not applicable	Not applicable
Pulmicort Flexhaler (budesonide)	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days
Pyrukynd (mitapivat)	1 pack per 28 days	1 pack per 28 days	1 pack per 28 days	1 pack per 28 days	1 pack per 28 days

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

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

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Quillichew ER 30mg (methylphenidate extended-release)	60 mg per day	Not covered	60 mg per day	60mg per day	Not covered
Quillichew ER 40mg (methylphenidate extended-release)	60 mg per day	Not covered	60 mg per day	60mg per day	Not covered
Quillivant XR (methylphenidate extended-release)	12ml (60mg) per day	Not covered	12ml (60mg) per day	12ml (60mg) per day	Not covered
Qulipta (atogepant)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Quviviq (daridorexant)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Radicava ORS starter kit (edaravone)	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days
Radicava ORS maintenance kit (edaravone)	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days
Ragwitek (short ragweed pollen allergen extract)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Rapaflo (silodosin)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Rasuvo (methotrexate)	4 injections per 30 days	Not covered	4 injections per 30 days	4 injections per 30 days	Not covered

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Ravicti (glycerol phenylbutyrate)	525 ml per 30 days	525 ml per 30 days	525 ml per 30 days	525 ml per 30 days	525 ml per 30 days
Rayaldee (calcifediol extended-release)	2 capsules per day	Not covered	2 capsules per day	2 capsules per day	Not covered
Rayos (prednisone delayed-release)	3 tablets per day	Not covered	Not covered	3 tablets per day	Not covered
Rebif (interferon beta 1a)	12 syringes / pens per 30 days	12 syringes / pens per 30 days	12 syringes / pens per 30 days	12 syringes / pens per 28 days	12 syringes / pens per 30 days
Rebif titration pack (interferon beta 1a)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Rebif Rebidose (interferon beta 1a)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Recombivax HB vaccine, 10mcg/ml	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill
Recombivax HB vaccine, 40mcg/ml	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill
Rectiv (nitroglycerin)	1 tube (30 gm) per 30 days	1 tube (30 gm) per 30 days	1 tube (30 gm) per 30 days	1 tube (30 gm) per Rx	1 tube (30 gm) per Rx
Recorlev (levoketoconazole)	4 tablets per day	Not covered	4 tablets per day	4 tablets per day	Not covered
Redemplo (plozasiran)	4 syringes per 365 days	4 syringes per 365 days	4 syringes per 365 days	4 syringes per 365 days	4 syringes per 365 days
Regranex (becaplermin)	3 tubes (45 gm) per 150 days	3 tubes (45 gm) per 150 days	3 tubes (45 gm) per 150 days	3 tubes (45 gm) per 150 days	3 tubes (45 gm) per 150 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Relenza (zanamivir)	2 inhalers per 180 days	2 inhalers per 180 days	2 inhalers per 180 days	2 inhalers per 180 days	2 inhalers per 180 days
Relexxii (methylphenidate)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Relpax (eletriptan)	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days	12 tablets per 30 days
Repatha (evolocumab)	3 injections per 30 days	3 injections per 30 days	3 injections per 30 days	3 injections per 30 days	3 injections per 30 days
Repatha Pushtronex (evolocumab)	1 injector per 30 days	1 injector per 30 days	Not covered	1 injector per 30 days	1 injector per 30 days
Restoril (temazepam)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Revatio (sildenafil citrate)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Revatio suspension 112ml bottle (sildenafil)	2 bottles per 30 days	2 bottles per 30 days	2 bottles per 30 days	2 bottles per 30 days	2 bottles per 30 days
Revcovi (elapegademase-lvlr)	48 vials per 30 days	48 vials per 30 days	48 vials per 30 days	48 vials per 30 days	48 vials per 30 days
Rextovy (naloxone HCl)	4 doses per fill	4 doses per fill	4 doses per fill	4 doses per fill	4 doses per fill
Rexulti (brexpiprazole)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Reyvow (lasmiditan)	8 tablets per 30 days	8 tablets per 30 days	8 tablets per 30 days	8 tablets per 30 days	8 tablets per 30 days

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Medication	Quantity limits for:				
	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Rezdiffra (resmetirom)	1 tablet per day*	1 tablet per day*	1 tablet per day*	1 tablet per day*	1 tablet per day*
Rhapsido (remibrutinib)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Rhopressa (netarsudil)	2 (2.5ml) bottles per 30 days	Not covered	2 (2.5ml) bottles per 30 days	2 (2.5ml) bottles per 30 days	Not covered
Rinvoq (upadacitinib)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Rinvoq LQ (upadacitinib)	12 ml per day	Not covered	12 ml per day	12 ml per day	Not covered
Riomet ER (metformin extended-release)	1 bottle (473 ml) per 30 days	Not covered	1 bottle (473 ml) per 30 days	1 bottle (473 ml) per 30 days	Not covered
Ritalin (methylphenidate)	7 tablets per day	7 tablets per day	7 tablets per day	7 tablets per day	7 tablets per day
Ritalin LA 10, 20, 30mg (methylphenidate extened-release)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Ritalin LA 40mg (methylphenidate extened-release)	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day
Ritalin LA 60mg (methylphenidate extened-release)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Rivfloza (nedosiran)	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days

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Medication	Quantity limits for:				
	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
RMS (morphine)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Rocklatan (netarsudil + latanoprost)	2 (2.5ml) bottles per 30 days	2 (2.5ml) bottles per 30 days	2 (2.5ml) bottles per 30 days	2 (2.5ml) bottles per 30 days	2 (2.5ml) bottles per 30 days
Rotarix vaccine	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill
Roxanol (morphine)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Roxicet (oxycodone + acetaminophen)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Rozerem (ramelteon)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Ruconest (C1 esterase inhibitor, [recombinant])	2 doses (4 vials) per 30 days	2 doses (4 vials) per 30 days	2 doses (4 vials) per 30 days	2 doses (4 vials) per 30 days	2 doses (4 vials) per 30 days
Rukobia (fostemsavir)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Rybelsus (semaglutide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Rykindo (risperidone)	2 injections per 28 days	2 injections per 28 days	2 injections per 28 days	2 injections per 28 days	2 injections per 28 days
Ryplazim (plasminogen, human-tvmh)	150 vials per 30 days	150 vials per 30 days	Not covered	150 vials per 30 days	150 vials per 30 days

