

BlueCross BlueShield of Alabama Quantity Limit Program Summary



BlueCross BlueShield
of Alabama

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
ADHD Agents_PS_AR0717_r0118	<i>NOTE: a = generic available and included in quantity limit program</i>		
	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	7.5 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	10 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	12.5 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	15 mg tablet ^a	3 tablets
	Adderall (amphetamine/dextroamphetamine)	20 mg tablet ^a	2 tablets
	Adderall (amphetamine/dextroamphetamine)	30 mg tablet ^a	2 tablets
	Adderall XR (amphetamine/dextroamphetamine ER)	5 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	10 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	15 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	20 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	25 mg capsule ^a	1 capsule
	Adderall XR (amphetamine/dextroamphetamine ER)	30 mg capsule ^a	1 capsule
	Adzenys ER (amphetamine ER)	1.25 mg/1 mL solution	15 mLs
	Adzenys XR-ODT (amphetamine ER)	3.1 mg oral disintegrating tablet	2 tablets
	Adzenys XR-ODT (amphetamine ER)	6.3 mg oral disintegrating tablet	2 tablets
	Adzenys XR-ODT (amphetamine ER)	9.4 mg oral disintegrating tablet	1 tablet
	Adzenys XR-ODT (amphetamine ER)	12.5 mg oral disintegrating tablet	1 tablet
	Adzenys XR-ODT (amphetamine ER)	15.7 mg oral disintegrating tablet	1 tablet
	Adzenys XR-ODT (amphetamine ER)	18.8 mg oral disintegrating tablet	1 tablet
	Aptensio XR (methylphenidate ER)	10 mg capsule	1 capsule
Aptensio XR (methylphenidate ER)	15 mg capsule	1 capsule	
Aptensio XR (methylphenidate ER)	20 mg capsule	1 capsule	

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ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Aptensio XR (methylphenidate ER)	30 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	40 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	50 mg capsule	1 capsule
	Aptensio XR (methylphenidate ER)	60 mg capsule	1 capsule
	Concerta (methylphenidate ER)	18 mg tablet ^a	1 tablet
	Concerta (methylphenidate ER)	27 mg tablet ^a	1 tablet
	Concerta (methylphenidate ER)	36 mg tablet ^a	2 tablets
	Concerta (methylphenidate ER)	54 mg tablet ^a	1 tablet
	Cotempla XR ODT (methylphenidate ER orally dissolving tablet)	8.6 mg orally disintegrating tablet	1 tablet
	Cotempla XR ODT (methylphenidate ER orally dissolving tablet)	17.3 mg orally disintegrating tablet	2 tablets
	Cotempla XR ODT (methylphenidate ER orally dissolving tablet)	25.9 mg orally disintegrating tablet	2 tablets
	Daytrana (methylphenidate transdermal patch)	10 mg/9 hr patch	1 patch
	Daytrana (methylphenidate transdermal patch)	15 mg/9 hr patch	1 patch
	Daytrana (methylphenidate transdermal patch)	20 mg/9 hr patch	1 patch
	Daytrana (methylphenidate transdermal patch)	30 mg/9 hr patch	1 patch
	Desoxyn (methamphetamine)	5 mg tablet ^a	5 tablets
	Dexedrine (dextroamphetamine extended-release)	5 mg extended-release capsule ^a	3 tablets
	Dexedrine (dextroamphetamine extended-release)	10 mg extended-release capsule ^a	4 tablets
	Dexedrine (dextroamphetamine extended-release)	15 mg extended-release capsule ^a	4 tablets
	dextroamphetamine	5 mg tablet ^a	3 tablets
	dextroamphetamine	10 mg tablet ^a	6 tablets
	Dyanavel XR (amphetamine ER suspension)	2.5 mg / mL	8 mL
	Evekeo (amphetamine)	5 mg tablet	3 tablets
	Evekeo (amphetamine)	10 mg tablet	6 tablets
	Focalin (dexmethylphenidate)	2.5 mg tablet ^a	2 tablets
	Focalin (dexmethylphenidate)	5 mg tablet ^a	2 tablets
	Focalin (dexmethylphenidate)	10 mg tablet ^a	2 tablets
	Focalin XR (dexmethylphenidate extended-release)	5 mg capsule ^a	2 capsules

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ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
ADHD Agents_PS_AR0717_r0118	Focalin XR (dexmethylphenidate extended-release)	10 mg capsule ^a	2 capsules
	Focalin XR (dexmethylphenidate extended-release)	15 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	20 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	25 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	30 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	35 mg capsule ^a	1 capsule
	Focalin XR (dexmethylphenidate extended-release)	40 mg capsule ^a	1 capsule
	Intuniv (guanfacine extended-release)	1 mg ER tablet ^a	1 tablet
	Intuniv (guanfacine extended-release)	2 mg ER tablet ^a	1 tablet
	Intuniv (guanfacine extended-release)	3 mg ER tablet ^a	1 tablet
	Intuniv (guanfacine extended-release)	4 mg ER tablet ^a	1 tablet
	Kapvay (clonidine extended-release)	0.1 mg ER tablet ^a	4 tablets
	Kapvay (clonidine extended-release)	0.2 mg ER tablet ^a	2 tablets
	Kapvay (clonidine extended-release)	Kapvay dose pak (30 x 0.1 mg, 30 x 0.2 mg)	2 tablets
	Metadate CD (methylphenidate ER)	10 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	20 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	30 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	40 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	50 mg capsule ^a	1 capsule
	Metadate CD (methylphenidate ER)	60 mg capsule ^a	1 capsule
	Metadate ER (methylphenidate ER)	20 mg tablet ^a	3 tablets
	Methylin (methylphenidate)	2.5 mg chewable tablet ^a	3 tablets
	Methylin (methylphenidate)	5 mg chewable tablet ^a	3 tablets
	Methylin (methylphenidate)	10 mg chewable tablet ^a	6 tablets
	Methylin (methylphenidate)	5 mg/5 mL solution ^a	15 mL
	Methylin (methylphenidate)	10 mg/5 mL solution ^a	30 mL
	methylphenidate ER	10 mg tablet	3 tablets
	methylphenidate ER	20 mg tablet	3 tablets
	methylphenidate ER	18 mg tablet	1 tablet
	methylphenidate ER	27 mg tablet	1 tablet

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ADHD Agents_PS_AR0717_r0118	<p><i>NOTE: a = generic available and included in quantity limit program</i> This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)</p>	5 mg tablet ^a	2 tablets	
		36 mg tablet	2 tablets	
		54 mg tablet	1 tablet	
		72 mg tablet	1 tablet	
		Mydayis	12.5 mg capsule	1 capsule
		Mydayis	25 mg capsule	1 capsule
		Mydayis	37.5 mg capsule	1 capsule
		Mydayis	50 mg capsule	1 capsule
		Procentra (dextroamphetamine)	5 mg/5 mL oral solution ^a	60 mL
		Quillichew (methylphenidate ER chewable)	10 mg chewable tablet	1 tablet
		Quillichew (methylphenidate ER chewable)	20 mg chewable tablet	2 tablets
		Quillichew (methylphenidate ER chewable)	30 mg chewable tablet	1 tablet
		Quillivant XR (methylphenidate ER)	25 mg/5 mL oral suspension	12 mL
		Ritalin (methylphenidate)	5 mg tablet ^a	3 tablets
		Ritalin (methylphenidate)	10 mg tablet ^a	3 tablets
		Ritalin (methylphenidate)	20 mg tablet ^a	3 tablets
		Ritalin LA (methylphenidate ER)	10 mg capsule	2 capsules
		Ritalin LA (methylphenidate ER)	20 mg capsule ^a	2 capsules
		Ritalin LA (methylphenidate ER)	30 mg capsule ^a	2 capsules
		Ritalin LA (methylphenidate ER)	40 mg capsule ^a	2 capsules
Ritalin LA (methylphenidate ER)	60 mg capsule	1 capsule		
Strattera (atomoxetine)	10 mg capsule ^a	2 capsules		
Strattera (atomoxetine)	18 mg capsule ^a	2 capsules		
Strattera (atomoxetine)	25 mg capsule ^a	2 capsules		
Strattera (atomoxetine)	40 mg capsule ^a	2 capsules		
Strattera (atomoxetine)	60 mg capsule ^a	1 capsule		
Strattera (atomoxetine)	80 mg capsule ^a	1 capsule		
Strattera (atomoxetine)	100 mg capsule ^a	1 capsule		
Vyvanse (lisdexamfetamine)	10 mg capsule	1 capsule		
Vyvanse (lisdexamfetamine)	20 mg capsule	1 capsule		
Vyvanse (lisdexamfetamine)	30 mg capsule	1 capsule		
Vyvanse (lisdexamfetamine)	40 mg capsule	1 capsule		
Vyvanse (lisdexamfetamine)	50 mg capsule	1 capsule		
Vyvanse (lisdexamfetamine)	60 mg capsule	1 capsule		
Vyvanse (lisdexamfetamine)	70 mg capsule	1 capsule		

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	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Vyvanse chewable (lisdexamfetamine)	10 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	20 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	30 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	40 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	50 mg chewable tablet	1 tablet
	Vyvanse chewable (lisdexamfetamine)	60 mg chewable tablet	1 tablet
	Zenzedi (dextroamphetamine)	2.5 mg tablet	3 tablets
	Zenzedi (dextroamphetamine)	7.5 mg tablet	3 tablets
Zenzedi (dextroamphetamine)	15 mg tablet	3 tablets	
Zenzedi (dextroamphetamine)	20 mg tablet	3 tablets	
Zenzedi (dextroamphetamine)	30 mg tablet	2 tablets	
	Androgens, Topical_		
PS_AR0317_r0717	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Androderm (testosterone transdermal system)	2 mg/day transdermal system	1 patch
	Androderm (testosterone transdermal system)	4 mg/day transdermal system	1 patch
	AndroGel (testosterone gel) ^a	1% gel, 25 mg/2.5 gm packet	2 packets
	AndroGel (testosterone gel) ^a	1% gel, 50 mg/5 gm packet	2 packets
	AndroGel (testosterone gel) ^a	1% gel, 2 x 75 gm pump	10 gm/day (4 pumps/30 days)
	AndroGel (testosterone gel)	1.62% gel, 20.25 mg/1.25 gm packet	1 packet
	AndroGel (testosterone gel)	1.62% gel, 40.5 mg/2.5 gm packet	2 packets
	AndroGel (testosterone gel)	1.62% gel, 75 gm pump	5 gm/day (2 pumps/30 days)
		Androgens, Topical_	
PS_AR0317_r0717	AndroGel (testosterone gel)	1.62% gel, 75 gm pump	5 gm/day (2 pumps/30 days)
	Axiron (testosterone solution) ^a	30 mg/1.5 mL, 90 mL pump	120 mg/day (2 pumps/30 days)
	Bio-T-Gel (testosterone gel)	1% gel, 25 mg/2.5 gm packet	2 packets
	Bio-T-Gel (testosterone gel)	1% gel, 50 mg/5 gm packet	2 packets
	Fortesta (testosterone gel) ^{a,c}	2% gel, 60 gm pump	80 mg/day (2 pumps/30 days)
	Natesto (testosterone nasal gel)	5.5 mg/actuation, 11 gm pump (60 actuations/pump)	1.1 gram/day (180 pumps/30 days)
	Striant (testosterone buccal system)	30 mg buccal system	2 systems
	Testim (testosterone gel)	1% gel, 5 gm tube	2 tubes

