

## Quantity Limits

Quantity limits identify the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization and are typically developed based upon FDA drug labeling.

The following drugs, including generic versions if available, have dispensing limits. This is not intended as a complete list of all drugs with dispensing limits. Individual benefits will vary by policy. Please refer to MyPrime.com to view the BlueCare<sup>SM</sup> covered drug list and for the most complete pricing and benefit information. This list is subject to change.

QL Description	Label Name	QL Member Friendly Text
Afrezza	AFREZZA POW 12 UNIT	900 Cartridges/30 Days
Afrezza	AFREZZA POW 4-8 UNIT	1800 Cartridges/30 Days
Afrezza	AFREZZA POW 4-8-12	1260 Cartridges/30 Days
Afrezza	AFREZZA POW 4UNIT	2520 Cartridges/30 Days
Afrezza	AFREZZA POW 8 UNIT	1260 Cartridges/30 Days
Afrezza	AFREZZA POW 8-12UNIT	1080 Cartridges/30 Days
Amifampridine	FIRDAPSE TAB 10MG	240 Tablets/30 Days
Amifampridine	RUZURGI TAB 10MG	300 Tablets/30 Days
Ampyra	AMPYRA TAB 10MG	60 Tablets/30 Days
Ampyra	DALFAMPRIDIN TAB 10MG ER	60 Tablets/30 Days
Androgen/Anabolic Steroids	ANDRODERM DIS 2MG/24HR	30 Patches/30 Days
Androgen/Anabolic Steroids	ANDRODERM DIS 4MG/24HR	30 Patches/30 Days
Androgen/Anabolic Steroids	ANDROGEL GEL 1%(25MG)	150 Grams/30 Days
Androgen/Anabolic Steroids	ANDROGEL GEL 1%(50MG)	300 Grams/30 Days
Androgen/Anabolic Steroids	ANDROGEL GEL 1.62%	150 Grams/30 Days
Androgen/Anabolic Steroids	ANDROGEL GEL 1.62%	37.5 Grams/30 Days
Androgen/Anabolic Steroids	AVEED INJ 750/3ML	1 Vial/28 Days
Androgen/Anabolic Steroids	DEPO-TESTOST INJ 100MG/ML	1 Vial/28 Days
Androgen/Anabolic Steroids	DEPO-TESTOST INJ 200MG/ML	10 Vials/28 Days
Androgen/Anabolic Steroids	FORTESTA GEL 10MG/ACT	2 Bottles/30 Days
Androgen/Anabolic Steroids	JATENZO CAP 158MG	60 Capsules/30 Days
Androgen/Anabolic Steroids	JATENZO CAP 198MG	120 Capsules/30 Days
Androgen/Anabolic Steroids	JATENZO CAP 237MG	60 Capsules/30 Days
Androgen/Anabolic Steroids	NATESTO GEL 5.5MG	3 Tubes/30 Days
Androgen/Anabolic Steroids	STRIANT MIS 30MG	1 Pack/30 Days
Androgen/Anabolic Steroids	TESTIM GEL 1%(50MG)	300 Grams/30 Days
Androgen/Anabolic Steroids	TESTOPEL MIS PELLETS	6 Pellets/90 Days
Androgen/Anabolic Steroids	TESTOST CYP INJ 100MG/ML	1 Vial/28 Days
Androgen/Anabolic Steroids	TESTOST CYP INJ 200MG/ML	10 Vials/28 Days
Androgen/Anabolic Steroids	TESTOST ENAN INJ 200MG/ML	1 Vial/28 Days
Androgen/Anabolic Steroids	TESTOSTERONE GEL 1%(25MG)	150 Grams/30 Days
Androgen/Anabolic Steroids	TESTOSTERONE GEL 1%(50MG)	300 Grams/30 Days
Androgen/Anabolic Steroids	TESTOSTERONE GEL 1.62%	150 Grams/30 Days
Androgen/Anabolic Steroids	TESTOSTERONE GEL 1.62%	30 Packets/30 Days
Androgen/Anabolic Steroids	TESTOSTERONE GEL 1.62%	60 Packets/30 Days
Androgen/Anabolic Steroids	TESTOSTERONE GEL 10MG/ACT	120 Grams/30 Days
Androgen/Anabolic Steroids	TESTOSTERONE GEL PUMP 1%	300 Grams/30 Days
Androgen/Anabolic Steroids	TESTOSTERONE SOL 30MG/ACT	180 mLs/30 Days
Androgen/Anabolic Steroids	VOGELXO GEL 1%(50MG)	300 Grams/30 Days
Androgen/Anabolic Steroids	VOGELXO GEL PUMP 1%	300 Grams/30 Days
Androgen/Anabolic Steroids	XYOSTED INJ 100/0.5	2 mLs/28 Days

QL Description	Label Name	QL Member Friendly Text
Androgen/Anabolic Steroids	XYOSTED INJ 50/0.5	2 mLs/28 Days
Androgen/Anabolic Steroids	XYOSTED INJ 75/0.5	2 mLs/28 Days
Arikayce	ARIKAYCE SUS	28 Vials/28 Days
Benlysta	BENLYSTA INJ 200MG/ML	4 Injection Devices/28 Days
Benlysta	BENLYSTA INJ 200MG/ML	4 Syringes/28 Days
Bempedoic Acid	NEXLETOL TAB 180MG	30 Tablets/30 Days
Bempedoic Acid	NEXLIZET TAB 180/10MG	30 Tablets/30 Days
Biologic Immunomodulators	ACTEMRA INJ 162/0.9	4 Syringes/28 Days
Biologic Immunomodulators	ACTEMRA INJ ACTPEN	4 Injection Devices/28 Days
Biologic Immunomodulators	CIMZIA KIT	2 Kits/28 Days
Biologic Immunomodulators	CIMZIA KIT STARTER	1 Kit/180 Days
Biologic Immunomodulators	CIMZIA PREFL KIT 200MG/ML	2 Kits/28 Days
Biologic Immunomodulators	COSENTYX INJ 150MG/ML	1 Syringe/28 Days
Biologic Immunomodulators	COSENTYX INJ 300DOSE	2 Syringes/28 Days
Biologic Immunomodulators	COSENTYX PEN INJ 150MG/ML	1 Pen/28 Days
Biologic Immunomodulators	COSENTYX PEN INJ 300DOSE	2 Pens/28 Days
Biologic Immunomodulators	ENBREL INJ 25/0.5ML	4 Syringes/28 Days
Biologic Immunomodulators	ENBREL INJ 25MG	8 Vials/28 Days
Biologic Immunomodulators	ENBREL INJ 50MG/ML	4 Syringes/28 Days
Biologic Immunomodulators	ENBREL MINI INJ 50MG/ML	4 Cartridges/28 Days
Biologic Immunomodulators	ENBREL SRCLK INJ 50MG/ML	4 Injection Devices/28 Days
Biologic Immunomodulators	ENSPRYNG INJ	1 Syringe/28 Days
Biologic Immunomodulators	HUMIRA INJ 10/0.1ML	2 Syringes/28 Days
Biologic Immunomodulators	HUMIRA INJ 10MG/0.2	2 Syringes/28 Days
Biologic Immunomodulators	HUMIRA INJ 20/0.2ML	2 Syringes/28 Days
Biologic Immunomodulators	HUMIRA INJ 40/0.4ML	2 Syringes/28 Days
Biologic Immunomodulators	HUMIRA KIT 20MG/0.4	2 Syringes/28 Days
Biologic Immunomodulators	HUMIRA KIT 40MG/0.8	1 Kit/180 Days
Biologic Immunomodulators	HUMIRA PEDIA INJ CROHNS	1 Kit/180 Days
Biologic Immunomodulators	HUMIRA PEDIA INJ CROHNS	2 Syringes/180 Days
Biologic Immunomodulators	HUMIRA PEDIA INJ CROHNS	3 Syringes/180 Days
Biologic Immunomodulators	HUMIRA PEN INJ 40/0.4ML	2 Pens/28 Days
Biologic Immunomodulators	HUMIRA PEN INJ 40MG/0.8	2 Pens/28 Days
Biologic Immunomodulators	HUMIRA PEN INJ 80/0.8ML	2 Pens/28 Days
Biologic Immunomodulators	HUMIRA PEN INJ CD/UC/HS	1 Kit/180 Days
Biologic Immunomodulators	HUMIRA PEN INJ PS/UV	1 Kit/180 Days
Biologic Immunomodulators	HUMIRA PEN KIT CD/UC/HS	3 Pens/180 Days
Biologic Immunomodulators	HUMIRA PEN KIT PED UC	1 Kit/180 Days
Biologic Immunomodulators	HUMIRA PEN KIT PS/UV	3 Pens/180 Days
Biologic Immunomodulators	KEVZARA INJ 150/1.14	2 Pens/28 Days
Biologic Immunomodulators	KEVZARA INJ 150/1.14	2 Syringes/28 Days
Biologic Immunomodulators	KEVZARA INJ 200/1.14	2 Pens/28 Days
Biologic Immunomodulators	KEVZARA INJ 200/1.14	2 Syringes/28 Days
Biologic Immunomodulators	KINERET INJ	28 Syringes/28 Days
Biologic Immunomodulators	OLUMIANT TAB 1MG	30 Tablets/30 Days
Biologic Immunomodulators	OLUMIANT TAB 2MG	30 Tablets/30 Days
Biologic Immunomodulators	ORENCIA INJ 125MG/ML	4 Syringes/28 Days
Biologic Immunomodulators	ORENCIA INJ 50/0.4	4 Syringes/28 Days