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Rytary (carbidopa + levodopa extended-release)	12 capsules per day	Not covered	12 capsules per day	12 capsules per day	Not covered
Sabril powder (vigabatrin)	6 packs per day	6 packs per day	6 packs per day	6 packs per day	6 packs per day
Sabril tablet (vigabatrin)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day
Samsca 15mg (tolvaptan)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Samsca 30mg (tolvaptan)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Sanctura (trospium)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Sanctura XL (trospium chloride extended-release)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Saphnelo (anifrolumab-fnia)	4 autoinjectors/syringes per 28 days	Not covered	Not covered	4 autoinjectors/syringes per 28 days	Not covered
Saphris (asenapine)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Savaysa (edoxaban)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Savella (milnacipran)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Savella titration pack (milnacipran)	1 pack per 180 days	1 pack per 180 days	1 pack per 180 days	1 pack per 180 days	1 pack per 180 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Seasonale / Jolessa / Quasense (levonorgestrel + ethinyl estradiol)	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days
Seasonique (levonorgestrel + ethinyl estradiol)	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days	1 blister pack per 91 days
Secuado (asenapine)	1 patch per day	Not covered	Not covered	1 patch per day	Not covered
Segluromet 2.5/500mg (vertugliflozin + metformin)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Segluromet 2.5/1,000, 7.5/500, 7.5/1,000 mg (vertugliflozin + metformin)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Serevent Diskus (salmeterol xinafoate)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Seroquel XR (quetiapine fumarate)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
sertraline HCl capsule	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered
Shingrix (zoster vaccine recombinant, adjuvanted)	2 vial kits per 720 days	2 vial kits per 720 days	2 vial kits per 720 days	2 vial kits per 720 days	2 vial kits per 720 days
Short acting immediate release opioids + narcotics Brand and generic	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Short acting immediate release opioids + narcotics combination products Brand and generic	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Signifor (pasireotide)	2 ampules per day	2 ampules per day	Not covered	2 ampules per day	2 ampules per day
Silenor (doxepin)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Simlandi 40mg (adalimumab-ryvk)	4 syringes/pens per 28 days	4 syringes/pens per 28 days	Not covered	4 syringes/pens per 28 days	4 syringes/pens per 28 days
Simlandi 20mg, 80mg (adalimumab-ryvk)	2 syringes per 28 days	2 syringes per 28 days	Not covered	2 syringes per 28 days	2 syringes per 28 days
Simplicity Inserter	1 inserter per 365 days	1 inserter per 365 days	1 inserter per 365 days	1 inserter per 365 days	1 inserter per 365 days
Simplicity 2 Unit	2 packs (10 units) per 30 days	2 packs (10 units) per 30 days	2 packs (10 units) per 30 days	2 packs (10 units) per 30 days	2 packs (10 units) per 30 days
Simponi (golimumab)	1 syringe per 30 days	1 syringe per 30 days	1 syringe per 30 days	1 syringe per 30 days	1 syringe per 30 days
Singulair packet (montelukast)	1 packet per day	1 packet per day	1 packet per day	1 packet per day	1 packet per day
Singulair tablet (montelukast)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Sirturo 20mg (bedaquiline)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day

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Sirturo 100mg (bedaquiline)	188 tablets per 168 days	188 tablets per 168 days	188 tablets per 168 days	188 tablets per 168 days	188 tablets per 168 days
Sivextro (tedizolid phosphate)	6 tablets per 30 days	6 tablets per 30 days	Not covered	6 tablets per 30 days	6 tablets per 30 days
Sklice (ivermectin)	1 tube (117gm) per 30 days	1 tube (117gm) per 30 days	1 tube (117gm) per 30 days	1 tube (117gm) per 30 days	1 tube (117gm) per 30 days
Skyclarys (omaveloxolone)	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day
Skyrizi 75mg/0.83ml, 150mg/1ml (risankizumab-rzaa)	1 syringe / pen per 90 days	Not covered	1 syringe / pen per 90 days	1 syringe / pen per 90 days	Not covered
Skyrizi 360mg/2.4ml (risankizumab-rzaa)	1 cartridge per 56 days	Not covered	1 cartridge per 56 days	1 cartridge per 56 days	Not covered
Skyrizi IV (risankizumab-rzaa)	2 vials (20ml) per 28 days	Not covered	2 vials (20ml) per 28 days	2 vials (20ml) per 28 days	Not covered
Slynd (drospirenone)	1 blister pack per 28 days	1 blister pack per 28 days	1 blister pack per 28 days	1 blister pack per 28 days	1 blister pack per 28 days
Sogroya (somapacitan-beco)	4 syringes (6ml) per 30 days	4 syringes (6ml) per 30 days	4 syringes (6ml) per 30 days	4 syringes (6ml) per 30 days	4 syringes (6ml) per 30 days
Sohonos 1mg, 1.5mg (palvarotene)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Sohonos 2.5mg, 5mg (palvarotene)	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day
Sohonos 10mg (palvarotene)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day

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Solaraze (diclofenac sodium)	100 gm (1 tube) per 30 days	100 gm (1 tube) per 30 days	100 gm (1 tube) per 30 days	100 gm (1 tube) per 30 days	100 gm (1 tube) per 30 days
Soliqua (insulin glargine + lixisenatide injection)	6 pens (18 ml) per 30 days	6 pens (18 ml) per 30 days	6 pens (18 ml) per 30 days	6 pens (18 ml) per 30 days	6 pens (18 ml) per 30 days
Solosec (secnidazole)	Not covered	Not covered	1 unit per fill	Not covered	Not covered
Sonata 5mg (zaleplon)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Sonata 10mg (zaleplon)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Soolantra (ivermectin)	45 gm (1 tube) per 30 days	Not covered	45 gm (1 tube) per 30 days	45 gm (1 tube) per 30 days	Not covered
Sotyktu (deucravacitinib)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Sovaldi pellet (sofosbuvir)	2 packets per day	2 packets per day	2 packets per day	2 packets per day	2 packets per day
Sovaldi tablet (sofosbuvir)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Spectracef (cefditoren pivoxil)	14 tablets per Rx	14 tablets per Rx	14 tablets per Rx	14 tablets per Rx	14 tablets per Rx
Spevigo 150mg/ml (spesolimab-sbzo)	2 syringes per 28 days	2 syringes per 28 days	2 syringes per 28 days	2 syringes per 28 days	2 syringes per 28 days