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ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Vogelxo (testosterone gel)	1% gel, 50 mg/5 gm tube	2 tubes (300 gm/30 days)
	Vogelxo (testosterone gel)	1% gel, 50 mg/5 gm packet	2 packets (300 gm/30 days)
	Vogelxo (testosterone gel)	1% gel, 12.5 mg/actuation, 75 gm pump (carton of 2 pumps)	4 pumps/30 days (300 gm/30 days)
	c – Quantity limit adjusted to accommodate packaging of product		
Anticoagulant	** Anticoagulant QL information is included in the individual program document		
	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
Antidepressants_PS_ AR0717_r1217	Celexa (citalopram)	10 mg tablet ^a	1 tablet
	Celexa (citalopram)	20 mg tablet ^a	1 tablet
	Celexa (citalopram)	40 mg tablet ^a	1 tablet
	Celexa (citalopram)	10 mg/5 mL oral solution ^a	20 mL
	Lexapro (escitalopram)	5 mg tablet ^a	1 tablet
	Lexapro (escitalopram)	10 mg tablet ^a	1 tablet
	Lexapro (escitalopram)	20 mg tablet ^a	1 tablet
	Lexapro (escitalopram)	5 mg/5 mL oral solution ^a	20 mL
	fluvoxamine ER	100 mg extended-release capsule ^a	2 capsules
	fluvoxamine ER	150 mg extended-release capsule ^a	2 capsules
	fluvoxamine	25 mg tablet ^a	1 tablet
	fluvoxamine	50 mg tablet ^a	1 tablet
	fluvoxamine	100 mg tablet ^a	3 tablets
	Paxil (paroxetine)	10 mg tablet ^a	1 tablet
	Paxil (paroxetine)	20 mg tablet ^a	1 tablet
	Paxil (paroxetine)	30 mg tablet ^a	2 tablets
	Paxil (paroxetine)	40 mg tablet ^a	1 tablet
	Paxil (paroxetine)	10 mg/5 mL suspension	30 mL
	Paxil CR (paroxetine ER)	12.5 mg controlled-release tablet ^a	1 tablet
	Paxil CR (paroxetine ER)	25 mg controlled-release tablet ^a	2 tablets
	Paxil CR (paroxetine ER)	37.5 mg controlled-release tablet ^a	2 tablets
	Pexeva (paroxetine)	10 mg tablet	1 tablet
	Pexeva (paroxetine)	20 mg tablet	1 tablet

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ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Pexeva (paroxetine)	30 mg tablet	2 tablets
	Pexeva (paroxetine)	40 mg tablet	1 tablet
	Prozac, (fluoxetine)	10 mg capsule ^a	1 capsule
	Prozac, (fluoxetine)	20 mg capsule ^a	4 capsules
	Prozac, (fluoxetine)	40 mg capsule ^a	2 capsules
	Prozac, (fluoxetine)	10 mg tablet ^a	1 tablet
	Prozac, (fluoxetine)	20 mg tablet ^a	4 tablets
	Prozac, (fluoxetine)	60 mg tablet ^a	1 tablet
	Prozac, (fluoxetine)	20 mg/5 mL oral solution	20 mL
	Prozac Weekly (fluoxetine)	90 mg delayed-release capsule ^a	4 capsules per 28 days
	Zoloft (sertraline)	25 mg tablet ^a	1 tablet
	Zoloft (sertraline)	50 mg tablet ^a	1 tablet
	Zoloft (sertraline)	100 mg tablet ^a	2 tablets
	Zoloft (sertraline)	20 mg/mL oral concentrate ^a	10 mL
	Antidepressants_PS_ AR0717_r1217	Cymbalta (duloxetine)	20 mg delayed-release capsule ^a
Cymbalta (duloxetine)		30 mg delayed-release capsule ^a	2 capsules
Cymbalta (duloxetine)		60 mg delayed-release capsule ^a	2 capsules
Desvenlafaxine		50 mg extended-release tablet	1 tablet
Desvenlafaxine		100 mg extended-release tablet	1 tablet
Desvenlafaxine fumarate		50 mg extended-release tablet	1 tablet
Desvenlafaxine fumarate		100 mg extended-release tablet	1 tablet
Duloxetine (duloxetine)		40 mg delayed release capsule	3 capsules
Effexor (venlafaxine)		25 mg tablet ^a	3 tablets
Effexor (venlafaxine)		37.5 mg tablet ^a	3 tablets
Effexor (venlafaxine)		50 mg tablet ^a	3 tablets
Effexor (venlafaxine)		75 mg tablet ^a	3 tablets
Effexor (venlafaxine)		100 mg tablet ^a	3 tablets

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ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Effexor XR (venlafaxine ER)	37.5 mg extended-release capsule ^a	1 capsule
	Effexor XR (venlafaxine ER)	75 mg extended-release capsule ^a	3 capsules
	Effexor XR (venlafaxine ER)	150 mg extended-release capsule ^a	1 capsule
	Fetzima (levomilnacipran)	20 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	40 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	80 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	120 mg extended-release capsule	1 capsule
	Fetzima (levomilnacipran)	Titration pack (2 x 20 mg, 26 x 40 mg)	1 kit (28 capsules)/180 days
	Irenka (duloxetine)	40 mg delayed release capsule	3 capsules
Antidepressants_PS_ AR0717_r1217	Khedezla (desvenlafaxine)	50 mg extended-release tablet	1 tablet
	Khedezla (desvenlafaxine)	100 mg extended-release tablet	1 tablet
	Venlafaxine ER	37.5 mg extended-release tablet ^a	1 tablet
	Venlafaxine ER	75 mg extended-release tablet ^a	1 tablet
	Venlafaxine ER	150 mg extended-release tablet ^a	1 tablet
	Venlafaxine ER	225 mg extended-release tablet ^a	1 tablet
	Pristiq (desvenlafaxine)	25 mg extended-release tablet ^a	1 tablet
	Pristiq (desvenlafaxine)	50 mg extended-release tablet ^a	1 tablet
	Pristiq (desvenlafaxine)	100 mg extended-release tablet ^a	1 tablet
	Other Antidepressants		
Aplenzin (bupropion)	174 mg extended-release tablet	1 tablet	
Aplenzin (bupropion)	348 mg extended-release tablet	1 tablet	

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	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Aplenzin (bupropion)	522 mg extended-release tablet	1 tablet
	Forfivo XL (bupropion)	450 mg extended-release tablet	1 tablet
	Maprotiline	25 mg tablet	3 tablets
	Maprotiline	50 mg tablet	3 tablets
	Maprotiline	75 mg tablet	3 tablets
	Oleptro (trazodone)	150 mg extended-release tablet	1.5 tablets
	Oleptro (trazodone)	300 mg extended-release tablet	1 tablet
	Remeron (mirtazapine)	7.5 mg tablet ^a	1 tablet
	Remeron (mirtazapine)	15 mg tablet ^a	1 tablet
	Remeron (mirtazapine)	30 mg tablet ^a	1 tablet
	Remeron (mirtazapine)	45 mg tablet ^a	1 tablet
	Remeron SolTab (mirtazapine)	15 mg orally-disintegrating tablet ^a	1 tablet
	Remeron SolTab (mirtazapine)	30 mg orally-disintegrating tablet ^a	1 tablet
	Remeron SolTab (mirtazapine)	45 mg orally-disintegrating tablet ^a	1 tablet
	Viibryd (vilazodone)	10 mg tablet	1 tablet
	Viibryd (vilazodone)	20 mg tablet	1 tablet
	Viibryd (vilazodone)	40 mg tablet	1 tablet
	Viibryd (vilazodone)	Starter Kit (7 x 10mg, 23 x 20mg)	1 kit/180 days
	Viibryd (vilazodone)	Starter Kit (7 x 10mg, 7 x 20mg, 16 x 40mg)	1 kit/180 days
	Trintellix (vortioxetine)	5 mg tablet	1 tablet
	Trintellix (vortioxetine)	10 mg tablet	1 tablet
Trintellix (vortioxetine)	15 mg tablet ^e	1 tablet	
Trintellix (vortioxetine)	20 mg tablet	1 tablet	
Wellbutrin (bupropion)	75 mg tablet ^a	2 tablets	
Wellbutrin (bupropion)	100 mg tablet ^a	4 tablets	
		100 mg sustained-release tablet ^a	2 tablets
Wellbutrin SR, Budeprion SR (bupropion SR)		150 mg sustained-release tablet ^a	2 tablets
Wellbutrin SR, Budeprion SR (bupropion SR)		200 mg sustained-release tablet ^{ad}	2 tablets
Wellbutrin SR, Budeprion SR (bupropion SR)			
		150 mg extended-release tablet ^a	1 tablet
Wellbutrin XL, Budeprion XL (bupropion ER)			

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	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Wellbutrin XL, Budeprion XL (bupropion ER)	300 mg extended-release tablet ^a	1 tablet
Antiemetic	** Antiemetic QL information is included in the individual program document		
	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
Antiretroviral_PS_ AR1017_r1217	Aptivus (tipranavir)	100 mg/mL (95 mL bottle) oral solution	12.6667 mL (380 mL/30 days) ^b
	Aptivus (tipranavir)	250 mg capsule	4 capsules
	Atripla (efavirenz, emtricitabine, tenofovir)	600 mg/200 mg/300 mg tablet	1 tablet
	Biktarvy (bictegravir, emtricitabine, tenofovir)	50 mg/200 mg/25 mg tablet	1 tablet
	Combivir (lamivudine/zidovudine)	150 mg/300 mg tablet ^a	2 tablets
	Complera (emtricitabine/rilpivirine/tenofovir)	200 mg/25 mg/300 mg tablet	1 tablet
	Crixivan (indinavir)	200 mg capsule	9 capsules
	Crixivan (indinavir)	400 mg capsule	6 capsules
	Descovy (emtricitabine/tenofovir)	200 mg/25 mg	1 tablet
	Edurant (rilpivirine)	25 mg tablet	1 tablet
	Emtriva (emtracitabine)	10 mg/mL oral solution	24.2856 mL (680 mL/28 days)
	Emtriva (emtracitabine)	200 mg capsule	1 capsule
	Epivir (lamivudine)	10 mg/mL oral solution (240 mL bottle) ^a	32 mL (960 mL/30 days) ^b
	Epivir (lamivudine)	150 mg tablet ^a	2 tablets
	Epivir (lamivudine)	300 mg tablet ^a	1 tablet
Antiretroviral_PS_ AR1017_1217	Epzicom (lamivudine/abacavir)	600 mg/300 mg tablet ^a	1 tablet
	Evotaz (atazanavir/cobicistat)	300 mg/150 mg tablet	1 tablet
	Fuzeon (enfuvirtide)	108 mg/vial (to deliver 90 mg/mL dose)	2 vials (60 vials/month)
	Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir)	150 mg/150 mg/200 mg/ 10 mg tablet	1 tablet