QL Description	Label Name	QL Member Friendly Text
Biologic Immunomodulators	ORENCIA INJ 87.5/0.7	4 Syringes/28 Days
Biologic Immunomodulators	ORENCIA CLCK INJ 125MG/ML	4 Syringes/28 Days
Biologic Immunomodulators	RINVOQ TAB 15MG ER	30 Tablets/30 Days
Biologic Immunomodulators	SILIQ INJ 210/1.5	2 Syringes/30 Days
Biologic Immunomodulators	SIMPONI INJ 100MG/ML	1 Syringe/28 Days
Biologic Immunomodulators	SIMPONI INJ 50/0.5ML	1 Syringe/28 Days
Biologic Immunomodulators	SKYRIZI INJ 150DOSE	1 Box/84 Days
Biologic Immunomodulators	STELARA INJ 45MG/0.5	1 Syringe/84 Days
Biologic Immunomodulators	STELARA INJ 90MG/ML	1 Syringe/56 Days
Biologic Immunomodulators	TALTZ INJ 80MG/ML	1 Syringe/28 Days
Biologic Immunomodulators	TREMFYA INJ 100MG/ML	1 Pen/56 Days
Biologic Immunomodulators	TREMFYA INJ 100MG/ML	1 Syringe/56 Days
Biologic Immunomodulators	XELJANZ TAB 10MG	224 Tablets/365 Days
Biologic Immunomodulators	XELJANZ TAB 5MG	60 Tablets/30 Days
Biologic Immunomodulators	XELJANZ SOL 1MG/ML	240 mLs/30 Days
Biologic Immunomodulators	XELJANZ XR TAB 11MG	30 Tablets/30 Days
Biologic Immunomodulators	XELJANZ XR TAB 22MG	112 Tablets/365 Days
CFTR	KALYDECO PAK 25MG	60 Packets/30 Days
CFTR	KALYDECO PAK 50MG	60 Packets/30 Days
CFTR	KALYDECO PAK 75MG	60 Packets/30 Days
CFTR	KALYDECO TAB 150MG	60 Tablets/30 Days
CFTR	ORKAMBI GRA 100-125	60 Packets/30 Days
CFTR	ORKAMBI GRA 150-188	60 Packets/30 Days
CFTR	ORKAMBI TAB 100-125	120 Tablets/30 Days
CFTR	ORKAMBI TAB 200-125	120 Tablets/30 Days
CFTR	SYMDEKO TAB 100-150	60 Tablets/30 Days
CFTR	SYMDEKO TAB 50-75MG	60 Tablets/30 Days
CFTR	TRIKAFTA TAB	90 Tablets/30 Days
Circadian Rhythm Disorder	HETLIOZ CAP 20MG	30 Capsules/30 Days
Circadian Rhythm Disorder	HETLIOZ LQ SUS 4MG/ML	158 mL/30 Days
Constipation Agents	AMITIZA CAP 24MCG	60 Capsules/30 Days
Constipation Agents	AMITIZA CAP 8MCG	120 Capsules/30 Days
Constipation Agents	LINZESS CAP 145MCG	30 Capsules/30 Days
Constipation Agents	LINZESS CAP 290MCG	30 Capsules/30 Days
Constipation Agents	LINZESS CAP 72MCG	30 Capsules/30 Days
Constipation Agents	MOTEGRITY TAB 1MG	30 Tablets/30 Days
Constipation Agents	MOTEGRITY TAB 2MG	30 Tablets/30 Days
Constipation Agents	MOVANTIK TAB 12.5MG	30 Tablets/30 Days
Constipation Agents	MOVANTIK TAB 25MG	30 Tablets/30 Days
Constipation Agents	RELISTOR INJ 12/0.6ML	60 Vials/30 Days
Constipation Agents	RELISTOR INJ 8/0.4ML	30 Syringes/30 Days
Constipation Agents	RELISTOR TAB 150MG	90 Tablets/30 Days
Constipation Agents	SYMPROIC TAB 0.2MG	30 Tablets/30 Days
Constipation Agents	TRULANCE TAB 3MG	30 Tablets/30 Days
Constipation Agents	ZELNORM TAB 6MG	60 Tablets/30 Days
DPP-4	ALOG/PIOGLIT TAB 12.5-15	30 Tablets/30 Days
DPP-4	ALOG/PIOGLIT TAB 12.5-30	30 Tablets/30 Days
DPP-4	ALOG/PIOGLIT TAB 12.5-45	30 Tablets/30 Days