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Spevigo 300mg/2ml (spesolimab-sbzo)	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days
Spevigo 300mg/2ml Carton containing 2 syringes (spesolimab-sbzo)	1 package (2 syringes) per 28 days 2 fills per 365 days	1 package (2 syringes) per 28 days 2 fills per 365 days	1 package (2 syringes) per 28 days 2 fills per 365 days	1 package (2 syringes) per 28 days 2 fills per 365 days	1 package (2 syringes) per 28 days 2 fills per 365 days
Spiriva Handihaler (tiotropium bromide)	1 box (30 capsules) per 30 days	1 box (30 capsules) per 30 days	1 box (30 capsules) per 30 days	1 box (30 capsules) per 30 days	1 box (30 capsules) per 30 days
Spiriva Respimat (tiotropium)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Spritam 250mg (levetiracetam)	2 tablets per day	Not covered	Not covered	2 tablets per day	Not covered
Spritam 500mg (levetiracetam)	6 tablets per day	Not covered	Not covered	6 tablets per day	Not covered
Stadol NS (butorphanol tartrate)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Staxyn (vardenafil)	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days	Not covered
Stelara (ustekinumab)	Not covered	Not covered	1 syringe / vial every 28 days	Not covered	Not covered
Stendra (avanafil)	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days	Not covered

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Stiolto Respimat (tiotropium bromide + olodaterol)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Strattera (atomoxetine)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Strensiq 18, 28, 40mg (asfotase alfa)	24 vials per 28 days	24 vials per 28 days	24 vials per 28 days	24 vials per 28 days	24 vials per 28 days
Strensiq 80mg (asfotase alfa)	48 vials per 30 days	48 vials per 30 days	48 vials per 30 days	48 vials per 30 days	48 vials per 30 days
Stribild (elvitegravir + cobicistat + emtricitabine + tenofovir disoproxil fumarate)	1 tablet per day	Not covered	Not covered	1 tablet per day	Not covered
Striverdi Respimat (olodaterol)	1 inhaler per 30 days	Not covered	1 inhaler per 30 days	1 inhaler per 30 days	Not covered
Suboxone (buprenorphine + naloxone)	3 films / tablets per day	3 films / tablets per day	3 films / tablets per day	3 films / tablets per day	3 films / tablets per day
Sucraid (sacrosidase)	4 bottles (472 ml) per 30 days	4 bottles (472 ml) per 30 days	4 bottles (472 ml) per 30 days	4 bottles (472 ml) per 30 days	4 bottles (472 ml) per 30 days
Suflave (PEG 3350/Sodium Sulfate/KCl/Magnesium Sulfate/NaCl)	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days
Sunlenca 4-tablets pack (lenacapavir)	2 packs (8 tablets) per 365 days	2 packs (8 tablets) per 365 days	2 packs (8 tablets) per 365 days	2 packs (8 tablets) per 365 days	2 packs (8 tablets) per 365 days