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ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Intelence (etravirine)	25 mg tablet	4 tablets
	Intelence (etravirine)	100 mg tablet	2 tablets
	Intelence (etravirine)	200 mg tablet	2 tablets
	Invirase (saquinavir mesylate)	200 mg capsule	10 capsules
	Invirase (saquinavir mesylate)	500 mg tablet	4 tablets
	Isentress (raltegravir)	25 mg chewable tablets	6 tablets
	Isentress (raltegravir)	100 mg chewable tablets	6 tablets
	Isentress (raltegravir)	400 mg tablets	2 tablets
	Isentress HD (raltegravir)	600 mg tablets	2 tablets
	Isentress (raltegravir)	100 mg packet for suspension	2 packets
	Juluca (dolutegravir/rilpivirine)	50 mg/25 mg tablets	1 tablet
	Kaletra (lopinavir/ritonavir)	80 mg/20 mg per mL (160 mL bottle oral soln) ^a	16 mL (480 mL/30 days) ^b
	Kaletra (lopinavir/ritonavir)	100 mg/25 mg tablet	6 tablets
	Kaletra (lopinavir/ritonavir)	200 mg/50 mg tablet	4 tablets
	Lexiva (fosamprenavir)	50 mg/mL (225 mL bottle) oral suspension	60 mL (1800 mL/30 days) ^b
	Lexiva (fosamprenavir)	700 mg tablet ^a	4 tablets
	Norvir (ritonavir)	80 mg/mL (240 mL bottle) oral solution	16 mL (480 mL/30 days) ^b
	Norvir (ritonavir)	100 mg capsule	12 capsules
	Norvir (ritonavir)	100 mg tablet	12 tablets
	Odefsey (emtricitabine/rilpivirine/tenofovir)	200 mg/25 mg/25 mg	1 tablet
	Prezcobix (darunavir/cobicistat)	800 mg/150 mg tablet	1 tablet
	Prezista (darunavir)	100 mg/mL suspension	13.3334 mL (400 mL/30 days) ^b
Prezista (darunavir)	75 mg tablet	10 tablets	
Prezista (darunavir)	150 mg tablet	6 tablets	
Prezista (darunavir)	600 mg tablet	2 tablets	
Prezista (darunavir)	800 mg tablet	1 tablet	
Rescriptor (delavridine)	100 mg tablet	12 tablets	
Rescriptor (delavridine)	200 mg tablet	6 tablets	
Reyataz (atazanavir)	150 mg capsule ^a	1 capsule	
Reyataz (atazanavir)	200 mg capsule ^a	2 capsules	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Reyataz (atazanavir)	300 mg capsule ^a	1 capsule
	Reyataz (atazanavir)	50 mg powder packet	8 packets
	Selzentry (maraviroc)	25 mg tablet	8 tablets
	Selzentry (maraviroc)	75 mg tablet	2 tablets
Antiretroviral_PS_ AR1017_r1217	Selzentry (maraviroc)	150 mg tablet	2 tablets
	Selzentry (maraviroc)	300 mg tablet	4 tablets
	Selzentry (maraviroc)	20 mg/mL oral solution	1840 mLs/30 days
	Stribild (elvitegravir/cobistat/emtricitabine/tenofovir)	150 mg/150 mg/200 mg/300mg	1 tablet
	Sustiva (efavirenz)	50 mg capsule ^a	3 tablets
	Sustiva (efavirenz)	200 mg capsule ^a	2 tablets
	Sustiva (efavirenz)	600 mg tablet ^a	1 tablet
	Tivicay (dolutegravir)	10 mg tablet	2 tablets
	Tivicay (dolutegravir)	25 mg tablet	2 tablets
	Tivicay (dolutegravir)	50 mg tablet	2 tablets
	Triumeq (abacavir, dolutegravir, and lamivudine)	600 mg/50 mg/300 mg tablet	1 tablet
	Trizivir (abacavir+lamivudine+zidovudine)	300 mg/150 mg/300 mg tablet ^a	2 tablets
	Truvada (emtracitabine/tenofovir)	100/150 mg tablet	1 tablet
	Truvada (emtracitabine/tenofovir)	133/200 mg tablet	1 tablet
	Truvada (emtracitabine/tenofovir)	167/250 mg tablet	1 tablet
Truvada (emtracitabine/tenofovir)	200 mg/300 mg tablet	1 tablet	
Tybost (cobicistat)	150 mg tablet	1 tablet	
Videx (didanosine)	2 g powder (10 mg/mL in 100 mL bottle)	40 mL (1200 mL/30 days) ^b	
Videx (didanosine)	4 g powder (10 mg/mL in 200 mL bottle)	40 mL (1200 mL/30 days)	
Videx EC (didanosine)	125 mg capsule ^a	1 capsule	
Videx EC (didanosine)	200 mg capsule ^a	1 capsule	
Videx EC (didanosine)	250 mg capsule ^a	1 capsule	
Videx EC (didanosine)	400 mg capsule ^a	1 capsule	
Viracept (nelfinavir)	250 mg tablet	9 tablets	
Viracept (nelfinavir)	625 mg tablet	4 tablets	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Viramune (nevirapine)	50 mg/5 mL suspension (240 mL bottle)	40 mL (1200 mL/30 days)
	Viramune (nevirapine)	200 mg tablet ^a 100 mg extended-release tablet ^a	2 tablets
	Viramune XR (nevirapine)	400 mg extended-release tablet ^a	3 tablets
	Viramune XR (nevirapine)		1 tablet
	Viread (tenofovir)	150 mg tablet	1 tablet
	Viread (tenofovir)	200 mg tablet	1 tablet
	Viread (tenofovir)	250 mg tablet	1 tablet
	Viread (tenofovir)	300 mg tablet ^a	1 tablet
	Viread (tenofovir)	40 mg/1g oral powder for reconstitution (60 g can)	8 g (240 g/30 days) ^b
	Vitekta (Elvitegravir)	85 mg tablet	1 tablet
	Vitekta (Elvitegravir)	150 mg tablet	1 tablet
	Zerit (stavudine)	1 mg/mL oral solution (200 mL bottle) ^a	80 mL (2400 mL/30 days)
	Zerit (stavudine)	15 mg capsule ^a	2 capsules
	Zerit (stavudine)	20 mg capsule ^a	2 capsules
	Zerit (stavudine)	30 mg capsule ^a	2 capsules
	Zerit (stavudine)	40 mg capsule ^a	2 capsules
	Ziagen (abacavir)	20 mg/mL oral solution (240 mL bottle) ^a	32 mL (960 mL/30 days) ^b
	Ziagen (abacavir)	300 mg tablet ^a	2 tablets
Antiretroviral_PS_ AR1017_r1217	zidovudine	50 mg/5 mL syrup (10 mg/mL in 240 mL bottle) ^a	64 mL (1920 mL/30 days) ^b
	zidovudine	100 mg capsule ^a	6 capsules
	zidovudine	300 mg tablet ^a	2 tablets
Antitussive Combination Products_CS_AR0717	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
	TussiCaps (hydrocodone/chlorpheniramine)	5mg/4mg capsule	2 capsules per day 20 capsules per 30 days
	TussiCaps (hydrocodone/chlorpheniramine)	10mg/8mg capsule	2 capsules per day 20 capsules per 30 days
Tussionex (hydrocodone/chlorpheniramine)	10mg/8mg/5mL suspension	10 mLs per day 100 mLs per 30 days	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Tuzistra XR (codeine/chlorpheniramine)	20mg/4mg/5mL suspension	20 mLs per day 200 mLs per 30 days
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
Atypical Antipsychotics_PS_AR0717_r1217	Abilify (aripiprazole)	2 mg tablet ^a	1 tablet
	Abilify (aripiprazole)	5 mg tablet ^a	1 tablet
	Abilify (aripiprazole)	10 mg tablet ^a	1 tablet
	Abilify (aripiprazole)	15 mg tablet ^a	1 tablet
	Abilify (aripiprazole)	20 mg tablet ^a	1 tablet
	Abilify (aripiprazole)	30 mg tablet ^a	1 tablet
	Abilify (aripiprazole)	1 mg/mL oral solution ^a	30 mLs
	Abilify (aripiprazole)	9.75 mg/1.3 mL injection	3 vials
	Abilify Discmelt (aripiprazole)	10 mg disintegrating tablet ^a	2 tablets
	Abilify Discmelt (aripiprazole)	15 mg disintegrating tablet ^a	2 tablets
	Abilify Maintena (aripiprazole)	300 mg vial extended-release injection	1 syringe/28 days
	Abilify Maintena (aripiprazole)	400 mg vial extended-release injection	1 syringe/28 days
	Aristada (aripiprazole lauroxil injection)	441 mg injection	1 syringe/28 days
	Aristada (aripiprazole lauroxil injection)	662 mg injection	1 syringe/28 days
	Aristada (aripiprazole lauroxil injection)	882 mg injection	1 syringe/28 days
Aristada (aripiprazole lauroxil injection)	1064 mg injection	1 syringe/56 days	
Clozaril (clozapine)	25 mg tablet ^a	3 tablets	
Clozaril (clozapine)	50 mg tablet ^a	3 tablets	
Clozaril (clozapine)	100 mg tablet ^a	9 tablets	
Clozaril (clozapine)	200 mg tablet ^a	4 tablets	
Fanapt (iloperidone)	1 mg tablet	2 tablets	
Fanapt (iloperidone)	2 mg tablet	2 tablets	
Fanapt (iloperidone)	4 mg tablet	2 tablets	
Fanapt (iloperidone)	6 mg tablet	2 tablets	
Fanapt (iloperidone)	8 mg tablet	2 tablets	
Fanapt (iloperidone)	10 mg tablet	2 tablets	
Fanapt (iloperidone)	12 mg tablet	2 tablets	
Fanapt (iloperidone)	Titration pak	1 pack/180 days	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
Atypical Antipsychotics_PS_AR0717_r1217	FazaClo (clozapine)	12.5 mg tablet	3 tablets
	FazaClo (clozapine)	25 mg tablet ^a	9 tablets
	FazaClo (clozapine)	100 mg tablet ^a	3 tablets
	FazaClo (clozapine)	150 mg tablet	6 tablets
	FazaClo (clozapine)	200 mg tablet	4 tablets
	Geodon (ziprasidone)	20 mg capsule ^a	2 capsules
	Geodon (ziprasidone)	40 mg capsule ^a	2 capsules
	Geodon (ziprasidone)	60 mg capsule ^a	2 capsules
	Geodon (ziprasidone)	80 mg capsule ^a	2 capsules
	Geodon (ziprasidone)	20 mg/mL injection	2 vials
	Invega (paliperidone)	1.5 mg tablet ^a	1 tablet
	Invega (paliperidone)	3 mg tablet ^a	1 tablet
	Invega (paliperidone)	6 mg tablet ^a	2 tablets
	Invega (paliperidone)	9 mg tablet ^a	1 tablet
	Invega Trinza (paliperidone injection)	273 mg / 0.875 mL	1 syringe/90 days
	Invega Trinza (paliperidone injection)	410 mg / 1.315 mL	1 syringe/90 days
	Invega Trinza (paliperidone injection)	546 mg / 1.75 mL	1 syringe/90 days
	Invega Trinza (paliperidone injection)	819 mg / 2.625 mL	1 syringe/90 days
	Invega Sustenna (paliperidone)	39 mg/kit extended-release injection	1 kit/28 days
Invega Sustenna (paliperidone)	78 mg/kit extended-release injection	1 kit/28 days	
Invega Sustenna (paliperidone)	117 mg/kit extended-release injection	1 kit/28 days	
Invega Sustenna (paliperidone)	156 mg/kit extended-release injection	1 kit/28 days	
Invega Sustenna (paliperidone)	234 mg/kit extended-release injection	1 kit/28 days	
Latuda (lurasidone)	20 mg tablet	1 tablet	
Latuda (lurasidone)	40 mg tablet	1 tablet	
Latuda (lurasidone)	60 mg tablet	1 tablet	
Latuda (lurasidone)	80 mg tablet	2 tablets	
Latuda (lurasidone)	120 mg tablet	1 tablet	
Rexulti (brexpiprazole)	0.25 mg tablet	1 tablet	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Rexulti (brexpiprazole)	0.5 mg tablet	1 tablet
	Rexulti (brexpiprazole)	1 mg tablet	1 tablet
	Rexulti (brexpiprazole)	2 mg tablet	1 tablet
	Rexulti (brexpiprazole)	3 mg tablet	1 tablet
	Rexulti (brexpiprazole)	4 mg tablet	1 tablet
	Risperdal (risperidone)	0.25 mg tablet ^a	2 tablets
	Risperdal (risperidone)	0.5 mg tablet ^a	2 tablets
	Risperdal (risperidone)	1 mg tablet ^a	2 tablets
	Risperdal (risperidone)	2 mg tablet ^a	2 tablets
	Risperdal (risperidone)	3 mg tablet ^a	2 tablets
	Risperdal (risperidone)	4 mg tablet ^a	4 tablets
	Risperdal (risperidone)	1 mg/mL oral solution ^a	16 mLs
	Risperdal M-Tab (risperidone ODT)	0.25 mg disintegrating tablet	2 tablets
	Risperdal M-Tab (risperidone ODT)	0.5 mg disintegrating tablet ^a	2 tablets
Risperdal M-Tab (risperidone ODT)	1 mg disintegrating tablet ^a	2 tablets	
Atypical Antipsychotics_PS_AR0717_r1217	Risperdal M-Tab (risperidone ODT)	2 mg disintegrating tablet ^a	2 tablets
	Risperdal M-Tab (risperidone ODT)	3 mg disintegrating tablet ^a	2 tablets
	Risperdal M-Tab (risperidone ODT)	4 mg disintegrating tablet ^a	4 tablets
	Risperdal Consta (risperidone)	12.5 mg/vial long-acting injection	2 vials/28 days
	Risperdal Consta (risperidone)	25 mg/vial long-acting injection	2 vials/28 days
	Risperdal Consta (risperidone)	37.5 mg/vial long-acting injection	2 vials/28 days
	Risperdal Consta (risperidone)	50 mg/vial long-acting injection	2 vials/28 days
	Saphris (asenapine)	2.5 mg sublingual tablet	2 tablets
	Saphris (asenapine)	5 mg sublingual tablet	2 tablets
	Saphris (asenapine)	10 mg sublingual tablet	2 tablets
	Seroquel (quetiapine)	25 mg tablet ^a	3 tablets
	Seroquel (quetiapine)	50 mg tablet ^a	3 tablets
	Seroquel (quetiapine)	100 mg tablet ^a	3 tablets
	Seroquel (quetiapine)	200 mg tablet ^a	3 tablets
	Seroquel (quetiapine)	300 mg tablet ^a	2 tablets
Seroquel (quetiapine)	400 mg tablet ^a	2 tablets	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
	<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace			
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets	
	Seroquel XR (quetiapine)	50 mg extended-release tablet ^a	2 tablets	
	Seroquel XR (quetiapine)	150 mg extended-release tablet ^a	1 tablet	
	Seroquel XR (quetiapine)	200 mg extended-release tablet ^a	1 tablet	
	Seroquel XR (quetiapine)	300 mg extended-release tablet ^a	2 tablets	
	Seroquel XR (quetiapine)	400 mg extended-release tablet ^a	2 tablets	
	Versacloz (clozapine)	50 mg/mL oral suspension	18 mLs	
	Vraylar (cariprazine)	1.5 mg capsule	1 capsule	
	Vraylar (cariprazine)	3 mg capsule	1 capsule	
	Vraylar (cariprazine)	4.5 mg capsule	1 capsule	
	Vraylar (cariprazine)	6 mg capsule	1 capsule	
	Vraylar (cariprazine)	Titration Therapy Pack	1 pack/180 days	
	Zyprexa (olanzapine)	2.5 mg tablet ^a	1 tablet	
	Atypical Antipsychotics_PS_AR0717_r1217	Zyprexa (olanzapine)	5 mg tablet ^a	1 tablet
Zyprexa (olanzapine)		7.5 mg tablet ^a	1 tablet	
Zyprexa (olanzapine)		10 mg tablet ^a	1 tablet	
Zyprexa (olanzapine)		15 mg tablet ^a	1 tablet	
Zyprexa (olanzapine)		20 mg tablet ^a	1 tablet	
Zyprexa (olanzapine)		10 mg/vial injection ^a	3 vials	
Zyprexa Zydis (olanzapine ODT)		5 mg tablet ^a	1 tablet	
Zyprexa Zydis (olanzapine ODT)		10 mg tablet ^a	1 tablet	
Zyprexa Zydis (olanzapine ODT)		15 mg tablet ^a	1 tablet	
Zyprexa Zydis (olanzapine ODT)		20 mg tablet ^a	1 tablet	
Zyprexa Relprevv (olanzapine)		210 mg vial extended-release injection	2 vials/28 days	
Zyprexa Relprevv (olanzapine)		300 mg vial extended-release injection	2 vials/28 days	
Zyprexa Relprevv (olanzapine)		405 mg vial extended-release injection	1 vial/28 days	
Biologic		This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
		Actemra (tocilizumab)	162 mg/0.9 mL syringe	4 syringes/28 days