QL Description	Label Name	QL Member Friendly Text
DPP-4	ALOG/PIOGLIT TAB 25-15MG	30 Tablets/30 Days
DPP-4	ALOG/PIOGLIT TAB 25-30MG	30 Tablets/30 Days
DPP-4	ALOG/PIOGLIT TAB 25-45MG	30 Tablets/30 Days
DPP-4	ALOGLIPTIN TAB 12.5MG	30 Tablets/30 Days
DPP-4	ALOGLIPTIN TAB 25MG	30 Tablets/30 Days
DPP-4	ALOGLIPTIN TAB 6.25MG	30 Tablets/30 Days
DPP-4	ALOGLIPTIN/ TAB METFORM	60 Tablets/30 Days
DPP-4	JANUMET TAB 50-1000	60 Tablets/30 Days
DPP-4	JANUMET TAB 50-500MG	60 Tablets/30 Days
DPP-4	JANUMET XR TAB 100-1000	30 Tablets/30 Days
DPP-4	JANUMET XR TAB 50-1000	60 Tablets/30 Days
DPP-4	JANUMET XR TAB 50-500MG	30 Tablets/30 Days
DPP-4	JANUVIA TAB 100MG	30 Tablets/30 Days
DPP-4	JANUVIA TAB 25MG	30 Tablets/30 Days
DPP-4	JANUVIA TAB 50MG	30 Tablets/30 Days
DPP-4	JENTADUETO TAB 2.5-1000	60 Tablets/30 Days
DPP-4	JENTADUETO TAB 2.5-500	60 Tablets/30 Days
DPP-4	JENTADUETO TAB 2.5-850	60 Tablets/30 Days
DPP-4	JENTADUETO TAB XR	30 Tablets/30 Days
DPP-4	JENTADUETO TAB XR	60 Tablets/30 Days
DPP-4	KAZANO 12.5- TAB 1000MG	60 Tablets/30 Days
DPP-4	KAZANO 12.5- TAB 500MG	60 Tablets/30 Days
DPP-4	KOMBIGLYZ XR TAB 2.5-1000	60 Tablets/30 Days
DPP-4	KOMBIGLYZ XR TAB 5-1000MG	30 Tablets/30 Days
DPP-4	KOMBIGLYZ XR TAB 5-500MG	30 Tablets/30 Days
DPP-4	NESINA TAB 12.5MG	30 Tablets/30 Days
DPP-4	NESINA TAB 25MG	30 Tablets/30 Days
DPP-4	NESINA TAB 6.25MG	30 Tablets/30 Days
DPP-4	ONGLYZA TAB 2.5MG	30 Tablets/30 Days
DPP-4	ONGLYZA TAB 5MG	30 Tablets/30 Days
DPP-4	OSENI TAB 12.5-15	30 Tablets/30 Days
DPP-4	OSENI TAB 12.5-30	30 Tablets/30 Days
DPP-4	OSENI TAB 12.5-45	30 Tablets/30 Days
DPP-4	OSENI TAB 25-15MG	30 Tablets/30 Days
DPP-4	OSENI TAB 25-30MG	30 Tablets/30 Days
DPP-4	OSENI TAB 25-45MG	30 Tablets/30 Days
DPP-4	TRADJENTA TAB 5MG	30 Tablets/30 Days
Elagolix	ORIAHNN CAP	56 Capsules/28 Days
Emflaza	EMFLAZA TAB 18MG	30 Tablets/30 Days
Emflaza	EMFLAZA TAB 6MG	60 Tablets/30 Days
Eysuvis	EYSUVIS DRO 0.25%	16.60 mL/90 Days
Fintepla	FINTEPLA SOL 2.2MG/ML	360 mLs/30 Days
Galafold	GALAFOLD CAP 123MG	14 Capsules/28 Days
GLP-1	ADLYXIN INJ 10/20MCG	6 mL/180 Days
GLP-1	ADLYXIN INJ 20MCG	6 mL/28 Days
GLP-1	BYDUREON BC INJ 2/0.85ML	3.4 mL/28 Days
GLP-1	BYDUREON PEN INJ 2MG	4 Pens/28 Days
GLP-1	BYETTA INJ 10MCG	2.4 mL/30 Days

QL Description	Label Name	QL Member Friendly Text
GLP-1	BYETTA INJ 5MCG	1.2 mL/30 Days
GLP-1	OZEMPIC INJ 2/1.5ML	1.5 mL/28 Days
GLP-1	OZEMPIC INJ 2/1.5ML	3 mL/28 Days
GLP-1	OZEMPIC INJ 4MG/3ML	3 mL/28 Days
GLP-1	RYBELSUS TAB 14MG	30 Tablets/30 Days
GLP-1	RYBELSUS TAB 3MG	30 Tablets/180 Days
GLP-1	RYBELSUS TAB 7MG	30 Tablets/30 Days
GLP-1	TRULICITY INJ	2 mL/28 Days
GLP-1	TRULICITY INJ 0.75/0.5	2 mL/28 Days
GLP-1	TRULICITY INJ 1.5/0.5	2 mL/28 Days
GLP-1	VICTOZA INJ 18MG/3ML	9 mL/30 Days
HAE	FIRAZYR INJ 30MG/3ML	18 mLs/30 Days
HAE	ICATIBANT INJ 30MG/3ML	18 mLs/30 Days
HAE	KALBITOR INJ 10MG/ML	4 Kits/30 Days
HAE	TAKHZYRO INJ 300/2ML	4 mLs/28 Days
hATTR Amyloidosis	TEGSEDI INJ 284/1.5	6 mLs/28 Days
Hemlibra	HEMLIBRA INJ 105/0.7	5.6 mLs/28 Days
Hemlibra	HEMLIBRA INJ 150/ML	8 mLs/28 Days
Hemlibra	HEMLIBRA INJ 30MG/ML	4 mLs/28 Days
Hemlibra	HEMLIBRA INJ 60/0.4	1.6 mLs/28 Days
Hereditary Angioedema	ORLADEYO CAP 110MG	30 Capsules/30 Days
Hereditary Angioedema	ORLADEYO CAP 150MG	30 Capsules/30 Days
Hyperhidrosis	QBREXZA PAD 2.4%	30 Pads/30 Days
IL-5 Inhibitors	FASENRA PEN INJ 30MG/ML	1 Pen/56 Days
IL-5 Inhibitors	NUCALA INJ 100MG/ML	3 mLs/28 Days
IL-5 Inhibitors	NUCALA INJ 100MG/ML	3 Syringes/28 Days
Injectable Asthma Agents	FASENRA INJ 30MG/ML	1 Injection/56 Days
Injectable Asthma Agents	NUCALA INJ 100MG	1 Vial/28 Days
Injectable Atopic Dermatitis	DUPIXENT INJ 200/1.14	2.28 mLs/28 Days
Injectable Atopic Dermatitis	DUPIXENT INJ 300/2ML	4 mLs/28 Days
Interleukin (IL)-4 Inhibitors	DUPIXENT INJ 300/2ML	2 Pens/28 Days
Insulin Combinations	SOLIQUA INJ 100/33	15 mLs/30 Days
Insulin Combinations	XULTOPHY INJ 100/3.6	15 mLs/30 Days
IPF	ESBRIET CAP 267MG	180 Capsules/30 Days
IPF	ESBRIET TAB 267MG	180 Tablets/30 Days
IPF	ESBRIET TAB 801MG	90 Tablets/30 Days
IPF	OFEV CAP 100MG	60 Capsules/30 Days
IPF	OFEV CAP 150MG	60 Capsules/30 Days
Isturisa	ISTURISA TAB 10MG	180 Tablets/30 Days
Isturisa	ISTURISA TAB 1MG	240 Tablets/30 Days
Isturisa	ISTURISA TAB 5MG	300 Tablets/30 Days
Jynarque	JYNARQUE PAK 30-15MG	56 Tablets/28 Days
Jynarque	JYNARQUE PAK 45-15MG	4 Packs/28 Days
Jynarque	JYNARQUE PAK 60-30MG	4 Packs/28 Days
Jynarque	JYNARQUE PAK 90-30MG	4 Packs/28 Days
Jynarque	JYNARQUE TAB 15MG	56 Tablets/28 Days
Jynarque	JYNARQUE TAB 15MG	60 Tablets/30 Days
Jynarque	JYNARQUE TAB 30MG	30 Tablets/30 Days