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

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Medication	Quantity limits for:				
	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Sunlenca 5-tablets pack (lenacapavir)	2 packs (10 tablets) per 365 days	2 packs (10 tablets) per 365 days	2 packs (10 tablets) per 365 days	2 packs (10 tablets) per 365 days	2 packs (10 tablets) per 365 days
Sunlenca tablet 300mg (lenacapavir)	2 bottles (8 tablets) per 365	2 bottles (8 tablets) per 365	2 bottles (8 tablets) per 365	2 bottles (8 tablets) per 365	2 bottles (8 tablets) per 365
Sunosi (solriamfetol)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Suprep (sodium sulfate + potassium sulfate + magnesium sulfate)	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days
Sutab (sodium sulfate + magnesium sulfate + potassium chloride)	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days	2 fills per 365 days
Sylatron (peginterferon alfa-2b)	4 vials per 30 days	4 vials per 30 days	4 vials per 30 days	4 vials per 28 days	4 vials per 28 days
Symbicort (budesonide + formoterol)	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days
Symdeko (tezacaftor + ivacaftor)	1 carton (56 tablets) per 28 days	1 carton (56 tablets) per 28 days	1 carton (56 tablets) per 28 days	1 carton (56 tablets) per 28 days	1 carton (56 tablets) per 28 days
Symfi (efavirenz + lamivudine + tenofovir disoproxil fumarate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Symfi Lo (efavirenz + lamivudine + tenofovir disoproxil fumarate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Symjepi (epinephrine)	4 injections per rx, 8 injections per 365 days	4 injections per rx, 8 injections per 365 days	4 injections per rx, 8 injections per 365 days	4 injections per rx, 8 injections per 365 days	4 injections per rx, 8 injections per 365 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Symproic (naldemedine)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Symtuza (darunavir + cobicistat + emtricitabine + tenofovir alafenamide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Synjardy (empagliflozin + metformin)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Synjardy XR 5/1,000, 12.5/1,000mg (empagliflozin + metformin extended-release)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Synjardy XR 10/1,000, 25/1,000mg (empagliflozin + metformin extended-release)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Syprine 250 mg (trientine)	8 capsules per day	8 capsules per day	8 capsules per day	8 capsules per day	8 capsules per day
Syprine 500 mg (trientine)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Tadliq (Tadalafil)	10 ml per day	10 ml per day	Not covered	10 ml per day	10 ml per day
Takhzyro (lanadelumab-flyo)	1 syringe/vial per 28 days	1 syringe/vial per 28 days	1 syringe/vial per 28 days	1 syringe/vial per 28 days	1 syringe/vial per 28 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Talicia (omeprazole + amoxicillin + rifabutin)	168 tablets per 90 days	Not covered	168 tablets per 90 days	168 tablets per 90 days	Not covered
Taltz single pack (ixekizumab)	1 pack per 30 days	1 pack per 30 days	1 pack per 30 days	1 pack per 30 days	1 pack per 30 days
Taltz 2 pack (ixekizumab)	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days
Taltz 3 pack (ixekizumab)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Tamiflu 30mg (oseltamivir)	40 capsules per 180 days	40 capsules per 180 days	40 capsules per 180 days	40 capsules per 180 days	40 capsules per 180 days
Tamiflu 45, 75 mg (oseltamivir)	20 capsules per 180 days	20 capsules per 180 days	20 capsules per 180 days	20 capsules per 180 days	20 capsules per 180 days
Tamiflu suspension 60 ml bottle (oseltamivir)	6 bottles (360 ml) per 180 days	6 bottles (360 ml) per 180 days	6 bottles (360 ml) per 180 days	6 bottles (360 ml) per 180 days8	6 bottles (360 ml) per 180 days
tamoxifen citrate	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Tarpeyo (budesonide)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Tascenso ODT (fingolimod)	2 tablets per day	2 tablets per day	Not covered	2 tablets per day	2 tablets per day
Tavalisse (fostamatinib disodium hexahydrate)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Tavneos (avacopan)	6 capsules per day	6 capsules per day	6 capsules per day	6 capsules per day	6 capsules per day
Tecfidera starter pack (dimethyl fumarate delayed-release)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Tecfidera (dimethyl fumarate delayed-release)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Temixys (lamivudine + tenofovir disoproxil fumarate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Test strips	300 units per 30 days	300 units per 30 days	300 units per 30 days	300 units per 30 days	300 units per 30 days
Testim (testosterone)	2 cartons (60 tubes) per 30 days	2 cartons (60 tubes) per 30 days	2 cartons (60 tubes) per 30 days	2 cartons (60 tubes) per 30 days	2 cartons (60 tubes) per 30 days
Testred (methyltestosterone)	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered
Tetanus/diphtheria booster (Tenivac, Tdvax)	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx	0.5 ml per Rx
Tezspire (tezepelumab-ekko)	1 pen (1.91ml) per 28 days	1 pen (1.91ml) per 28 days	1 pen (1.91ml) per 28 days	1 pen (1.91ml) per 28 days	1 pen (1.91ml) per 28 days
Teglutik (riluzole)	2 bottles (600ml) per 30 days	2 bottles (600ml) per 30 days	2 bottles (600ml) per 30 days	2 bottles (600ml) per 30 days	2 bottles (600ml) per 30 days
Tindamax (tinidazole)	20 tablets per 20 days	20 tablets per 20 days	20 tablets per 20 days	20 tablets per 20 days	20 tablets per 20 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Tivicay PD (dolutegravir)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day
Tlando (testosterone undecanoate)	4 capsules per day	Not covered	Not covered	4 capsules per day	Not covered
Tobi (tobramycin)	56 ampules per 56 rolling days	56 ampules per 56 rolling days	56 ampules per 56 rolling days	56 ampules per 56 rolling days	56 ampules per 56 rolling days
Tobi Podhaler (tobramycin)	224 capsules per 56 rolling days	Not covered	224 capsules per 56 rolling days	224 capsules per 56 rolling days	Not covered
Today Contraceptive Sponge (nonoxynol-9)	6 units per 30 days	6 units per 30 days	6 units per 30 days	6 units per 30 days	6 units per 30 days
Toradol (ketorolac)	20 tablets per Rx	20 tablets per Rx	20 tablets per Rx	20 tablets every 26 days	20 tablets every 26 days
Toviaz (fesoterodine)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Tracleer (bosentan)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Tracleer suspension (bosentan)	4 tablets per day	Not covered	4 tablets per day	4 tablets per day	Not covered
Tradjenta (linagliptin)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Tramadol ER	Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply per each subsequent fill

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Trelegy Ellipta (fluticasone + umeclidinium + vilanterol)	30 inhalations (60 blisters) per 30 days	30 inhalations (60 blisters) per 30 days	30 inhalations (60 blisters) per 30 days	30 inhalations (60 blisters) per 30 days	30 inhalations (60 blisters) per 30 days
Tremfya 100mg (guselkumab)	8 syringes per 365 days	8 syringes per 365 days	8 syringes per 365 days	8 syringes per 365 days	8 syringes per 365 days
Tremfya 200mg (guselkumab)	1 syringe/autoinjector per 28 days	1 syringe/autoinjector per 28 days	1 syringe/autoinjector per 28 days	1 syringe/autoinjector per 28 days	1 syringe/autoinjector per 28 days
Tremfya Induction Pack for Crohn's Disease (guselkumab)	2 packs per 28 days 6 packs per 365 days	2 packs per 28 days 6 packs per 365 days	2 packs per 28 days 6 packs per 365 days	2 packs per 28 days 6 packs per 365 days	2 packs per 28 days 6 packs per 365 days
Treximet 85/500mg (sumatriptan + naproxen)	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days	Not covered
Trezix (acetaminophen + caffeine + dihyrdocodeine)	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Tribenzor (olmesartan + amlodipine + hydrochlorothiazide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Trijardy XR 5/2.5/1000, 10/5/1000, 12.5/2.5/1000mg (empagliflozin + linagliptin + metformin extended-release)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Trijardy XR 25/5/1000mg (empagliflozin + linagliptin + metformin extended-release)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Trikafta granules (elexacaftor + ivacaftor + tezacaftor)	2 packets per day	2 packets per day	2 packets per day	2 packets per day	2 packets per day
Trikafta tablet (elexacaftor + ivacaftor + tezacaftor)	84 tablets (1 carton) per 28 days	84 tablets (1 carton) per 28 days	84 tablets (1 carton) per 28 days	84 tablets (1 carton) per 28 days	84 tablets (1 carton) per 28 days
Trintellix (vortioxetine)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Triumeq tablet (abacavir + dolutegravir + lamivudine)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Triumeq PD (abacavir + dolutegravir + lamivudine)	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day	6 tablets per day
Trokendi XR (topiramate extended-release)	2 capsules per day	Not covered	2 capsules per day	2 capsules per day	Not covered
Trulicity (dulaglutide)	4 pens (2mL) per 30 days	4 pens (2mL) per 30 days	4 pens (2mL) per 30 days	4 pens (2mL) per 30 days	4 pens (2mL) per 30 days
Truvada (emtricitabine + tenofovir disoproxil fumarate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Tryptyr (acoltremon ophthalmic solution)	60 vials per 30 days	60 vials per 30 days	60 vials per 30 days	60 vials per 30 days	60 vials per 30 days
TussiCaps (hydrocodone + chlorpheniramine)	14 capsules per 30 days	Not covered	14 capsules per 30 days	14 capsules per 30 days	Not covered