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
Immunomodulators PS_AR1017	Cimzia (certolizumab)	2 x 200 mg vial, kit	2 vial (1 kit) /28 days
	Cimzia (certolizumab)	2 x 200 mg/mL syringe, kit	2 syringes/28 days
	Cimzia (certolizumab)	6 x 200 mg/mL syringe, starter kit	1 kit/180 days
	Cosentyx (secukinumab)	150 mg/mL auto-injector (2 injectors)	1 package of 2 injectors/28 days
	Cosentyx (secukinumab)	150 mg/mL auto-injector	1 injector/28 days
	Cosentyx (secukinumab)	150 mg/mL pre-filled syringe	1 syringe/28 days
	Cosentyx (secukinumab)	300 mg/2 mL (2 x 150 mg/mL) pre-filled syringe	1 package of 2 syringes/28 days
	Enbrel (etanercept)	50 mg/mL syringe	4 syringes/28 days
	Enbrel (etanercept)	50 mg/mL SureClick autoinjector	4 autoinjections/28 days
	Enbrel (etanercept)	25 mg/0.5mL	8 syringes/28 days
	Enbrel (etanercept)	25 mg/vial, kit	8 vials/28 days
	Enbrel (etanercept)	25 mg/vial, kit	8 vials/28 days
	Humira (adalimumab)	10 mg/0.2 mL syringe	2 syringes/28 days
	Humira (adalimumab)	20 mg/0.4 mL syringe, kit	2 syringes/28 days
	Humira (adalimumab)	40 mg/0.8 mL syringe, kit	2 syringes/28 days
	Humira (adalimumab)	40 mg/0.8 mL pen, kit	2 pens (kits)/28 days
	Humira (adalimumab)	40 mg/0.8 mL pen, Psoriasis Starter kit	1 kit/180 days
	Humira (adalimumab)	40 mg/0.8 mL pen, Crohn's Starter kit	1 kit/180 days
	Humira (adalimumab)	40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (3 syringes)	1 kit/180 days
	Humira (adalimumab)	40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (6 syringes)	1 kit/180 days
	Kevzara (sarilumab)	150 mg/1.14 mL syringe	2 syringes/28 days
	Kevzara (sarilumab)	200 mg/1.14 mL syringe	2 syringes/28 days
	Kineret (anakinra)	100 mg syringe	30 syringes/30 days
	Orencia (abatacept)		4 syringes/28 days
	Orencia (abatacept)	50 mg/0.4 mL (subcutaneous) prefilled syringe	4 syringes/28 days
	Orencia (abatacept)	87.5 mg/ 0.7 mL	4 syringes/28 days
	Orencia (abatacept)	125 mg/mL (subcutaneous)	4 syringes/28 days

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
	<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace			
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets	
	Orencia (abatacept)	125 mg/mL (subcutaneous) ClickJect autoinjector	4 autoinjectors/28 days	
	Otelzla (apremilast)	10 mg, 20 mg & 30 mg tablet starter pack (two week)	1 starter kit of 27 tablets/180 days	
	Otelzla (apremilast)	10 mg, 20 mg & 30 mg tablet starter pack (four week)	1 starter kit of 55 tablets/180 days	
	Otelzla (apremilast)	30mg tablets	2 tablets/day	
	Siliq (brodalumab) syringe	210 mg/1.5 mL syringe	2 syringes/28 days	
	Simponi (golimumab) syringe	50 mg/0.5 mL syringe	1 syringe/28 days	
	Simponi (golimumab) auto-injector	50 mg/0.5 mL auto-injector	1 syringe/28 days	
	Simponi (golimumab) syringe	100 mg/1 mL syringe	1 syringe/28 days	
Simponi (golimumab) auto-injector	100 mg/1 mL auto-injector	1 syringe/28 days		
Biologic Immunomodulators PS_AR1017	Stelara (ustekinumab)	45 mg/0.5 mL syringe	1 syringe/84 days	
	Stelara (ustekinumab)	45 mg/0.5 mL syringe	1 syringe/84 days	
	Stelara (ustekinumab)	90 mg/1 mL syringe	1 syringe/56 days	
	Taltz (ixekizumab)	80 mg/mL autoinjector	1 syringe/28 days	
	Taltz (ixekizumab)	80 mg/mL prefilled syringe	1 syringe/28 days	
	Tremfya (guselkumab)	100 mg/mL prefilled syringe	1 syringe/56 days	
	Xeljanz (tofacitinib)	5 mg tablet	2 tablets/day	
	Xeljanz XR (tofacitinib extended release)	11 mg tablet	1 tablet	
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	Bisphosphonates_PS_ PS_AR0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
Actonel (risedronate)		5 mg tablets ^a	1 tablet	
Actonel (risedronate)		30 mg tablets ^a	1 tablet	
Actonel (risedronate)		35 mg tablets ^a	4 tablets (1 dose pack)/28 days	
Actonel (risedronate)		150 mg tablets ^a	1 tablet/month	
Atelvia (risedronate delayed-release)		35 mg delayed-release tablets ^a	4 tablets (1 dose pack)/28 days	
Binosto (alendronate)		70 mg effervescent tablets	4 tablets /28 days	
Boniva (ibandronate)		150 mg tablets ^a	1 tablet (blister pack)/month	
Fosamax/alendronate (alendronate)		5 mg tablets ^a	1 tablet	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Fosamax/alendronate (alendronate)	10 mg tablets ^a	1 tablet
	Fosamax/alendronate (alendronate)	35 mg tablets ^a	4 tablets (1 blister pack)/28 days
	Fosamax/alendronate (alendronate)	40 mg tablets ^c	1 tablet
	Fosamax/alendronate (alendronate)	70 mg tablets ^a	4 tablets (1 blister pack)/28 days
	Fosamax/alendronate (alendronate)	70 mg/75 mLs oral solution ^c	75 mLs (70 mg)/week
	Fosamax Plus D (alendroante/cholecalciferol)	70 mg/2800 IU ^d (alendronate/cholecalciferol)	4 tablets (1 blister pack)/28 days
Fosamax Plus D (alendroante/cholecalciferol)	70 mg/5600 IU ^d (alendronate/cholecalciferol)	4 tablets (1 blister pack)/28 days	
<i>a - generic available and included in quantity limit program. c - available as alendronate MSC-N product; included in QL program; no brand Fosamax. d -IU=International Units.</i>			
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
COX-2_PS_AR0717	Celebrex (celecoxib)	50 mg capsule ^a	2 capsules
	Celebrex (celecoxib)	100 mg capsule ^a	2 capsules
	Celebrex (celecoxib)	200 mg capsule ^a	2 capsules
	Celebrex (celecoxib)	400 mg capsule ^a	1 capsule
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
DPP-4 Inhibitors PS_AR0317_r0218	Glyxambi (empagliflozin/linagliptin)	10 mg / 5 mg	1 tablet
	Glyxambi (empagliflozin/linagliptin)	25 mg / 5 mg	1 tablet
	Januvia (sitagliptin)	25 mg tablet	1 tablet
	Januvia (sitagliptin)	50 mg tablet	1 tablet
	Januvia (sitagliptin)	100 mg tablet	1 tablet
	Nesina (alogliptin)	6.25mg	1 tablet
	Nesina (alogliptin)	12.5mg	1 tablet
	Nesina (alogliptin)	25mg	1 tablet
	Onglyza (saxagliptin)	2.5 mg tablet	1 tablet
	Onglyza (saxagliptin)	5 mg tablet	1 tablet
	Tradjenta (linagliptin)	5 mg tablet	1 tablet
	Janumet (sitagliptin/metformin)	50 mg/500 mg tablet	2 tablets
	Janumet (sitagliptin/metformin)	50 mg/1000 mg tablet	2 tablets