QL Description	Label Name	QL Member Friendly Text
Lucemyra	LUCEMYRA TAB 0.18MG	228 Tablets/180 Days
Migraine	AIMOVIG INJ 140MG/ML	1 mL/28 Days
Migraine	AIMOVIG INJ 70MG/ML	1 mL/28 Days
Migraine	AJOVY INJ 225/1.5	4.5 mLs/84 Days
Migraine	ALMOTRIP MAL TAB 12.5MG	12 Tablets/30 Days
Migraine	ALMOTRIP MAL TAB 6.25MG	12 Tablets/30 Days
Migraine	ALMOTRIPTAN TAB 12.5MG	12 Tablets/30 Days
Migraine	ALMOTRIPTAN TAB 6.25MG	12 Tablets/30 Days
Migraine	AMERGE TAB 1MG	18 Tablets/30 Days
Migraine	AMERGE TAB 2.5MG	18 Tablets/30 Days
Migraine	BUTORPHANOL SOL 10MG/ML	7.5 mLs/30 Days
Migraine	CAMBIA POW 50MG	9 Packets/30 Days
Migraine	DIHYDROERGOT SPR 4MG/ML	12 mLs/30 Days
Migraine	ELETRIPTAN TAB 20MG	12 Tablets/30 Days
Migraine	ELETRIPTAN TAB 40MG	12 Tablets/30 Days
Migraine	EMGALITY INJ 100MG/ML	9 mLs/180 Days
Migraine	EMGALITY INJ 120MG/ML	1 mL/28 Days
Migraine	FROVA TAB 2.5MG	18 Tablets/30 Days
Migraine	FROVATRIPTAN TAB 2.5MG	18 Tablets/30 Days
Migraine	IMITREX INJ 4MG/0.5	6 mLs/30 Days
Migraine	IMITREX INJ 6MG/0.5	6 mLs/30 Days
Migraine	IMITREX SPR 20MG/ACT	12 Units/30 Days
Migraine	IMITREX SPR 5MG/ACT	24 Inhalers/30 Days
Migraine	IMITREX TAB 100MG	9 Tablets/30 Days
Migraine	IMITREX TAB 25MG	18 Tablets/30 Days
Migraine	IMITREX TAB 50MG	18 Tablets/30 Days
Migraine	MAXALT TAB 10MG	24 Tablets/30 Days
Migraine	MAXALT-MLT TAB 10MG	24 Tablets/30 Days
Migraine	MIGRANAL SPR 4MG/ML	12 mLs/30 Days
Migraine	NARATRIPTAN TAB 1MG	18 Tablets/30 Days
Migraine	NARATRIPTAN TAB 2.5MG	18 Tablets/30 Days
Migraine	NURTEC TAB 75MG ODT	40 Tablets/90 Days
Migraine	ONZETRA XSAI MIS 11MG	32 Units/30 Days
Migraine	RELPAK TAB 20MG	12 Tablets/30 Days
Migraine	RELPAK TAB 40MG	12 Tablets/30 Days
Migraine	REYVOW TAB 50MG	8 Tablets/30 Days
Migraine	REYVOW TAB 100MG	8 Tablets/30 Days
Migraine	RIZATRIPTAN TAB 10MG	24 Tablets/30 Days
Migraine	RIZATRIPTAN TAB 10MG ODT	24 Tablets/30 Days
Migraine	RIZATRIPTAN TAB 5MG	24 Tablets/30 Days
Migraine	RIZATRIPTAN TAB 5MG ODT	24 Tablets/30 Days
Migraine	SUMAT-NAPROX TAB 85-500MG	18 Tablets/30 Days
Migraine	SUMATRIPTAN INJ 4MG/0.5	6 mLs/30 Days
Migraine	SUMATRIPTAN INJ 6/0.5ML	6 mLs/30 Days
Migraine	SUMATRIPTAN INJ 6MG/0.5	6 mLs/30 Days
Migraine	SUMATRIPTAN SPR 20MG/ACT	12 Units/30 Days
Migraine	SUMATRIPTAN SPR 5MG/ACT	24 Inhalers/30 Days
Migraine	SUMATRIPTAN TAB 100MG	9 Tablets/30 Days

QL Description	Label Name	QL Member Friendly Text
Migraine	SUMATRIPTAN TAB 25MG	18 Tablets/30 Days
Migraine	SUMATRIPTAN TAB 50MG	18 Tablets/30 Days
Migraine	TREXIMET TAB 85-500MG	18 Tablets/30 Days
Migraine	UBRELVY TAB 100MG	16 Tablets/30 Days
Migraine	UBRELVY TAB 50MG	16 Tablets/30 Days
Migraine	ZEMBRACE SYM INJ 3/0.5ML	18 Pens/30 Days
Migraine	ZOLMITRIPTAN TAB 2.5 MG	12 Tablets/30 Days
Migraine	ZOLMITRIPTAN TAB 2.5MG	12 Tablets/30 Days
Migraine	ZOLMITRIPTAN TAB 5MG	12 Tablets/30 Days
Migraine	ZOLMITRIPTAN TAB 5MG ODT	12 Tablets/30 Days
Migraine	ZOMIG SPR 2.5MG	12 Units/30 Days
Migraine	ZOMIG SPR 5MG	12 Units/30 Days
Migraine	ZOMIG TAB 2.5MG	12 Tablets/30 Days
Migraine	ZOMIG TAB 5MG	12 Tablets/30 Days
Migraine	ZOMIG ZMT TAB 2.5 MG	12 Tablets/30 Days
Migraine	ZOMIG ZMT TAB 5MG ODT	12 Tablets/30 Days
Multiple Sclerosis	AUBAGIO TAB 14MG	30 Tablets/30 Days
Multiple Sclerosis	AUBAGIO TAB 7MG	30 Tablets/30 Days
Multiple Sclerosis	AVONEX PEN KIT 30MCG	1 Kit/28 Days
Multiple Sclerosis	AVONEX PREFL KIT 30MCG	1 Kit/28 Days
Multiple Sclerosis	BAFIERTAM CAP 95MG	120 Capsules/30 Days
Multiple Sclerosis	BETASERON INJ 0.3MG	14 Vials/28 Days
Multiple Sclerosis	COPAXONE INJ 20MG/ML	28 Syringes/28 Days
Multiple Sclerosis	COPAXONE INJ 40MG/ML	12 Syringes/28 Days
Multiple Sclerosis	DIMETHYL FUM CAP 120MG DR	56 Capsules/180 Days
Multiple Sclerosis	DIMETHYL FUM CAP 240MG DR	60 Capsules/30 Days
Multiple Sclerosis	DIMETHYL FUM MIS STARTER	60 Capsules/180 Days
Multiple Sclerosis	EXTAVIA INJ 0.3MG	14 Vials/28 Days
Multiple Sclerosis	GILENYA CAP 0.5MG	30 Capsules/30 Days
Multiple Sclerosis	GLATIRAMER INJ 20MG/ML	28 Syringes/28 Days
Multiple Sclerosis	GLATIRAMER INJ 40MG/ML	12 mLs/28 Days
Multiple Sclerosis	GLATOPA INJ 20MG/ML	28 Syringes/28 Days
Multiple Sclerosis	GLATOPA INJ 40MG/ML	12 mLs/28 Days
Multiple Sclerosis	KESIMPTA INJ 20/.4ML	1 Pen/28 Days
Multiple Sclerosis	MAVENCLAD PAK 10MG(10)	20 Tablets/301 Days
Multiple Sclerosis	MAVENCLAD PAK 10MG(4)	8 Tablets/301 Days
Multiple Sclerosis	MAVENCLAD PAK 10MG(5)	10 Tablets/301 Days
Multiple Sclerosis	MAVENCLAD PAK 10MG(6)	12 Tablets/301 Days
Multiple Sclerosis	MAVENCLAD PAK 10MG(7)	14 Tablets/301 Days
Multiple Sclerosis	MAVENCLAD PAK 10MG(8)	8 Tablets/301 Days
Multiple Sclerosis	MAVENCLAD PAK 10MG(9)	9 Tablets/301 Days
Multiple Sclerosis	MAYZENT TAB 0.25MG	120 Tablets/30 Days
Multiple Sclerosis	MAYZENT TAB 2MG	30 Tablets/30 Days
Multiple Sclerosis	PLEGRIDY INJ	2 Syringes/28 Days
Multiple Sclerosis	PLEGRIDY INJ PEN	2 Pens/28 Days
Multiple Sclerosis	PLEGRIDY INJ STARTER	1 Kit/180 Days
Multiple Sclerosis	PLEGRIDY PEN INJ STARTER	1 Kit/180 Days
Multiple Sclerosis	PONVORY TAB 20MG	30 Tablets/30 Days