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Tuzistra XR (codeine + chlorpheniramine extended-release)	8 ml per day	Not covered	8 ml per day	8 ml per day	Not covered
Twinrix	1ml per fill	1ml per fill	1ml per fill	1ml per fill	1ml per fill
Twyneo (tretinoin + benzoyl peroxide)	Not covered	Not covered	1 pump (30 grams) per 30 days	Not covered	Not covered
Tybost (cobicistat)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Tyenne (tocilizumab-aazg)	4 packages (4 syringes) per 30 days	4 packages (4 syringes) per 30 days	Not covered	4 packages (4 syringes) per 30 days	4 packages (4 syringes) per 30 days
Tymlos (abaloparatide)	1 unit per 30 days	1 unit per 30 days	1 unit per 30 days	1 unit per 30 days	1 unit per 30 days
Tyrvaya (varenicline)	4 sprays per day	Not covered	4 sprays per day	4 sprays per day	Not covered
Tyvaso/Tyvaso DPI institutional + starter kit (treprostinil)	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days
Tyvaso/Tyvaso DPI maintenance kit (treprostinil)	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days	1 kit per 28 days
Tyvaso vial (treprostinil)	28 ampules (81.2 ml) per 28 days	28 ampules (81.2 ml) per 28 days	28 ampules (81.2 ml) per 28 days	28 ampules (81.2 ml) per 28 days	28 ampules (81.2 ml) per 28 days
Twiist Refill Kit (insulin infusion pump - kit)	2 kits per 30 days	2 kits per 30 days	2 kits per 30 days	2 kits per 30 days	2 kits per 30 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Twiist Starter Kit (insulin infusion pump - kit)	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days	1 kit per 365 days
Ubrelvy (ubrogepant)	16 tablets per 30 days	16 tablets per 30 days	16 tablets per 30 days	16 tablets per 30 days	16 tablets per 30 days
Uceris (budesonide extended-release)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Ukoniq (umbralisib)	4 tablets per day*	4 tablets per day*	4 tablets per day*	4 tablets per day*	4 tablets per day*
Uloric (febuxostat)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Ultracet (tramadol + acetaminophen)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)	4 grams of APAP per day (Limited to 5 day supply for the 1st fill)
Ultram (tramadol)	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Uptravi starter pack (selexipag)	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days	2 packs per 365 days
Uptravi (selexipag)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Uzedy (risperidone, extended-release)	1 injection per 30 days	1 injection per 30 days	1 injection per 30 days	1 injection per 30 days	1 injection per 30 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Vafseo 150mg, 450mg (vadadustat)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Vafseo 300mg (vadadustat)	2 tablets per day	2 tablets per day	Not covered	2 tablets per day	2 tablets per day
Valtoco (diazepam)	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days	5 boxes (10 nasal spray units) per 30 days
Valved Holding Chambers (VHCs) and Spacers for Metered Dose Inhalers	3 spacers/VHCs per fill	3 spacers/VHCs per fill	3 spacers/VHCs per fill	3 spacers/VHCs per fill	3 spacers/VHCs per fill
Vanos (fluocinonide)	240 gm per 30 days	240 gm per 30 days	240 gm per 30 days	240 gm per 30 days	240 gm per 30 days
Vanrafia (atrasentan)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Vaqta vaccine	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
Vaqta vaccine	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill	1 ml per fill
Vascepa (icosapent ethyl)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Vaxneuvance vaccine	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill	0.5 ml per fill
VCF film (nonoxynol-9)	6 units per 30 days	6 units per 30 days	6 units per 30 days	6 units per 30 days	6 units per 30 days
VCF foam (nonoxynol-9)	1 box (17 gm) per 30 days	1 box (17 gm) per 30 days	1 box (17 gm) per 30 days	1 box (17 gm) per 30 days	1 box (17 gm) per 30 days
VCF gel (nonoxynol-9)	1 package (10 units) per 30 days	1 package (10 units) per 30 days	1 package (10 units) per 30 days	1 package (10 units) per 30 days	1 package (10 units) per 30 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Vecamyl (mecamylamine)	10 tablets per day	Not covered	10 tablets per day	10 tablets per day	Not covered
Veltassa 1gm (patiromer)	4 packets per day	4 packets per day	Not covered	4 packets per day	4 packets per day
Veltassa 8.4gm (patiromer)	2 packets per day	2 packets per day	Not covered	2 packets per day	2 packets per day
Veltassa 16.8gm, 25.2gm (patiromer)	1 packet per day	1 packet per day	Not covered	1 packet per day	1 packet per day
Vemlidy (tenofovir alafenamide)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Ventavis (iloprost)	9 ampules per day	9 ampules per day	9 ampules per day	9 ampules per day	9 ampules per day
Veozah (fezolinetant)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Verkazia (cyclosporine)	4 vials per day	Not covered	Not covered	4 vials per day	Not covered
Verquvo (vericiguat)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Vesicare (solifenacin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Vesicare LS (solifenacin succinate)	2 bottles (300 ml) per 30 days	2 bottles (300 ml) per 30 days	Not covered	2 bottles (300 ml) per 30 days	2 bottles (300 ml) per 30 days
Vgo20, Vgo30, Vgo40	30 units per 30 days	30 units per 30 days	30 units per 30 days	30 units per 30 days	30 units per 30 days