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Janumet XR (sitagliptin/metformin extended-release)	50 mg/500 mg tablet	1 tablet
	Janumet XR (sitagliptin/metformin extended-release)	50 mg/1000 mg tablet	2 tablets
DPP-4 Inhibitors PS_AR0317_r0218	Janumet XR (sitagliptin/metformin extended-release)	100 mg/1000 mg tablet	1 tablet
	Jentaduetto (linagliptin/metformin)	2.5 mg/500 mg tablet	2 tablets
	Jentaduetto (linagliptin/metformin)	2.5 mg/850 mg tablet	2 tablets
	Jentaduetto (linagliptin/metformin)	2.5 mg/1000 mg tablet	2 tablets
	Jentaduetto XR (linagliptin/metformin ER)	2.5 mg/1000 mg tablet	2 tablets
	Jentaduetto XR (linagliptin/metformin ER)	5 mg/1000 mg tablet	1 tablet
	Juvisync (sitagliptin/simvastatin) ^b	50 mg/10 mg tablet	2 tablets
	Juvisync (sitagliptin/simvastatin) ^b	50 mg/20 mg tablet	2 tablets
	Juvisync (sitagliptin/simvastatin) ^b	50 mg/40 mg tablet	1 tablet
	Juvisync (sitagliptin/simvastatin) ^b	100 mg/10 mg tablet	1 tablet
	Juvisync (sitagliptin/simvastatin) ^b	100 mg/20 mg tablet	1 tablet
	Juvisync (sitagliptin/simvastatin) ^b	100 mg/40 mg tablet	1 tablet
	Kazano (alogliptin/metformin)	12.5mg/500mg	2 tablets
	Kazano (alogliptin/metformin)	12.5mg/100mg	2 tablets
	Kombiglyze XR (saxagliptin/metformin)	2.5 mg/1000 mg tablet	2 tablets
Kombiglyze XR (saxagliptin/metformin)	5 mg/500 mg tablet	1 tablet	
Kombiglyze XR (saxagliptin/metformin)	5 mg/1000 mg tablet	1 tablet	
Oseni (alogliptin/pioglitazone)	12.5mg/15mg	1 tablet	
Oseni (alogliptin/pioglitazone)	12.5mg/30mg	1 tablet	
Oseni (alogliptin/pioglitazone)	12.5mg/45mg	1 tablet	
Oseni (alogliptin/pioglitazone)	25mg/15mg	1 tablet	
Oseni (alogliptin/pioglitazone)	25mg/30mg	1 tablet	
Oseni (alogliptin/pioglitazone)	25mg/45mg	1 tablet	
Qtern (dapagliflozin/saxagliptin)	10 mg/5 mg tablet	1 tablet	
Steglujan (ertugliflozin/sitagliptin)	5 mg/100 mg tablet	1 tablet	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Steglujan (ertugliflozin/sitagliptin)	15 mg/100 mg tablet	1 tablet
Fibromyalgia (Lyrica and Savella)_PS_AR0717	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Lyrica (pregabalin)	25 mg capsule	3 capsules
	Lyrica (pregabalin)	50 mg capsule	3 capsules
	Lyrica (pregabalin)	75 mg capsule	3 capsules
	Lyrica (pregabalin)	100 mg capsule	3 capsules
	Lyrica (pregabalin)	150 mg capsule	3 capsules
	Lyrica (pregabalin)	200 mg capsule	3 capsules
	Lyrica (pregabalin)	225 mg capsule	2 capsules
	Lyrica (pregabalin)	300 mg capsule	2 capsules
	Lyrica (pregabalin)	20 mg/mL oral solution	30 mL
	Savella (milnacipran)	12.5 mg tablet	2 tablets
	Savella (milnacipran)	25 mg tablet	2 tablets
	Savella (milnacipran)	50 mg tablet	2 tablets
	Savella (milnacipran)	100 mg tablet	2 tablets
Savella (milnacipran)	Titration pack: 5 x 12.5 mg, 8 x 25 mg, 42 x 50 mg tablets	1 kit (55 tablets)/180 days	
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
Gabapentin ER_PS_AR0717	Gralise (gabapentin)	300 mg extended-release tablets	1 tablet
	Gralise (gabapentin)	600 mg extended-release tablets	3 tablets
	Gralise (gabapentin)	Starter Pack: 300 mg (9) & 600 mg (69)	1 pack/180 days
	Horizant (gabapentin enacarbil)	300 mg extended-release tablets	2 tablets
	Horizant (gabapentin enacarbil)	600 mg extended-release tablets	2 tablets
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
GLP-1 Agonists_PS_AR0317_r1217	Adlyxin (lixisenatide)	20 mcg/injection 3 mL pens	2 pens / 28 days
	Adlyxin (lixisenatide)	Starter Pack (2 pens)	2 pens / 180 days

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i> Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Byetta (exenatide)	5 mcg/dose prefilled pen	1 prefilled pen (60 doses)/30 days
	Byetta (exenatide)	10 mcg/dose prefilled pen	1 prefilled pen (60 doses)/30 days
	Bydureon (exenatide ER)	2 mg/vial in single dose tray; 4 trays/carton	1 carton (4 trays/4 doses)/28 days
	Bydureon (exenatide ER)	2 mg/pen; 4 trays/carton	1 carton (4 doses)/28 days
	Bydureon BCise (exenatide ER)	2 mg/autoinjector; 4 autoinjector/carton	4 autoinjectors/28days
	Ozempic (semaglutide)	2 mg single-patient pen (0.25-0.5 mg per injection)	1 pen / 28 days
	Ozempic (semaglutide)	2 mg single-patient pen (1 mg per injection)	2 pens / 28 days
	Tanzeum (albiglutide)	30 mg single-dose pen	4 pens/28 days
	Tanzeum (albiglutide)	50 mg single-dose pen	4 pens/28 days
	Trulicity (dulaglutide)	0.75 mg / 0.5 mL syringe and pens	4 pens or syringes/28days
	Trulicity (dulaglutide)	1.5 mg / 0.5 mL syringe and pens	4 pens or syringes/28days
	Victoza (liraglutide)	18 mg/3 mL pen; 2 pen package	1 pkg (2 pens; 30 doses of 1.2 mg)/30 days
	Victoza (liraglutide)	18 mg/3 mL pen; 3 pen package	1 pkg (3 pens; 30 doses of 1.8 mg)/30 days
	Insomnia_PS_AR0717	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i> Ambien (zolpidem) ^a	5 mg tablet
Ambien (zolpidem) ^a		10 mg tablet	1 tablet
Ambien CR (zolpidem) ^a		6.25 mg extended-release tablet	1 tablet
Ambien CR (zolpidem) ^a		12.5 mg extended-release tablet	1 tablet
Belsomra (suvorexant)		5 mg tablet	1 tablet
Belsomra (suvorexant)		10 mg tablet	1 tablet
Belsomra (suvorexant)		15 mg tablet	1 tablet
Belsomra (suvorexant)		20 mg tablet	1 tablet

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Edluar (zolpidem)	5 mg orally disintegrating tablet	1 tablet
	Edluar (zolpidem)	10 mg orally disintegrating tablet	1 tablet
	Intermezzo (zolpidem) ^a	1.75 mg sublingual tablet	1 tablet
	Intermezzo (zolpidem) ^a	3.5 mg sublingual tablet	1 tablet
	Lunesta (eszopiclone) ^a	1 mg tablet	1 tablet
	Lunesta (eszopiclone) ^a	2 mg tablet	1 tablet
	Lunesta (eszopiclone) ^a	3 mg tablet	1 tablet
	Roserem (ramelteon)	8 mg tablet	1 tablet
	Silenor (doxepin)	3 mg tablet	1 tablet
	Silenor (doxepin)	6 mg tablet	1 tablet
	Sonata (zaleplon) ^a	5 mg capsule	1 capsule
	Sonata (zaleplon) ^a	10 mg capsule	1 capsule
	Zopimist (zolpidem)	Oral Spray 5 mg/actuation	1 canister (60 actuations)/ 30 days
Insulin Combination_PS_	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Soliqua (insulin glargine/lixisenatide)	100 units/mL insulin glargine / 33 mcg/mL lixisenatide	5 pens/30 days
AR0317	Xultophy (insulin degludec/liraglutide)	100 units/mL insulin degludec / 3.6 mg liraglutide	5 pens/30 days
Leukotriene Modifiers_PS_	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Accolate (zafirlukast)	10 mg tablet ^a	2 tablets
AR0317	Accolate (zafirlukast)	20 mg tablet ^a	2 tablets
	Singulair (motelukast)	10 mg tablet ^a	1 tablet
	Singulair (motelukast)	4 mg chewable tablet ^a	1 tablet
	Singulair (motelukast)	5 mg chewable tablet ^a	1 tablet
	Singulair (motelukast)	4 mg oral granules ^a	1 packet
	Zyflo (zileuton)	600 mg tablet	4 tablets
	Zyflo CR (zileuton)	600 mg tablet ^a	4 tablets

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
Low Molecular Weight Heparins (LMWH) and Arixtra_PS_AR0717	Arixtra (fondaparinux)		
	Single-dose syringe	2.5 mg/ 0.5 ml ^a	30 syringes/90 days
	Single-dose syringe	5 mg/ 0.4 ml ^a	30 syringes/90 days
	Single-dose syringe	7.5 mg/0.6 ml ^a	30 syringes/90 days
	Single-dose syringe	10 mg/ 0.8 ml ^a	30 syringes/90 days
Low Molecular Weight Heparins (LMWH) and Arixtra_PS_AR0717	Fragmin (dalteparin)		
	Single-dose syringe	2,500 IU/ 0.2 ml	30 syringes/90 days
	Single-dose syringe	5,000 IU/ 0.2 ml	30 syringes/90 days
	Single-dose syringe	7,500 IU /0.3 ml	30 syringes/90 days
	Single-dose graduated syringe	10,000 IU/ 1 ml	30 syringes/90 days
	Single-dose syringe	12,500 IU/0.5 ml	30 syringes/90 days
	Single-dose syringe	15,000 IU/ 0.6 ml	30 syringes/90 days
	Single-dose syringe	18,000 IU/ 0.72 ml	30 syringes/90 days
	Multi-dose vial	95,000 IU/3.8 mL (25,000 IU/ 1 mL)	10 vials/90 days
	Lovenox (enoxaparin)		
	Single-dose syringe	30 mg/ 0.3 ml ^a	30 syringes/90 days
	Single-dose syringe	40 mg/ 0.4 ml ^a	30 syringes/90 days
	Single-dose syringe	60 mg/ 0.6 ml ^a	30 syringes/90 days
	Single-dose syringe	80 mg/ 0.8 ml ^a	30 syringes/90 days
	Single-dose syringe	100 mg/ 1 ml ^a	30 syringes/90 days
	Single-dose syringe	120 mg/ 0.8 ml ^a	30 syringes/90 days
	Single-dose syringe	150 mg/ 1 ml ^a	30 syringes/90 days
	Multiple dose vial	300 mg/ 3 ml ^a	10 vials/90 days
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
Multiple Sclerosis_PS_ AR0317_r1017	Aubagio (teriflunomide)	7 mg tablet	1 tablet daily
	Aubagio (teriflunomide)	14 mg tablet	1 tablet daily
	Avonex (interferon β-1a)	30 mcg vial	4 vials/28 days 4 vials/28 days 1 kit of 4 vials/28 days