QL Description	Label Name	QL Member Friendly Text
Multiple Sclerosis	PONVORY 14-DAY STARTER PACK	1 Pack/180 Days
Multiple Sclerosis	REBIF INJ 22/0.5	12 Syringes/28 Days
Multiple Sclerosis	REBIF INJ 44/0.5	12 Syringes/28 Days
Multiple Sclerosis	REBIF REBIDO INJ 22/0.5	12 Syringes/28 Days
Multiple Sclerosis	REBIF REBIDO INJ 44/0.5	12 Syringes/28 Days
Multiple Sclerosis	REBIF REBIDO INJ TITRATN	1 Kit/180 Days
Multiple Sclerosis	REBIF TITRTN INJ PACK	1 Kit/180 Days
Multiple Sclerosis	TECFIDERA CAP 120MG	56 Capsules/180 Days
Multiple Sclerosis	TECFIDERA CAP 240MG	60 Capsules/30 Days
Multiple Sclerosis	TECFIDERA MIS STARTER	60 Capsules/180 Days
Multiple Sclerosis	VUMERITY STARTER CAP 231MG	106 Capsules/180 Days
Multiple Sclerosis	VUMERITY CAP 231MG	120 Capsules/30 Days
Multiple Sclerosis	ZEPOSIA CAP .92MG	30 Capsules/30 Days
Multiple Sclerosis	ZEPOSIA CAP STR KIT	37 Capsules/180 Days
Multiple Sclerosis	ZEPOSIA 7DAY CAP STR PACK	7 Capsules/180 Days
Nasal Antiepileptics	NAYZILAM SPR 5MG	10 Bottles/30 Days
Nasal Antiepileptics	VALTOCO LIQ 15MG	10 Packs/30 Days
Nasal Antiepileptics	VALTOCO LIQ 20MG	10 Packs/30 Days
Nasal Antiepileptics	VALTOCO SPR 10MG	10 Packs/30 Days
Nasal Antiepileptics	VALTOCO SPR 5MG	10 Packs/30 Days
Natpara	NATPARA INJ 100MCG	2 Cartridges/28 Days
Natpara	NATPARA INJ 25MCG	2 Cartridges/28 Days
Natpara	NATPARA INJ 50MCG	2 Cartridges/28 Days
Natpara	NATPARA INJ 75MCG	2 Cartridges/28 Days
Neurotrophic Keratitis	OXERVATE SOL 20MCG/ML	56 Vials/56 Days
Ocaliva	OCALIVA TAB 10MG	30 Tablets/30 Days
Ocaliva	OCALIVA TAB 5MG	30 Tablets/30 Days
Opioids ER	ARYMO ER TAB 15MG	90 Tablets/30 Days
Opioids ER	ARYMO ER TAB 30MG	90 Tablets/30 Days
Opioids ER	ARYMO ER TAB 60MG	90 Tablets/30 Days
Opioids ER	BELBUCA MIS 150MCG	60 Films/30 Days
Opioids ER	BELBUCA MIS 300MCG	60 Films/30 Days
Opioids ER	BELBUCA MIS 450MCG	60 Films/30 Days
Opioids ER	BELBUCA MIS 600MCG	60 Films/30 Days
Opioids ER	BELBUCA MIS 750MCG	60 Films/30 Days
Opioids ER	BELBUCA MIS 75MCG	60 Films/30 Days
Opioids ER	BELBUCA MIS 900MCG	60 Films/30 Days
Opioids ER	BUPRENORPHIN DIS 10MCG/HR	4 Patches/28 Days
Opioids ER	BUPRENORPHIN DIS 15MCG/HR	4 Patches/28 Days
Opioids ER	BUPRENORPHIN DIS 20MCG/HR	4 Patches/28 Days
Opioids ER	BUPRENORPHIN DIS 5MCG/HR	4 Patches/28 Days
Opioids ER	BUPRENORPHIN DIS 7.5/HR	4 Systems/28 Days
Opioids ER	BUTRANS DIS 10MCG/HR	4 Systems/28 Days
Opioids ER	BUTRANS DIS 15MCG/HR	4 Systems/28 Days
Opioids ER	BUTRANS DIS 20MCG/HR	4 Systems/28 Days
Opioids ER	BUTRANS DIS 5MCG/HR	4 Systems/28 Days
Opioids ER	BUTRANS DIS 7.5/HR	4 Systems/28 Days
Opioids ER	CONZIP CAP 100MG	30 Capsules/30 Days