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Vicoprofen (hydrocodone + ibuprofen)	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Viagra (sildenafil)	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days	Not covered
Viberzi (eluxadoline)	2 tablets per day	Not covered	2 tablets per day	2 tablets per day	Not covered
Victoza (liraglutide)	3 pens (9 ml) per 30 days	3 pens (9 ml) per 30 days	3 pens (9 ml) per 30 days	3 pens (9 ml) per 30 days	3 pens (9 ml) per 30 days
Vijoice tablet 50 mg, 125 mg (alpelisib)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Vijoice granule (alpelisib)	1 packet per day	1 packet per day	1 packet per day	1 packet per day	1 packet per day
Vimpat (lacosamide)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Vistogard (uridine triacetate)	20 packets per fill	20 packets per fill	20 packets per fill	20 packets per fill	20 packets per fill
Vituz (chlorpheniramine + hydrocodone)	240 ml per Rx	Not covered	240 ml per Rx	240 ml per Rx	Not covered
Vivjoa (oteseconazole)	18 capsules per 84 days	Not covered	18 capsules per 84 days	18 capsules per 84 days	Not covered
Vivlodex (meloxicam)	1 capsule per day	Not covered	1 capsule per day	1 capsule per day	Not covered

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Vogelxo packet (testosterone)	2 packets per day	2 packets per day	2 packets per day	2 packets per day	2 packets per day
Vogelxo pump (testosterone)	4 bottles (300gm) per 30 days	4 bottles (300gm) per 30 days	4 bottles (300gm) per 30 days	4 bottles (300gm) per 30 days	4 bottles (300gm) per 30 days
Voltaren gel (diclofenac)	4 tubes (400 gm) per 30 days	4 tubes (400 gm) per 30 days	4 tubes (400 gm) per 30 days	4 tubes (400 gm) per 30 days	4 tubes (400 gm) per 30 days
Voquezna (vonoprazan)	1 tablet per day	Not covered	1 tablet per day	1 tablet per day	Not covered
Vosevi (sofosbuvir +velpatasvir + voxilaprevir)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Vowst (fecal microbiota spores)	12 capsules per 30 days	12 capsules per 30 days	12 capsules per 30 days	12 capsules per 30 days	12 capsules per 30 days
Voxzogo (vosoritide)	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day
Voydeya (danicopan)	1 box or carton per 30 days	1 box or carton per 30 days	1 box or carton per 30 days	1 box or carton per 30 days	1 box or carton per 30 days
Voyxact (sibeprenlimab-szsi)	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days	1 syringe per 28 days
Vraylar (cariprazine)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Vtama cream (tapinarof)	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days
Vumerity (dimethyl fumarate)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Vumerity starter pack (dimethyl fumarate)	1 bottle per 365 days	1 bottle per 365 days	1 bottle per 365 days	1 bottle per 365 days	1 bottle per 365 days
Vusion (miconazole nitrate + zinc oxide + white petrolatum)	1 tube (50 gm) per 30 days	Not covered	Not covered	1 tube (50 gm) per 30 days	Not covered
Vyalev (foscarbidopa/foslevodopa)	42 vials per 28 days	42 vials per 28 days	42 vials per 28 days	42 vials per 28 days	42 vials per 28 days
Vykat XR (diazoxide choline)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Vyleesi (bremelanotide)	2 cartons (8 autoinjectors) per 30 days	Not covered	2 cartons (8 autoinjectors) per 30 days	2 cartons (8 autoinjectors) per 30 days	Not covered
Vyndamax (tafamidis)	1 capsule per day	1 capsule per day	Not covered	1 capsule per day	1 capsule per day
Vyndaqel (tafamidis meglumine)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Vytorin (ezetimibe + simvastatin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Vyvanse (lisdexamfetamine)	1 capsule / chew tablet per day	1 capsule / chew tablet per day	1 capsule / chew tablet per day	1 capsule / chew tablet per day	1 capsule / chew tablet per day
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days	4 syringes per 28 days
Wainua (eplontersen)	1 injector per 28 days	1 injector per 28 days	1 injector per 28 days	1 injector per 28 days	1 injector per 28 days
Wakix (pitolisant)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Wayrilz (rilzabrutinib)	2 tablets per day	2 tablets per day	Not covered	2 tablets per day	2 tablets per day
Wegovy 0.25, 0.5mg, 1mg (semaglutide)	4 pens (2ml) per 30 days	Not covered	4 pens (2ml) per 30 days	4 pens (2ml) per 30 days	Not covered
Wegovy 1.7mg, 2.4mg (semaglutide)	4 pens (3 ml) per 30 days	Not covered	4 pens (3 ml) per 30 days	4 pens (3 ml) per 30 days	Not covered
Wezlana (ustekinumab-auub)	Not covered	Not covered	1 syringe / vial every 28 days	Not covered	Not covered
Wide Seal diaphragm	1 unit per 90 days	1 unit per 90 days	1 unit per 90 days	1 unit per 90 days	1 unit per 90 days
Winlevi (clascoterone)	1 tube (60 gm) per 30 days	Not covered	Not covered	1 tube (60 gm) per 30 days	Not covered
Winrevair (sotatercept-csrk)	1 kit per 21 days	1 kit per 21 days	1 kit per 21 days	1 kit per 21 days	1 kit per 21 days
Wixela Inhub (fluticasone propionate + salmeterol)	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days	1 inhaler per 30 days
Xadago (safinamide)	1 tablet per day	1 tablet per day	Not covered	1 tablet per day	1 tablet per day
Xarelto starter pack (rivaroxaban)	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days	1 pack per 365 days
Xarelto suspension (rivaroxaban)	20 ml per day	20 ml per day	20 ml per day	20 ml per day	20 ml per day
Xarelto 2.5mg, 15mg tablet (rivaroxaban)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Medication	Quantity limits for:				
	BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Xarelto 10mg, 20mg tablet (rivaroxaban)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Xcopri 25mg, 50mg, 100mg (cenobamate)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Xcopri 150mg, 200mg (cenobamate)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Xcopri 250mg, 350 mg maintenance pack (cenobamate)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Xcopri titration pack (cenobamate)	3 packs per 365 days	3 packs per 365 days	3 packs per 365 days	3 packs per 365 days	3 packs per 365 days
Xdemvy (lotilaner)	1 bottle (10 ml) per 30 days	1 bottle (10 ml) per 30 days	1 bottle (10 ml) per 30 days	1 bottle (10 ml) per 30 days	1 bottle (10 ml) per 30 days
Xeljanz (tofacitinib)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Xeljanz solution (tofacitinib)	1 bottle (240 ml) per 30 days	1 bottle (240 ml) per 30 days	1 bottle (240 ml) per 30 days	1 bottle (240 ml) per 30 days	1 bottle (240 ml) per 30 days
Xeljanz XR (tofacitinib extended-release)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Xelpros (latanoprost)	1 bottle per fill	1 bottle per fill	1 bottle per fill	1 bottle per fill	1 bottle per fill
Xelstrym (dextroamphetamine)	1 patch per day	Not covered	1 patch per day	1 patch per day	Not covered
Xenazine (tetrabenazine)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day