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Avonex (interferon β-1a)	30 mcg/0.5 mL prefilled syringe	1 kit of 4 syringes/28 days
	Avonex (interferon β-1a)	30 mcg/0.5 mL Autoinjector pen	1 kit of 4 syringes/28 days
	Betaseron (interferon β-1b)	0.3 mg vial + syringe with diluent	1 kit of 4 pens/28 days 14 vial/syringe units (1 box)/28 days
	Copaxone (glatiramer)	20 mg/mL syringe	1 syringe/day (1 box of 30 syringes/30 days)
	Copaxone (glatiramer) ^a	40 mg/mL syringe	12 mLs/ 28 days (40 mg/mL 3 times a week)
	Extavia (interferon β-1b)	0.3 mg vial + syringe with diluent	15 vial/syringe units (1 box)/30 days
	Gilenya (fingolimod)	0.5 mg tablet	1 tablet/day
	Glatopa (glatiramer)	20 mg/mL prefilled syringe kit	1 kit of 30 syringes/30 days
	Plegridy (peginterferon β-1a)	Starter kit- syringe	1 kit/180 days
	Plegridy (peginterferon β-1a)	Starter kit- pen-injector	1 kit/180 days
Multiple Sclerosis_PS_	Plegridy (peginterferon β-1a)	125 mcg/0.5 mL syringe	2 syringes/28 days (1 carton of 2 syringes/28 days)
AR0317_r1017	Plegridy (peginterferon β-1a)	125 mcg/0.5mL pen-injector	2 pens/28 days (1 carton of 2 pens/28 days)
	Rebif (interferon β-1a)	22 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)
	Rebif Rebido (interferon β-1a)	22 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)
	Rebif (interferon β-1a)	44 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)
	Rebif Rebido (interferon β-1a)	44 mcg/0.5 mL	3 syringes/week (1 carton 12 syringes/28 days)
	Rebif (interferon β-1a)	Titration pack: 6 x 8.8 mcg/0.2 mL + 6 x 22 mcg/0.5 mL	1 kit/180 days

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Rebif Rebido (interferon β-1a)	Titration pack: 6 x 8.8 mcg/0.2 mL + 6 x 22 mcg/0.5 mL	1 kit/180 days
	Tecfidera (dimethyl fumarate)	Starter kit	1 kit/180 days
	Tecfidera (dimethyl fumarate)	120 mg capsules	14 capsules/180 days
	Tecfidera (dimethyl fumarate)	240 mg capsules	2 capsules daily
	Zinbryta (daclizumab)	150 mg/mL syringe	1 syringe/30 days
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Nasal Inhalers PS_AR0717_r1017	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Antihistamines		
	Astelín (azelastine 0.1%) ^a	137 mcg/spray (30 mL, 200 sprays)	2 bottles/30 days
	Astepro (azelastine 0.15%) ^a	205.5 mcg/spray (30 mL, 200 sprays)	2 bottles/30 days
	Patanase (olopatadine) ^a	665 mcg/spray (30.5 gm, 240 sprays)	1 bottle/30 days
	Anticholinergics		
	Atrovent (ipratropium 0.03%) ^a	21 mcg/spray (30 mL, 345 sprays)	2 bottles/30 days
	Atrovent (ipratropium 0.06%) ^a	42 mcg/spray (15 mL, 165 sprays)	3 bottles/30 days
	Corticosteroids		
	Beconase AQ (beclomethasone)	42 mcg/spray (25 gm, 180 sprays)	2 bottles/30 days
	Flonase (fluticasone propionate) ^a	50 mcg/spray (16 gm, 120 sprays)	1 bottle/30 days
	Flunisolide ^a	25 mcg/spray (25 mL, 200 sprays)	3 bottles/30 days
	Flunisolide	29 mcg/spray (25 mL, 200 sprays)	3 bottles/30 days
	Nasacort AQ (triamcinolone) ^a	55 mcg/spray (16.5 gm, 120 sprays)	1 bottle/30 days
Nasonex (mometasone) ^a	50 mcg/spray (17 gm, 120 sprays)	2 bottles/30 days	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Omnaris (ciclesonide)	50 mcg/spray (12.5 gm, 120 sprays)	1 bottle/30 days
	Qnasl (beclomethasone dipropionate)	80 mcg/spray (8.7 gm, 120 sprays)	1 canister/30 days
	Qnasl Children (beclomethasone dipropionate)	40 mcg/spray (4.9 gm, 60 sprays)	1 canister/30 days
	Rhinocort Aqua (budesonide) ^a	32 mcg/spray (8.6 gm, 120 sprays)	2 bottles/30 days
	Veramyst (fluticasone furoate)	27.5 mcg/spray (10 gm, 120 sprays)	1 bottle/30 days
Nasal Inhalers PS_AR0717_r1017	Xhance (fluticasone)	93 mcg/actuation (16 mLs, 120 sprays)	2 bottles/30 days
	Zetonna (ciclesonide)	37 mcg/actuation (6.1 gm, 60 actuations)	1 canister/30 days
	Combinations		
	Dymista (azelastine/fluticasone)	137 mcg/50 mcg/spray (23 gm, 120 sprays)	1 bottle/30 days
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Ophthalmic Prostaglandins PS_AR1017_r1217	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Lumigan (bimatoprost-0.01%)	2.5 mL bottle	2.5 mL/30 days
	Lumigan (bimatoprost-0.01%)	5 mL bottle	2.5 mL/30 days
	Lumigan (bimatoprost-0.01%)	7.5 mL bottle	2.5 mL/30 days
	Bimatoprost-0.03%	2.5 mL bottle	2.5 mL/30 days
	Bimatoprost-0.03%	5 mL bottle	2.5 mL/30 days
	Bimatoprost-0.03%	7.5 mL bottle	2.5 mL/30 days
	Rescula (unoprostone-0.15%)	5 mL bottle	5 mL/30 days
	Travatan Z (travoprost)	2.5 mL bottle	2.5 mL/30 days
	Travatan Z (travoprost)	5 mL bottle	2.5 mL/30 days
	Travoprost	2.5 mL bottle	2.5 mL/30 days
	Travoprost	5 mL bottle	2.5 mL/30 days
Vyzulta (latanoprostene bunod)	5 mL bottle	5 mL/30 days	
Xalatan (latanoprost) ^a	2.5 mL bottle	2.5 mL/30 days	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Zioptan (tafluprost)	0.3 mL/single-use container	30 single-use containers/30 days
Opioids ER	** Opioids ER QL information is included in the individual program document		
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
Opioids IR PS_AR0317_r0817	Narcotic Analgesics		
	butorphanol	10 mg/mL nasal spray ^a	87.5 mLs/30 days
	Codeine	15 mg tablet ^a	6 tablets
	Codeine	30 mg tablet ^a	6 tablets
	Codeine	60 mg tablet ^a	6 tablets
	Hydromorphone/Dilaudid	2 mg tablet ^a	6 tablets
	Hydromorphone/Dilaudid	4 mg tablet ^a	6 tablets
	Hydromorphone/Dilaudid	8 mg tablet ^a	6 tablets
	Hydromorphone/Dilaudid	1 mg/mL liquid ^a	48 mLs
	Levorphanol/Levodromoran	2 mg tablet	4 tablets
	Meperidine/Demerol	50 mg tablet ^a	8 tablets
	Meperidine/Demerol	100 mg tablet ^a	8 tablets
	Meperidine/Demerol	50 mg/5 mL solution ^a	80 mLs
	Methadone/Dolophine/Methadose	5 mg tablet ^a	3 tablets
	Methadone/Dolophine/Methadose	10 mg tablet ^a	3 tablets
	Methadone/Dolophine/Methadose	40 mg soluble tablet ^a	3 tablets
	Methadone/Dolophine/Methadose	5 mg/5mL solution ^a	30 mLs
	Methadone/Dolophine/Methadose	10 mg/5 mL solution ^a	15 mLs
	Methadone/Dolophine/Methadose	10 mg/mL concentrate ^a	3 mLs
Opioids IR PS_AR0317_r0817	Morphine	15 mg tablet	8 tablets
	Morphine	30 mg tablet	6 tablets
	Morphine	10 mg/5 mL solution ^a	90 mLs
	Morphine	20 mg/5 mL solution ^a	45 mLs
	Morphine	20 mg/mL concentrate ^a	9 mLs
	Oxycodone/OxyIR/Roxyicodone intensol	5 mg capsule ^a	12 capsules
	Oxycodone/OxyIR/Roxyicodone intensol	5 mg tablet ^a	12 tablets
	Oxycodone/OxyIR/Roxyicodone intensol	10 mg tablet ^a	6 tablets

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Oxycodone/OxyIR/Roxylicodone intensol	15 mg tablet ^a	6 tablets
	Oxycodone/OxyIR/Roxylicodone intensol	20 mg tablet ^a	6 tablets
	Oxycodone/OxyIR/Roxylicodone intensol	30 mg tablet ^a	6 tablets
	Oxycodone/OxyIR/Roxylicodone intensol	5 mg/5mL solution ^a	180 mLs
	Oxycodone/OxyIR/Roxylicodone intensol	20 mg/mL concentrate ^a	9 mLs
	Oxaydo/Oxecta (oxycodone)	5 mg tablet	6 tablets
	Oxaydo/Oxecta (oxycodone)	7.5 mg tablet	6 tablets
	Oxymorphone/Opana	5 mg tablet ^a	6 tablets
	Oxymorphone/Opana	10 mg tablet ^a	6 tablets
	Tramadol, Tapentadol		
	Nucynta (tapentadol)	50 mg tablet	6 tablets
	Nucynta (tapentadol)	75 mg tablet	6 tablets
Nucynta (tapentadol)	100 mg tablet	6 tablets	
Ultram (tramadol) ^a	50 mg tablet	8 tablets	

This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
Oral Inhaler_PS_ AR0717_r1217	Anticholinergics		
	Atrovent HFA (ipratropium)	17 mcg/actuation (12.9 gm, 200 actuations)	2 canisters/month
	Combivent ^b (ipratropium/albuterol)	18 mcg/90 mcg/actuation (14.7gm, 200 actuations)	2 canisters/month
	Combivent Respimat (ipratropium/albuterol)	20 mcg/100 mcg/actuation (4.0 gm, 120 actuations)	2 canisters/month
	Incruse Ellipta (umeclidinium)	62.5 mcg/blister	30 blisters/month
	Seebri Neohaler (glycopyrrolate)	15.6 mcg/ inhalation (box of 60 capsules)	60 inhalation capsule/month
	Spiriva Handihaler (tiotropium)	18 mcg/inhalation (carton of 5, 30, or 90 capsules)	30 capsules/month
	Spiriva Respimat (tiotropium)	1.25 mcg/actuation (4 g cartridge)	1 cartridge/month