QL Description	Label Name	QL Member Friendly Text
Opioids ER	CONZIP CAP 200MG	30 Capsules/30 Days
Opioids ER	CONZIP CAP 300MG	30 Capsules/30 Days
Opioids ER	DURAGESIC DIS 100MCG/H	15 Patches/30 Days
Opioids ER	DURAGESIC DIS 12MCG/HR	15 Patches/30 Days
Opioids ER	DURAGESIC DIS 25MCG/HR	15 Patches/30 Days
Opioids ER	DURAGESIC DIS 50MCG/HR	15 Patches/30 Days
Opioids ER	DURAGESIC DIS 75MCG/HR	15 Patches/30 Days
Opioids ER	FENTANYL DIS 100MCG/H	15 Patches/30 Days
Opioids ER	FENTANYL DIS 12MCG/HR	15 Patches/30 Days
Opioids ER	FENTANYL DIS 25MCG/HR	15 Patches/30 Days
Opioids ER	FENTANYL DIS 37.5MCG	15 Patches/30 Days
Opioids ER	FENTANYL DIS 50MCG/HR	15 Patches/30 Days
Opioids ER	FENTANYL DIS 62.5MCG	15 Patches/30 Days
Opioids ER	FENTANYL DIS 75MCG/HR	15 Patches/30 Days
Opioids ER	FENTANYL DIS 87.5MCG	15 Patches/30 Days
Opioids ER	HYDROCODONE CAP 10MG ER	60 Capsules/30 Days
Opioids ER	HYDROCODONE CAP 15MG ER	60 Capsules/30 Days
Opioids ER	HYDROCODONE CAP 20MG ER	60 Capsules/30 Days
Opioids ER	HYDROCODONE CAP 30MG ER	60 Capsules/30 Days
Opioids ER	HYDROCODONE CAP 40MG ER	60 Capsules/30 Days
Opioids ER	HYDROCODONE CAP 50MG ER	60 Capsules/30 Days
Opioids ER	HYDROCODONE TAB 100MG ER	30 Tablets/30 Days
Opioids ER	HYDROCODONE TAB 120MG ER	30 Tablets/30 Days
Opioids ER	HYDROCODONE TAB 20MG ER	30 Tablets/30 Days
Opioids ER	HYDROCODONE TAB 30MG ER	30 Tablets/30 Days
Opioids ER	HYDROCODONE TAB 40MG ER	30 Tablets/30 Days
Opioids ER	HYDROCODONE TAB 60MG ER	30 Tablets/30 Days
Opioids ER	HYDROCODONE TAB 80MG ER	30 Tablets/30 Days
Opioids ER	HYDROMORPHON TAB 12MG ER	30 Tablets/30 Days
Opioids ER	HYDROMORPHON TAB 16MG ER	30 Tablets/30 Days
Opioids ER	HYDROMORPHON TAB 32MG ER	30 Tablets/30 Days
Opioids ER	HYDROMORPHON TAB 8MG ER	30 Tablets/30 Days
Opioids ER	HYSINGLA ER TAB 100 MG	30 Tablets/30 Days
Opioids ER	HYSINGLA ER TAB 120 MG	30 Tablets/30 Days
Opioids ER	HYSINGLA ER TAB 20 MG	30 Tablets/30 Days
Opioids ER	HYSINGLA ER TAB 30 MG	30 Tablets/30 Days
Opioids ER	HYSINGLA ER TAB 40 MG	30 Tablets/30 Days
Opioids ER	HYSINGLA ER TAB 60 MG	30 Tablets/30 Days
Opioids ER	HYSINGLA ER TAB 80 MG	30 Tablets/30 Days
Opioids ER	KADIAN CAP 100MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 10MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 200MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 20MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 30MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 40MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 50MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 60MG ER	60 Capsules/30 Days
Opioids ER	KADIAN CAP 80MG ER	60 Capsules/30 Days

QL Description	Label Name	QL Member Friendly Text
Opioids ER	MORPHABOND TAB 100MG ER	60 Tablets/30 Days
Opioids ER	MORPHABOND TAB 15MG ER	60 Tablets/30 Days
Opioids ER	MORPHABOND TAB 30MG ER	60 Tablets/30 Days
Opioids ER	MORPHABOND TAB 60MG ER	60 Tablets/30 Days
Opioids ER	MORPHINE SUL CAP 100MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 10MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 120MG ER	30 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 20MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 30MG ER	30 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 30MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 40MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 45MG ER	30 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 50MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 60MG ER	30 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 60MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 75MG ER	30 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 80MG ER	60 Capsules/30 Days
Opioids ER	MORPHINE SUL CAP 90MG ER	30 Capsules/30 Days
Opioids ER	MORPHINE SUL TAB 100MG ER	90 Tablets/30 Days
Opioids ER	MORPHINE SUL TAB 15MG ER	90 Tablets/30 Days
Opioids ER	MORPHINE SUL TAB 200MG ER	90 Tablets/30 Days
Opioids ER	MORPHINE SUL TAB 30MG ER	90 Tablets/30 Days
Opioids ER	MORPHINE SUL TAB 60MG ER	90 Tablets/30 Days
Opioids ER	MS CONTIN TAB 100MG ER	90 Tablets/30 Days
Opioids ER	MS CONTIN TAB 15MG ER	90 Tablets/30 Days
Opioids ER	MS CONTIN TAB 200MG ER	90 Tablets/30 Days
Opioids ER	MS CONTIN TAB 30MG ER	90 Tablets/30 Days
Opioids ER	MS CONTIN TAB 60MG ER	90 Tablets/30 Days
Opioids ER	NUCYNTA ER TAB 100MG	60 Tablets/30 Days
Opioids ER	NUCYNTA ER TAB 150MG	60 Tablets/30 Days
Opioids ER	NUCYNTA ER TAB 200MG	60 Tablets/30 Days
Opioids ER	NUCYNTA ER TAB 250MG	60 Tablets/30 Days
Opioids ER	NUCYNTA ER TAB 50MG	60 Tablets/30 Days
Opioids ER	OXYCODONE TAB 10MG ER	60 Tablets/30 Days
Opioids ER	OXYCODONE TAB 15MG ER	60 Tablets/30 Days
Opioids ER	OXYCODONE TAB 20MG ER	60 Tablets/30 Days
Opioids ER	OXYCODONE TAB 30MG ER	60 Tablets/30 Days
Opioids ER	OXYCODONE TAB 40MG ER	60 Tablets/30 Days
Opioids ER	OXYCODONE TAB 60MG ER	120 Tablets/30 Days
Opioids ER	OXYCODONE TAB 80MG ER	120 Tablets/30 Days
Opioids ER	OXYCONTIN TAB 10MG CR	60 Tablets/30 Days
Opioids ER	OXYCONTIN TAB 15MG CR	60 Tablets/30 Days
Opioids ER	OXYCONTIN TAB 20MG CR	60 Tablets/30 Days
Opioids ER	OXYCONTIN TAB 30MG CR	60 Tablets/30 Days
Opioids ER	OXYCONTIN TAB 40MG CR	60 Tablets/30 Days
Opioids ER	OXYCONTIN TAB 60MG CR	120 Tablets/30 Days
Opioids ER	OXYCONTIN TAB 80MG CR	120 Tablets/30 Days
Opioids ER	OXYMORPHONE TAB 10MG ER	60 Tablets/30 Days