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Xenical (orlistat)	3 capsules per day	Not covered	3 capsules per day	3 capsules per day	Not covered
Xenleta (lefamulin)	20 tablets per 10 days	20 tablets per 10 days	20 tablets per 10 days	20 tablets per 10 days	20 tablets per 10 days
Xhance (fluticasone propionate)	Not covered	Not covered	1 inhaler per 30 days	Not covered	Not covered
Xifaxan 200mg (rifaximin)	9 tablets per 7 days	9 tablets per 7 days	Not covered	9 tablets per 7 days	9 tablets per 7 days
Xifaxan 550mg (rifaximin)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day
Xigduo XR 5/500, 10/500, 10/1,000mg (dapagliflozin + metformin)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Xigduo XR 2.5/1,000, 5/1,000mg (dapagliflozin + metformin)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Xiidra (lifitegrast)	2 vials per day	2 vials per day	2 vials per day	2 vials per day	2 vials per day
Xocova (ensitrelvir)	14 tablets per 180 days	14 tablets per 180 days	14 tablets per 180 days	14 tablets per 180 days	14 tablets per 180 days
Xofluza 40mg (baloxavir marboxil)	4 tablets per 180 days	4 tablets per 180 days	4 tablets per 180 days	4 tablets per 180 days	4 tablets per 180 days
Xofluza 80mg (baloxavir marboxil)	2 tablets per 180 days	2 tablets per 180 days	2 tablets per 180 days	2 tablets per 180 days	2 tablets per 180 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Xolair 75mg (omalizumab)	2 syringes / autoinjectors per 30 days	2 syringes / autoinjectors per 30 days	2 syringes / autoinjectors per 30 days	2 syringes / autoinjectors per 30 days	2 syringes / autoinjectors per 30 days
Xolair 150mg, 300mg (omalizumab)	8 syringes / autoinjectors per 30 days	8 syringes / autoinjectors per 30 days	8 syringes / autoinjectors per 30 days	8 syringes / autoinjectors per 30 days	8 syringes / autoinjectors per 30 days
Xolremdi (mavorixafor)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Xopenex HFA (levalbuterol)	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days	2 inhalers per 30 days
Xphozah (tenapanor)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Xromi (hydroxyurea)	300 ml per 30 days	Not covered	300 ml per 30 days	300 ml per 30 days	Not covered
Xtampza ER 9mg, 13.5mg, 18mg (oxycodone)	2 capsules per day** (Limited to 5 day supply for the 1st fill)	2 capsules per day** (Limited to 5 day supply for the 1st fill)	2 capsules per day** (Limited to 5 day supply for the 1st fill)	2 capsules per day** (Limited to 5 day supply for the 1st fill)	2 capsules per day** (Limited to 5 day supply for the 1st fill)
Xtampza ER 27mg, 36mg (oxycodone)	4 capsules per day** (Limited to 5 day supply for the 1st fill)	4 capsules per day** (Limited to 5 day supply for the 1st fill)	4 capsules per day** (Limited to 5 day supply for the 1st fill)	4 capsules per day** (Limited to 5 day supply for the 1st fill)	4 capsules per day** (Limited to 5 day supply for the 1st fill)
Xulane (ethinyl estradiol + norelgestromin)	3 patches per 28 days	3 patches per 28 days	3 patches per 28 days	3 patches per 28 days	3 patches per 28 days
Xultophy (insulin degludec + liraglutide)	5 pens per 30 days	5 pens per 30 days	5 pens per 30 days	5 pens per 30 days	5 pens per 30 days
Xuriden (uridine triacetate)	120 packets per 30 days	120 packets per 30 days	120 packets per 30 days	120 packets per 30 days	120 packets per 30 days

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Medication	Quantity limits for: BCBSM Clinical, Custom, Closed Drug Lists	BCBSM Custom Select Drug List	BCBSM and BCN Preferred Drug List	BCN Custom, Closed Drug Lists	BCN Custom Select Drug List
Xyosted (testosterone enanthate)	1 carton (4 autoinjectors) per 30 days	Not covered	1 carton (4 autoinjectors) per 30 days	1 carton (4 autoinjectors) per 30 days	Not covered
Xyrem (sodium oxybate)	3 bottles (540 ml) per 30 days	3 bottles (540 ml) per 30 days	3 bottles (540 ml) per 30 days	3 bottles (540 ml) per 30 days	3 bottles (540 ml) per 30 days
Xywav (calcium + magnesium + potassium + sodium oxybates)	3 bottles (540 ml) per 30 days	Not covered	3 bottles (540 ml) per 30 days	3 bottles (540 ml) per 30 days	Not covered
Xyzal oral solution (levocetirizine)	296 ml per 30 days	Not covered	296 ml per 30 days	Not covered	Not covered
Xyzal tablet (levocetirizine)	4 tablets per day	Not covered	4 tablets per day	Not covered	Not covered
Yesintek (ustekinumab-kfce)	1 syringe / vial every 28 days	1 syringe / vial every 28 days	Not covered	1 syringe / vial every 28 days	1 syringe / vial every 28 days
Yeztugo (lenacapavir)	4 tablets per 365 days	4 tablets per 365 days	4 tablets per 365 days	4 tablets per 365 days	4 tablets per 365 days
Yorvipath (palopegteriparatide)	1 injection per day	1 injection per day	1 injection per day	1 injection per day	1 injection per day
Yupelri (revefenacin)	1 vial per day	1 vial per day	1 vial per day	1 vial per day	1 vial per day
Yutrepia (treprostinil)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day
Yuviwel 5.5mg (Navepegritide)	8 vials per 28 days	8 vials per 28 days	8 vials per 28 days	8 vials per 28 days	8 vials per 28 days