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Spiriva Respimat (tiotropium)	2.5 mcg/actuation (4 g cartridge)	1 cartridge/month
	Tudorza Pressair (aclidinium bromide)	400 mcg/actuation (1 canister, 60 actuations)	1 canister/month
	Short-Acting Beta Agonists		
	Maxair ^b (pirbuterol)	200 mcg/actuation (14 gm, 400 actuations)	1 canister/month
	ProAir HFA (albuterol sulfate)	90 mcg/actuation (8.5 gm, 200 actuations)	2 canisters/month
	Oral Inhaler_PS_AR0717_r1217		
	Proventil HFA (albuterol sulfate)	90 mcg/actuation (6.7 gm, 200 actuations)	2 canisters/month
	ProAir Respiclick (albuterol sulfate)	90 mcg/actuation (200 actuations)	2 inhalers/month
Ventolin HFA (albuterol sulfate)	90 mcg/actuation (18 gm, 200 actuations)	2 canisters/month	
Ventolin HFA (albuterol sulfate)	90 mcg/actuation (8 gm, 60 actuations)	2 canisters/month	
Xopenex HFA (levalbuterol)	45 mcg/actuation (15 gm, 200 actuations)	2 canisters/month	
Long-Acting Beta Agonists			
Arcapta Neohaler (indacaterol)	75 mcg/inhalation (Neohaler inhaler and box of 5 blister cards of 6 capsules each, total 30)	1 box (30 capsules)/month	
Foradil (formoterol)	12 mcg/inhalation (Aerolizer inhaler and blister pack of 12 or 60)	1 blister pack of 12 or 1 blister pack of 60/month	
Serevent (salmeterol)	50 mcg/inhalation (disposable inhalation device and 60 blisters)	1 package (60 blisters)/month	
Striverdi Respimat (olodaterol)	2.7 mcg/actuation (inhaler device and 60 actuation cartridge)	1 cartridge (60 actuations) month	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
ADHD Agents_PS_AR0717_r0118	<i>NOTE: a = generic available and included in quantity limit program</i>		
	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Corticosteroids/Corticosteroid Combinations		
	Advair Diskus (flutiasone/sameterol)	100 mcg/50 mcg (inhalation device, 60 blisters)	1 package (60 blisters)/month
	Advair Diskus (flutiasone/sameterol)	250 mcg/50 mcg per inhalation (disposable inhalation device and 60 blisters)	1 package (60 blisters)/month
	Advair Diskus (flutiasone/sameterol)	500 mcg/50 mcg per inhalation (disposable inhalation device and 60 blisters)	1 package (60 blisters)/month
	Advair HFA (fluticasone/ salmeterol)	45 mcg/21 mcg (12 gm, 120 actuations)	1 canister/month
	Advair HFA (fluticasone/ salmeterol)	115 mcg/21 mcg (12 gm, 120 actuations)	1 canister/month
	Advair HFA (fluticasone/ salmeterol)	230 mcg/21 mcg (12 gm, 120 actuations)	1 canister/month
	Aerospan (flunisolide)	80 mcg per inhalation (8.9 gm, 120 actuations)	2 canisters/month
	AirDuo Respiclick, Fluticasone/Salmeterol	55 mcg/14 mcg (0.45 gm, 60 actuations)	1 inhaler/month
	AirDuo Respiclick, Fluticasone/Salmeterol	113 mcg/14 mcg (0.45 gm, 60 actuations)	1 inhaler/month
	AirDuo Respiclick, Fluticasone/Salmeterol	232 mcg/14 mcg (0.45 gm, 60 actuations)	1 inhaler/month
	Alvesco (ciclesonide)	80 mcg/actuation (6.1 gm, 60 actuations)	1 canister/month
	Alvesco (ciclesonide)	160 mcg/actuation (6.1 gm, 60 actuations)	2 canisters/month
	Armonair Respiclick (fluticasone)	55 mcg/actuation (0.9 g, 60 actuations)	1 inhaler/month
	Armonair Respiclick (fluticasone)	113 mcg/actuation (0.9 g, 60 actuations)	1 inhaler/month
	Armonair Respiclick (fluticasone)	232 mcg/actuation (0.9g, 60 actuations)	1 inhaler/month
	Arnuity Ellipta (fluticasone)	100 mcg/blister	30 blisters/month
	Arnuity Ellipta (fluticasone)	200 mcg/blister	30 blisters/month

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Asmanex (mometasone)	110 mcg/actuation (30 actuations)	1 canister/month
	Asmanex (mometasone)	220 mcg/actuation (30, 60, 120 actuations)	1 canister/month
	Asmanex HFA (mometasone)	100 mcg/actuation (13 gm, 120 actuations)	1 canister/month
Oral Inhaler_PS_ AR0717_r1217	Asmanex HFA (mometasone)	200 mcg/actuation (13 gm, 120 actuations)	1 canister/month
	Breo Elipta (fluticasone/vilanterol)	100 mcg/25 mcg (60 blisters, 30 actuations)	1 package (60 blisters)
	Breo Elipta (fluticasone/vilanterol)	200 mcg/25 mcg (60 blisters, 30 actuations)	1 package (60 blisters)
	Dulera (mometasone/formoterol)	100 mcg/5 mcg (13 gm, 120 actuations)	1 canister/month
	Dulera (mometasone/formoterol)	200 mcg/5 mcg (13 gm, 120 actuations)	1 canister/month
	Flovent HFA (fluticasone)	44 mcg/actuation (10.6 gm, 120 actuations)	1 canister/month
	Flovent HFA (fluticasone)	110 mcg/actuation (12 gm, 120 actuations)	1 canister/month
	Flovent HFA (fluticasone)	220 mcg/actuation (12 gm, 120 actuations)	2 canisters/month
	Flovent Diskus (fluticasone)	50 mcg/inhalation (60 blisters/carton)	1 carton/month
	Flovent Diskus (fluticasone)	100 mcg/inhalation (60 blisters/carton)	1 carton/month
	Flovent Diskus (fluticasone)	250 mcg/inhalation (60 blisters/carton)	4 cartons/month
	Pulmicort Flexhaler (budesonide)	90 mcg/actuation (60 actuations)	1 canister/month
	Pulmicort Flexhaler (budesonide)	180 mcg/actuation (120 actuations)	2 canisters/month
	Qvar (beclomethasone)	40 mcg/actuation (8.7 gm, 120 actuations)	1 canister/month
	Qvar (beclomethasone) Qvar Redihaler	80 mcg/actuation (8.7 gm, 120 actuations) 40 mcg/actuation (10.6 gm, 120 actuations)	2 canisters/month 1 canister/month

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
ADHD Agents_PS_AR0717_r0118	<i>NOTE: a = generic available and included in quantity limit program</i>			
	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets	
	Qvar Redihaler	80 mcg/actuation (10.6 gm, 120 actuations)	2 canisters/month	
	Symbicort (budesonide/formoterol)	80 mcg/4.5 mcg (10.2 gm, 120 actuations)	1 canister/month	
	Symbicort (budesonide/formoterol)	160 mcg/4.5 mcg (10.2 gm, 120 actuations)	1 canister/month	
	Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)	100 mcg/62.5 mcg/25 mcg (30 inhalations)	1 inhaler/month	
	Anticholinergic/Long-Acting Beta Agonist Combination			
	Anoro Ellipta (umeclidinium/vilanterol)	62.5 mcg/25 mcg (60 blisters, 30 actuations)	1 package (60 blisters)/month	
	Bevespi Aerosphere (glycopyrrolate and formoterol)	9 mcg/4.8 mcg (120 inhalation canister)	1 canister/month	
Stiolto Respimat (tiotropium/olodaterol)	2.5 mcg/2.5 mcg (4 grams, 60 actuations)	1 cartridge/month		
Utibron Neohaler (indacaterol/glycopyrrolate)	27.5 mcg/15.6 mg/inhalation (Box of 60 inhalation capsules)	60 inhalation capsules/month		
Pain Medications (Combination Products)				
PS_AR0317	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
	Ibuprofen Combinations			
	Oxycodone/Ibuprofen	5 mg/400 mg tablet	4 tablets	
	Reprexain (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet ^a	5 tablets	
	Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet ^a	5 tablets	
	Reprexain, Ibudone (hydrocodone/ibuprofen)	10 mg/200 mg tablet ^a	5 tablets	
	Vicoprofen (hydrocodone/ibuprofen)	7.5 mg/200 mg tablet ^a	5 tablets	
	Tramadol Combinations			
	Ultracet (tramadol/acetaminophen)	37.5 mg/325 mg tablet ^a	8 tablets	
	Aspirin Combinations			
Percodan, Endodan (oxycodone/aspirin)	4.8355 mg/325 mg tablet ^a	12 tablets		
Synalgos-DC Aspirin/Caffeine/Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	12 capsules		

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
ADHD Agents_PS_AR0717_r0118	<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i> Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets	
	Acetaminophen/Oxycodone Combinations	Magnacet (oxycodone/acetaminophen)	5 mg/400 mg tablet	10 tablets
		Magnacet (oxycodone/acetaminophen)	7.5 mg/400 mg tablet	8 tablets
	Magnacet (oxycodone/acetaminophen)	10 mg/400 mg tablet	6 tablets	
	Percocet, Endocet (oxycodone/acetaminophen)	Percocet, Endocet (oxycodone/acetaminophen)	2.5 mg/325 mg tablet ^a	12 tablets
		Percocet, Endocet (oxycodone/acetaminophen)	5 mg/325 mg tablet ^a	12 tablets
	Percocet, Endocet (oxycodone/acetaminophen)	Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/325 mg tablet ^a	8 tablets
	Percocet, Endocet (oxycodone/acetaminophen)	Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/500 mg tablet ^a	8 tablets
	Percocet, Endocet (oxycodone/acetaminophen)	Percocet, Endocet (oxycodone/acetaminophen)	10 mg/325 mg tablet ^a	6 tablets
	Percocet, Endocet (oxycodone/acetaminophen)	Percocet, Endocet (oxycodone/acetaminophen)	10 mg/650 mg tablet ^a	6 tablets
	Primlev (oxycodone/acetaminophen)	Primlev (oxycodone/acetaminophen)	5 mg/300 mg tablet	12 tablets
		Primlev (oxycodone/acetaminophen)	7.5 mg/300 mg tablet	8 tablets
		Primlev (oxycodone/acetaminophen)	10 mg/300 mg tablet	6 tablets
	Roxicet (oxycodone/acetaminophen)	Roxicet (oxycodone/acetaminophen)	5 mg/325 mg/5 mL solution ^a	60 mLs
	Tylox (oxycodone/acetaminophen)	Tylox (oxycodone/acetaminophen)	5 mg/500 mg capsule ^a	8 capsules
	Xolox (oxycodone/acetaminophen)	Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	8 tablets
	Acetaminophen/Codeine Combinations	Capital and Codeine (acetaminophen/codeine)	120 mg/12 mg/5 mL suspension	90 mLs
		Acetaminophen/codeine	120 mg/12 mg/5 mL solution ^a	90 mLs
	Tylenol w/Codeine (acetaminophen/codeine)	Tylenol w/Codeine (acetaminophen/codeine)	300 mg/15 mg tablet ^a	12 tablets
Tylenol w/Codeine (acetaminophen/codeine)		300 mg/30 mg tablet ^a	12 tablets	
Tylenol w/Codeine (acetaminophen/codeine)		300 mg/60 mg tablet ^a	6 tablets	
Acetaminophen/Hydrocodone Combinations	Hycet (hydrocodone/acetaminophen)	7.5 mg/325 mg/15 mL solution ^a	120 mLs	
	Hydrocodone/acetaminophen	2.5 mg/325 mg tablet ^a	12 tablets	
Hydrocodone/acetaminophen	Hydrocodone/acetaminophen	2.5 mg/500 mg tablet ^a	8 tablets	
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	7.5 mg/650 mg tablet ^a	6 tablets	
	Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	10 mg/650 mg tablet ^a	6 tablets	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
	<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets	
	Lortab (hydrocodone/acetaminophen)	5 mg/500 mg tablet ^a	8 tablets	
	Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg tablet ^a	6 tablets	
	Lortab (hydrocodone/acetaminophen)	10 mg/500 mg tablet ^a	6 tablets	
	Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg/15 mL solution	90 mLs	
	Maxidone (hydrocodone/acetaminophen)	10 mg/750 mg tablet ^a	5 tablets	
	Norco (hydrocodone/acetaminophen)	5 mg/325 mg tablet ^a	12 tablets	
	Norco (hydrocodone/acetaminophen)	7.5 mg/325 mg tablet ^a	6 tablets	
	Norco (hydrocodone/acetaminophen)	10 mg/325 mg tablet ^a	6 tablets	
	Stagesic, Hydrogesic, Polygesic (hydrocodone/ acetaminophen)	5 mg/500 mg capsule ^a	8 capsules	
	Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	7.5 mg/750 mg tablet ^a	5 tablets	
	Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	10 mg/660 mg tablet ^a	6 tablets	
	Xodol (hydrocodone/acetaminophen)	5 mg/300 mg tablet ^a	12 tablets	
	Xodol (hydrocodone/acetaminophen)	7.5 mg/300 mg tablet ^a	6 tablets	
	Xodol (hydrocodone/acetaminophen)	10 mg/300 mg tablet ^a	6 tablets	
	hydrocodone/acetaminophen solution	10 mg/325 mg/15 mL solution	90 mLs	
	Zolvit/Lortab (hydrocodone/acetaminophen)	10 mg/300 mg/15 mL solution	67.5 mLs	
	Zydone (hydrocodone/acetaminophen)	5 mg/400 mg tablet	8 tablets	
	Zydone (hydrocodone/acetaminophen)	7.5 mg/400 mg tablet	6 tablets	
	Zydone (hydrocodone/acetaminophen)	10 mg/400 mg tablet	6 tablets	
	Acetmainophen Combinations, Other			
	Trezix (acetaminophen/caffeine/dihydrocodeine)	320.5 mg/30 mg/16 mg capsule ^a	10 capsules	
Trezix (acetaminophen/caffeine/dihydrocodeine)	356.4 mg/30 mg/16 mg capsule	10 capsules		
Acetaminophen/Caffeine/Dihydrocodeine	325 mg/30 mg/16 mg tablet	10 tablets		