QL Description	Label Name	QL Member Friendly Text
Opioids ER	OXYMORPHONE TAB 15MG ER	60 Tablets/30 Days
Opioids ER	OXYMORPHONE TAB 20MG ER	60 Tablets/30 Days
Opioids ER	OXYMORPHONE TAB 30MG ER	60 Tablets/30 Days
Opioids ER	OXYMORPHONE TAB 40MG ER	60 Tablets/30 Days
Opioids ER	OXYMORPHONE TAB 5MG ER	60 Tablets/30 Days
Opioids ER	OXYMORPHONE TAB 7.5MG ER	60 Tablets/30 Days
Opioids ER	TRAMADOL HCL CAP 150MG ER	60 Capsules/30 Days
Opioids ER	TRAMADOL HCL CAP ER 100MG	30 Capsules/30 Days
Opioids ER	TRAMADOL HCL CAP ER 200MG	30 Capsules/30 Days
Opioids ER	TRAMADOL HCL CAP ER 300MG	30 Capsules/30 Days
Opioids ER	TRAMADOL HCL TAB 100MG ER	30 Tablets/30 Days
Opioids ER	TRAMADOL HCL TAB 200MG ER	30 Tablets/30 Days
Opioids ER	TRAMADOL HCL TAB 300MG ER	30 Tablets/30 Days
Opioids ER	XTAMPZA ER CAP 13.5MG	60 Capsules/30 Days
Opioids ER	XTAMPZA ER CAP 18MG	60 Capsules/30 Days
Opioids ER	XTAMPZA ER CAP 27MG	60 Capsules/30 Days
Opioids ER	XTAMPZA ER CAP 36MG	240 Capsules/30 Days
Opioids ER	XTAMPZA ER CAP 9MG	60 Capsules/30 Days
Opioids ER	ZOHYDRO ER CAP 10MG	60 Capsules/30 Days
Opioids ER	ZOHYDRO ER CAP 15MG	60 Capsules/30 Days
Opioids ER	ZOHYDRO ER CAP 20MG	60 Capsules/30 Days
Opioids ER	ZOHYDRO ER CAP 30MG	60 Capsules/30 Days
Opioids ER	ZOHYDRO ER CAP 40MG	60 Capsules/30 Days
Opioids ER	ZOHYDRO ER CAP 50MG	60 Capsules/30 Days
Oral Anticoagulants	BEVYXXA CAP 40MG	43 Capsules/42 Days
Oral Anticoagulants	BEVYXXA CAP 80MG	43 Capsules/42 Days
Oral Anticoagulants	ELIQUIS TAB 2.5MG	60 Tablets/30 Days
Oral Anticoagulants	ELIQUIS TAB 5MG	74 Tablets/30 Days
Oral Anticoagulants	ELIQUIS ST P TAB 5MG	74 Tablets/180 Days
Oral Anticoagulants	PRADAXA CAP 110MG	71 Capsules/90 Days
Oral Anticoagulants	PRADAXA CAP 150MG	60 Capsules/30 Days
Oral Anticoagulants	PRADAXA CAP 75MG	60 Capsules/30 Days
Oral Anticoagulants	SAVAYSA TAB 15MG	30 Tablets/30 Days
Oral Anticoagulants	SAVAYSA TAB 30MG	30 Tablets/30 Days
Oral Anticoagulants	SAVAYSA TAB 60MG	30 Tablets/30 Days
Oral Anticoagulants	XARELTO TAB 10MG	30 Tablets/30 Days
Oral Anticoagulants	XARELTO TAB 15MG	60 Tablets/30 Days
Oral Anticoagulants	XARELTO TAB 2.5MG	60 Tablets/30 Days
Oral Anticoagulants	XARELTO TAB 20MG	30 Tablets/30 Days
Oral Anticoagulants	XARELTO STAR TAB 15/20MG	51 Tablets/30 Days
Oral Immunotherapy	GRASTEK SUB 2800BAU	30 Tablets/30 Days
Oral Immunotherapy	ODACTRA SUB	30 Tablets/30 Days
Oral Immunotherapy	ORALAIR SUB 300 IR	30 Tablets/30 Days
Oral Immunotherapy	RAGWITEK SUB	30 Tablets/30 Days
Orilissa	ORILISSA TAB 150MG	30 Tablets/30 Days
Orilissa	ORILISSA TAB 200MG	60 Tablets/30 Days
Otezla	OTEZLA TAB 10/20/30	55 Tablets/180 Days
Otezla	OTEZLA TAB 30MG	60 Tablets/30 Days

QL Description	Label Name	QL Member Friendly Text
Oxbryta	OXBRYTA TAB 500MG	90 Tablets/30 Days
PCSK-9 Inhibitors	PRALUENT INJ 150MG/ML	2 Syringes/28 Days
PCSK-9 Inhibitors	PRALUENT INJ 75MG/ML	2 Syringes/28 Days
PCSK-9 Inhibitors	REPATHA INJ 140MG/ML	2 Syringes/28 Days
PCSK-9 Inhibitors	REPATHA PUSH INJ 420/3.5	1 Cartridge/30 Days
PCSK-9 Inhibitors	REPATHA SURE INJ 140MG/ML	2 Pens/28 Days
PDE5 Inhibitors	CIALIS TAB 10MG	6 Tablets/30 Days
PDE5 Inhibitors	CIALIS TAB 2.5MG	30 Tablets/30 Days
PDE5 Inhibitors	CIALIS TAB 20MG	6 Tablets/30 Days
PDE5 Inhibitors	CIALIS TAB 5MG	30 Tablets/30 Days
PDE5 Inhibitors	TADALAFIL TAB 10MG	6 Tablets/30 Days
PDE5 Inhibitors	TADALAFIL TAB 2.5MG	30 Tablets/30 Days
PDE5 Inhibitors	TADALAFIL TAB 20MG	6 Tablets/30 Days
PDE5 Inhibitors	TADALAFIL TAB 5MG	30 Tablets/30 Days
Peanut Allergy	PALFORZIA CAP ESCALAT	1 Pack/180 Days
Peanut Allergy	PALFORZIA CAP LEVEL 1	90 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 10	120 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 2	180 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 3	90 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 4	30 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 5	60 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 6	120 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 7	60 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 8	120 Capsules/30 Days
Peanut Allergy	PALFORZIA CAP LEVEL 9	60 Capsules/30 Days
Peanut Allergy	PALFORZIA POW LEVEL 11	30 Packets/30 Days
Progesterones	CRINONE GEL 4% VAG	6 Applicators/30 Days
Progesterones	CRINONE GEL 8% VAG	60 Applicators/30 Days
Pseudobulbar Affect	NUDEXTA CAP 20-10MG	60 Capsules/30 Days
Risdiplam	EVRYSDI SOL	1 Bottle/12 Days
Samsca	SAMSCA TAB 15MG	30 Tablets/365 Days
Samsca	SAMSCA TAB 30MG	60 Tablets/365 Days
Samsca	TOLVAPTAN TAB 15MG	30 Tablets/365 Days
Samsca	TOLVAPTAN TAB 30MG	60 Tablets/365 Days
Sodium Oxybate	XYWAV SOL 0.5GM/ML	540 mLs/30 Days
SSIA	NUPLAZID CAP 34MG	30 Capsules/30 Days
SSIA	NUPLAZID TAB 10MG	30 Tablets/30 Days
Substrate Reduction Therapy	CERDELGA CAP 84MG	60 Capsules/30 Days
Substrate Reduction Therapy	MIGLUSTAT CAP 100MG	90 Capsules/30 Days
Substrate Reduction Therapy	ZAVESCA CAP 100MG	90 Capsules/30 Days
Sunosi	SUNOSI TAB 150MG	30 Tablets/30 Days
Sunosi	SUNOSI TAB 75MG	30 Tablets/30 Days
Tafamidis	VYNDAMAX CAP 61MG	30 Capsules/30 Days
Tafamidis	VYNDAQEL CAP 20MG	120 Capsules/30 Days
Topical Doxepin	DOXEPIN HCL CRE 5%	45 Grams/30 Days
Topical Doxepin	PRUDOXIN CRE 5%	45 Grams/30 Days
Topical Doxepin	ZONALON CRE 5%	45 Grams/30 Days
Topiramate ER	QUDEXY XR CAP 100/24HR	30 Capsules/30 Days