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Yuviwel 1.3mg, 2.8mg (Navepegritide)	4 vials per 28 days	4 vials per 28 days	4 vials per 28 days	4 vials per 28 days	4 vials per 28 days
Zavesca (miglustat)	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day	3 capsules per day
Zavzpret (zavegepant)	8 units per 30 days	Not covered	8 units per 30 days	8 units per 30 days	Not covered
Zegalogue (dasiglucagon)	8 injections per fill, 16 injections per 365 days	8 injections per fill, 16 injections per 365 days	Not covered	8 injections per fill, 16 injections per 365 days	8 injections per fill, 16 injections per 365 days
Zegerid (omeprazole + sodium bicarbonate)	1 capsule per day	1 capsule per day	1 capsule per day	Not covered	1 capsule per day
Zelapar (selegiline)	2 tablets per day	2 tablets per day	Not covered	2 tablets per day	2 tablets per day
Zelsuvmi (berdazimer)	1 carton per 30 days	1 carton per 30 days	1 carton per 30 days	1 carton per 30 days	1 carton per 30 days
Zembrace SymTouch (sumatriptan succinate)	12 injections per 30 days	12 injections per 30 days	12 injections per 30 days	12 injections per 30 days	12 injections per 30 days
Zenzedi (dextroamphetamine)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Zepbound (tirzepatide)	4 pens per 28 days	Not covered	4 pens per 28 days	4 pens per 28 days	Not covered
Zeposia starter kit (ozanimod)	1 starter kit per 365 days	1 starter kit per 365 days	1 starter kit per 365 days	1 starter kit per 365 days	1 starter kit per 365 days

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Zeposia 7-Day starter pack (ozanimod)	1 starter pack per 365 days	1 starter pack per 365 days	1 starter pack per 365 days	1 starter pack per 365 days	1 starter pack per 365 days
Zeposia (ozanimod)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Zetia (ezetimibe)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Zetonna (ciclesonide)	1 canister per 30 days	Not covered	Not covered	Not covered	Not covered
Ziextenzo (pegfilgrastim-bmez)	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days	2 syringes per 30 days
Zilbrysq (zilucoplan)	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day	1 syringe per day
Zimhi (naloxone hydrochloride)	4 syringes per fill	4 syringes per fill	4 syringes per fill	4 syringes per fill	4 syringes per fill
Zipsor (diclofenac)	4 capsules per day	Not covered	4 capsules per day	4 capsules per day	Not covered
Zocor (simvastatin)	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day	1.5 tablets per day
Zofran / Zofran ODT (ondansetron)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Zohydro ER (hydrocodone)	2 tablets per day** (Limited to 5 day supply for the 1st fill)	2 tablets per day** (Limited to 5 day supply for the 1st fill)	2 tablets per day** (Limited to 5 day supply for the 1st fill)	2 tablets per day** (Limited to 5 day supply for the 1st fill)	2 tablets per day** (Limited to 5 day supply for the 1st fill)
Zokinvy (lonafarnib)	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day	4 capsules per day

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Zoladex (goserelin acetate)	1 syringe per Rx	1 syringe per Rx	1 syringe per Rx	Not applicable	Not applicable
Zolpimist (zolpidem tartrate)	Not covered	Not covered	2 sprays per day	Not covered	Not covered
Zomig / Zomig ZMT (zolmitriptan)	12 tablets per 30 days	Not covered	12 tablets per 30 days	12 tablets per 30 days	Not covered
Zomig nasal spray (zolmitriptan)	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days	12 units per 30 days
Zonisade (zonisamide oral suspension)	30 ml per day	30 ml per day	30 ml per day	30 ml per day	30 ml per day
Zontivity (vorapaxar)	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day	1 tablet per day
Zoryve 0.15% cream (roflumilast)	1 tube (60 grams) per 30 days	Not covered	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	Not covered
Zoryve 0.3% cream (roflumilast)	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days
Zoryve foam (roflumilast)	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days	1 tube (60 grams) per 30 days
Ztalmy (ganaxolone)	1800 mg (36 ml) per day	1800 mg (36 ml) per day	1800 mg (36 ml) per day	1800 mg (36 ml) per day	1800 mg (36 ml) per day
ZTlido (lidocaine)	Not covered	Not covered	3 patches per day	Not covered	Not covered
Zubsolv (buprenorphine + naloxone)	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day	3 tablets per day

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Zurnai (nalmefene injection)	4 doses per fill	4 doses per fill	Not covered	4 doses per fill	4 doses per fill
Zurzuvae 20mg, 25mg (zuranolone)	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day	2 capsules per day
Zurzuvae 30mg (zuranolone)	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day	1 capsule per day
Zyban (bupropion extended-release)	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day	2 tablets per day
Zyclara cream pack 3.75% (imiquimod)	1 packet per day	Not covered	1 packet per day	Not covered	1 packet per day
Zyclara cream pump 3.75% (imiquimod)	1 bottle per 30 days	Not covered	1 bottle per 30 days	Not covered	1 bottle per 30 days
Zycubo (copper histidinate)	1 vial per day	1 vial per day	1 vial per day	1 vial per day	1 vial per day
Zyflo CR (zileuton extended-release)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day
Zytiga 250mg (abiraterone)	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day	4 tablets per day

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.
تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.
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LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.
VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.
알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।
UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.
ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください.
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.
PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711.

Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
Fax: 866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website https://www.hhs.gov/ocr/complaints/index.html.

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/

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