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
ADHD Agents_PS_AR0717_r0118	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
		712.8 mg/60 mg/32 mg tablet	5 tablets
	Panlor SS, ZerLor (acetaminophen/caffeine/dihydrocodeine)	25 mg/650 mg tablet ^a	6 tablets
		Butalbital Combinations Allzital (butalbital/acetaminophen) Butalbital Compound (butalbital/aspirin/caffeine) Butalbital Compound (butalbital/aspirin/caffeine)	25 mg/325 mg tablet
	50 mg/325 mg/40 mg tablet		6 tablets
	50 mg/325 mg/40 mg capsule ^a		6 capsules
	Butalbital/Acetaminophen Butalbital/Acetaminophen		50 mg/325 mg tablet ^a
		50 mg/650 mg tablet	6 tablets
	Dolgic Plus (butalbital/acetaminophen/caffeine)	50 mg/750 mg/40 mg tablet	5 tablets
		50 mg/325 mg/40 mg/15 mL solution ^a	90 mLs
	Butalbital/Acetaminophen/Caffeine Esgic (butalbital/acetaminophen/caffeine)	50 mg/325 mg/40 mg capsule ^a	6 capsules
		50 mg/325 mg/40 mg tablet ^a	6 tablets
	Esgic-Plus (butalbital/acetaminophen/caffeine)	50 mg/500 mg/40 mg capsule ^a	6 capsules
		50 mg/325 mg/40 mg/30 mg capsule ^a	6 capsules
	Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule ^a	6 capsules
		Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule ^a
	Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)		50 mg/300 mg/40 mg capsule ^a
		Orbivan (butalbital/acetaminophen/caffeine)	50 mg/300 mg tablet
	Bupap/Orbivan CF (butalbital/acetaminophen)		

NOTE: a = generic available and included in quantity limit program

This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Phrenilin Forte (butalbital/acetaminophen)	50 mg/650 mg capsule	6 capsules
Phosphodiesterase Type 5 Inhibitors ** Phosphodiesterase Type 5 Inhibitors QL information is included in the individual program document			
<i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i>			
PPIs_PS_AR1017	Aciphex (rabeprazole)	20 mg delayed-release tablets ^a	1 tablet
	Aciphex (rabeprazole)	5 mg delayed-release capsules	1 capsule
	Aciphex (rabeprazole)	10 mg delayed-release capsules	1 capsule
	Dexilant (dexlansoprazole)	30 mg delayed-release capsules	1 capsule
	Dexilant (dexlansoprazole)	60 mg delayed-release capsules	1 capsule
	Esomeprazole strontium	24.65 mg delayed-release capsules	1 capsule
	Esomeprazole strontium	49.3 mg delayed-release capsules	1 capsule
	Nexium (esomeprazole)	20 mg delayed-release capsules ^a	1 capsule
	Nexium (esomeprazole)	40 mg delayed-release capsules ^a	1 capsule
	Nexium (esomeprazole)	2.5 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	5 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	10 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	20 mg delayed-release oral suspension	1 packet
	Nexium (esomeprazole)	40 mg delayed-release oral suspension	1 packet
	Prevacid (lansoprazole)	15 mg delayed-release capsules ^a	1 capsule
	Prevacid (lansoprazole)	30 mg delayed-release capsules ^a	1 capsule
	Prevacid (lansoprazole)	15 mg delayed-release orally disintegrating tablet	1 tablet

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
	<i>NOTE: a = generic available and included in quantity limit program</i>		
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Prevacid (lansoprazole)	30 mg delayed-release orally disintegrating tablet	1 tablet
	Prilosec (omeprazole)	10 mg delayed-release capsules ^a	1 capsule
PPIs_PS_AR1017	Prilosec (omeprazole)	20 mg delayed-release capsules ^a	1 capsule
	Prilosec (omeprazole)	40 mg delayed-release capsules ^a	1 capsule
	Prilosec (omeprazole)	2.5 mg oral suspension (packets)	2 packets
	Prilosec (omeprazole)	10 mg oral suspension (packets)	1 packet
	Protonix (pantoprazole)	40 mg delayed-release oral suspension (packets)	1 packet
	Protonix (pantoprazole)	20 mg delayed-release tablets ^a	1 tablet
	Protonix (pantoprazole)	40 mg delayed-release tablets ^a	1 tablet
	Zegerid (omeprazole/sodium bicarbonate)	20 mg immediate-release capsules ^a	1 capsule
	Zegerid (omeprazole/sodium bicarbonate)	40 mg immediate-release capsules ^a	1 capsule
	Zegerid (omeprazole/sodium bicarbonate)	20 mg powder for oral suspension (packets) ^a	1 packet
	Zegerid (omeprazole/sodium bicarbonate)	40 mg powder for oral suspension (packets) ^a	1 packet
		This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace	
Qualaquin_CS_AR0118	Qualaquin (quinine sulfate)	324 mg capsules ^a	42 capsules/90 days
	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace		
SGLT2 Inhibitors_PS_ AR0317_r0118	Farxiga (dapagliflozin)	5 mg tablet	1 tablet
	Farxiga (dapagliflozin)	10 mg tablet	1 tablet
	Invokana (canagliflozin)	100 mg tablet	1 tablet
	Invokana (canagliflozin)	300 mg tablet	1 tablet
	Invokamet (canagliflozin/metformin)	50 mg / 500 mg	2 tablets
	Invokamet (canagliflozin/metformin)	50 mg / 1000 mg	2 tablets
	Invokamet (canagliflozin/metformin)	150 mg / 500 mg	2 tablets

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
<i>NOTE: a = generic available and included in quantity limit program</i>			
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets
	Invokamet (canagliflozin/metformin)	150 mg / 1000 mg	2 tablets
	Invokamet XR (canagliflozin/metformin ER)	50 mg/500 mg tablet	2 tablets
	Invokamet XR (canagliflozin/metformin ER)	50 mg/1000 mg tablet	2 tablets
	Invokamet XR (canagliflozin/metformin ER)	150 mg/500 mg tablet	2 tablets
	Invokamet XR (canagliflozin/metformin ER)	150 mg/1000 mg tablet	2 tablets
	Jardiance (empagliflozin)	10 mg	1 tablet
	Jardiance (empagliflozin)	25 mg	1 tablet
	Segluromet (ertugliflozin/metformin)	2.5 mg/500 mg tablet	4 tablets
	Segluromet (ertugliflozin/metformin)	2.5 mg/1000 mg tablet	2 tablets
	Segluromet (ertugliflozin/metformin)	7.5 mg/500 mg tablet	2 tablets
	Segluromet (ertugliflozin/metformin)	7.5 mg/1000 mg tablet	2 tablets
	Steglatro (ertugliflozin)	5 mg tablet	2 tablets
	Steglatro (ertugliflozin)	15 mg tablet	1 tablet
	Synjardy (empagliflozin/metformin)	5 mg / 500 mg	2 tablets
	Synjardy (empagliflozin/metformin)	5 mg / 1000 mg	2 tablets
	Synjardy (empagliflozin/metformin)	12.5 mg / 500 mg	2 tablets
	Synjardy (empagliflozin/metformin)	12.5 mg / 1000 mg	2 tablets
	Synjardy XR (empagliflozin/metformin ER)	5 mg/1000 mg tablet	2 tablets
	Synjardy XR (empagliflozin/metformin ER)	10 mg/1000 mg tablet	2 tablets
Synjardy XR (empagliflozin/metformin ER)	12.5 mg/1000 mg tablet	2 tablets	
Synjardy XR (empagliflozin/metformin ER)	25 mg/1000 mg tablet	1 tablet	
Xigduo XR (dapagliflozin/metformin)	2.5 mg / 1000 mg	2 tablets	
Xigduo XR (dapagliflozin/metformin)	5 mg / 500 mg	1 tablet	
Xigduo XR (dapagliflozin/metformin)	5 mg / 1000 mg	2 tablets	
Xigduo XR (dapagliflozin/metformin)	10 mg / 500 mg	1 tablet	
Xigduo XR (dapagliflozin/metformin)	10 mg / 1000 mg	1 tablet	
Thiazolidinediones (TZDs)	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace Actos (pioglitazone)	15 mg tablet ^a	1 tablet

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)	
<i>NOTE: a = generic available and included in quantity limit program</i>				
ADHD Agents_PS_AR0717_r0118	This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace			
	Adderall (amphetamine/dextroamphetamine)	5 mg tablet ^a	2 tablets	
PS_AR0317	Actos (pioglitazone)	30 mg tablet ^a	1 tablet	
	Actos (pioglitazone)	45 mg tablet ^a	1 tablet	
	Avandia (rosiglitazone)	2 mg tablet	2 tablets	
	Avandia (rosiglitazone)	4 mg tablet	2 tablets	
	Avandia (rosiglitazone)	8 mg tablet	1 tablet	
	Actoplus Met (pioglitazone/metformin)	15 mg/500 mg tablet ^a	3 tablets	
	Actoplus Met (pioglitazone/metformin)	15 mg/850 mg tablet ^a	3 tablets	
	Thiazolidinediones (TZDs) PS_AR0317	Actoplus Met XR (pioglitazone/metformin ER)	15 mg/1000 mg tablet	2 tablets
		Actoplus Met XR (pioglitazone/metformin ER)	30 mg/1000 mg tablet	1 tablet
		Avandamet (rosiglitazone/metformin)	2 mg/500 mg tablet	2 tablets
Avandamet (rosiglitazone/metformin)		2 mg/1000 mg tablet	2 tablets	
Avandamet (rosiglitazone/metformin)		4 mg/500 mg tablet	2 tablets	
Avandamet (rosiglitazone/metformin)		4 mg/1000 mg tablet	2 tablets	
Avandaryl (rosiglitazone/glimepiride)		4 mg/1 mg tablet	1 tablet	
Avandaryl (rosiglitazone/glimepiride)		4 mg/2 mg tablet	1 tablet	
Avandaryl (rosiglitazone/glimepiride)		4 mg/4 mg tablet	1 tablet	
Avandaryl (rosiglitazone/glimepiride)		8 mg/2 mg tablet	1 tablet	
Avandaryl (rosiglitazone/glimepiride)		8 mg/4 mg tablet	1 tablet	
Duetact (pioglitazone/glimepiride)		30 mg/2 mg tablet ^a	1 tablet	
Duetact (pioglitazone/glimepiride)		30 mg/4 mg tablet ^a	1 tablet	
Topical Lidocaine PS_0118		lidocaine ointment	5% ointment	20 grams
		lidocaine patch	5% patch	3 patches
	Triptans ** Triptans QL information is included in the individual program document			
Xanthine Oxidase Inhibitor_PS_AR0317	This program applies to Commercial, GenPlus and Health Insurance Marketplace			
	Uloric (febuxostat)	40 mg tablet	1 tablet	
	Uloric (febuxostat)	80 mg tablet	1 tablet	

BlueCross BlueShield of Alabama Quantity Limit Program Summary

Program	Target Drug	Dosage/Strength	Quantity Limit (Units/Day or as noted)
ADHD Agents_PS_AR0717_r0118	<p><i>NOTE: a = generic available and included in quantity limit program</i></p> <p><i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i></p> <p>Adderall (amphetamine/dextroamphetamine)</p>	5 mg tablet ^a	2 tablets
Zyban_CS_AR0317	<p><i>This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace</i></p> <p>Zyban</p>	150mg sustained release tablet ^a	2 tablets