QL Description	Label Name	QL Member Friendly Text
Topiramate ER	QUDEXY XR CAP 150/24HR	30 Capsules/30 Days
Topiramate ER	QUDEXY XR CAP 200/24HR	60 Capsules/30 Days
Topiramate ER	QUDEXY XR CAP 25/24HR	30 Capsules/30 Days
Topiramate ER	QUDEXY XR CAP 50/24HR	30 Capsules/30 Days
Topiramate ER	TOPIRAMATE CAP ER 100MG	30 Capsules/30 Days
Topiramate ER	TOPIRAMATE CAP ER 150MG	30 Capsules/30 Days
Topiramate ER	TOPIRAMATE CAP ER 200MG	60 Capsules/30 Days
Topiramate ER	TOPIRAMATE CAP ER 25MG	30 Capsules/30 Days
Topiramate ER	TOPIRAMATE CAP ER 50MG	30 Capsules/30 Days
Topiramate ER	TROKENDI XR CAP 100MG	30 Capsules/30 Days
Topiramate ER	TROKENDI XR CAP 200MG	60 Capsules/30 Days
Topiramate ER	TROKENDI XR CAP 25MG	30 Capsules/30 Days
Topiramate ER	TROKENDI XR CAP 50MG	30 Capsules/30 Days
Vascepa	ICOSAPENT CAP 1GM	120 Capsules/30 Days
Vascepa	VASCEPA CAP 0.5GM	240 Capsules/30 Days
Vascepa	VASCEPA CAP 1GM	120 Capsules/30 Days
VMAT2 Inhibitor	AUSTEDO TAB 12MG	120 Tablets/30 Days
VMAT2 Inhibitor	AUSTEDO TAB 6MG	60 Tablets/30 Days
VMAT2 Inhibitor	AUSTEDO TAB 9MG	120 Tablets/30 Days
VMAT2 Inhibitor	INGREZZA CAP 40-80MG	28 Capsules/180 Days
VMAT2 Inhibitor	INGREZZA CAP 40MG	30 Capsules/30 Days
VMAT2 Inhibitor	INGREZZA CAP 80MG	30 Capsules/30 Days
VMAT2 Inhibitor	TETRABENAZIN TAB 12.5MG	240 Tablets/30 Days
VMAT2 Inhibitor	TETRABENAZIN TAB 25MG	120 Tablets/30 Days
VMAT2 Inhibitor	XENAZINE TAB 12.5MG	240 Tablets/30 Days
VMAT2 Inhibitor	XENAZINE TAB 25MG	120 Tablets/30 Days
Wakix	WAKIX TAB 17.8MG	60 Tablets/30 Days
Wakix	WAKIX TAB 4.45MG	60 Tablets/30 Days
Xermelo	XERMELO TAB 250MG	90 Tablets/30 Days
Xyrem	XYREM SOL 500MG/ML	3 Bottles/30 Days

*This information is being furnished in compliance with applicable federal regulations.*

**This Notice has important information. This notice has important information about your application or coverage through Blue Cross and Blue Shield of Kansas. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Please call 1-800-432-3990.**

**Discrimination is against the law.**

Blue Cross and Blue Shield of Kansas (BCBSKS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSKS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Holly Graves.

If you believe that BCBSKS 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 with: Holly Graves, Director, Internal Sales and Customer Service, 1133 S.W. Topeka Blvd., Topeka, KS 66629-0001, 785-291-4375, TTY: 1-800-430-1270, Fax: 785-290-0785, CSC.SpecServ@bcbsks.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Holly Graves is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Cruz Azul y Escudo Azul de Kansas. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-800-432-3990.

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Blue Cross và Blue Shield ở Kansas. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Vui lòng gọi đến số 1-800-432-3990.

本通知有重要的訊息。本通知有關於您透過堪薩斯州的 Blue Cross 和 Blue Shield 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥打 1-800-432-3990。

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Blaues Kreuz und Blaues Schild von Kansas. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-800-432-3990.

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 캔사스의 Blue Cross와 Blue Shield를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1-800-432-3990으로 전화하십시오.

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Blue Cross ແລະ Blue Shield ລັດ Kansas. ຈົ່ງກວດເບິ່ງວັນທີສໍາຄັນຕ່າງໆໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກໍານົດເວລາສະເພາະຕ່າງໆ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຕ່າງໆ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໂທຫາ 1-800-432-3990.

يحيوي هذا الاشعار معلومات هامة. يحيوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال بلو كروس آند بلو شيلد أوف كانساس. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-800-432-3990.

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Asul na Krus at Asul na Kalasag ng Kansas. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Mangyaring tumawag sa 1-800-432-3990.

ဤသတိပေးချက်တွင် အရေးကြီးသော အချက်အလက်များ ပါရှိပါသည်။ ဤသတိပေးချက်တွင် သင့် အပလီကေးရှင်း သို့မဟုတ် ဘလူး ခရော့စ် (Blue Cross) နှင့် ကန်ဆန်(Kansas) ပြည်နယ်၏ ဘလူးရှီးစ်(Blue Shield) မှ အခွင့်အရေးအကြောင်း အရေးကြီးသည့် အချက်အလက်များ ပါရှိပါသည်။ ဤအသိပေးချက်တွင် အဓိကနေ့ရက်များကို ရှာဖွေပါ။ သင့်ကျန်းမာရေး စောင့်ရှောက်မှု အခွင့်အရေးကို ရရှိရန် သို့မဟုတ် ငွေကုန်ကြေးကျခံ၍ ကူညီမှုကို ရရှိနိုင်ရန် သတ်မှတ်ရက်အတိုင်း လုပ်ဆောင်ရန် လိုအပ်ပါသည်။ သင့်တွင် ဤအချက်အလက်များကို ရရှိရန် နှင့် သင့်ဘာသာစကားဖြင့် ကုန်ကျစရိတ်မရှိဘဲ အကူအညီရပိုင်ခွင့် ရှိပါသည်။ ကျေးဇူးပြု၍ 1-800-432-3990 ကို ခေါ်ဆိုပါ။

Cet avis fournit des informations importantes. Cet avis fournit des informations importantes sur votre demande ou sur votre assurance auprès de Croix bleue et bouclier bleu du Kansas. Recherchez les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures avant une certaine échéance pour conserver votre assurance santé, faute de quoi vous devrez financer les coûts. Vous êtes autorisé à bénéficier gratuitement de ces informations et de cette aide dans votre langue. Veuillez appeler le 1-800-432-3990.

この通知には重要な情報が含まれています。この通知には、カンザス州の健康保険組合および医療保険組合の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1-800-432-3990 までお電話ください。

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Синий крест и Синий щит Канзаса. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по номеру 1-800-432-3990.

**Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Blue Cross thiab Blue Shield ntawm Kansas. Saib cov caij nyoog los yog tej hnuv tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Thov hu rau tus xov tooj 1-800-432-3990.

این اطلاعیه حاوی اطلاعات مهمی است. این اطلاعیه حاوی اطلاعات مهمی در مورد فرم تقاضا یا پوشش بیمه ای شما توسط صلیب آبی و سپر آبی کانزاس می باشد. به تاریخ های مهم در این اطلاعیه توجه نمایید. ممکن است نیاز داشته باشید تا قبل از تاریخ خاصی اقدامی انجام دهید تا پوشش سلامت خود را نگه دارید یا در مورد هزینه ها کمک دریافت کنید. این حق شماست تا این اطلاعات و کمک را برای زبان خود و به رایگان دریافت کنید. لطفاً با شماره تلفن 1-800-432-3990 تماس بگیرید.

Ilani hii ina Taarifa Muhimu. Ilani hii ina taarifa muhimu kuhusu maombi yako au chanjo kupitia Msalaba wa Samawati na Ngao ya Samawati ya Kansas. Angalia kwa ajili ya tarehe muhimu katika ilani hii. Waweza pia hitajika kuchukua hatua katika muda ulio pangwa fulani ili uweze ku hifadhi bima yako ya afya au msaada wa gharama zake. Una haki ya kupata habari hii na msaada kwa lugha yako bila gharama. Tafadhali piga nambari kwa 1-800-432-3990.