

Blue Cross Blue Shield of North Dakota Drug List Updates



October 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ADBRY (tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml)	Brand	6/30/24	Addition
alose tron hcl tab 0.5 mg (base equiv)	Generic	10/1/24	Addition, generic for LOTRONEX
alose tron hcl tab 1 mg (base equiv)	Generic	10/1/24	Addition, generic for LOTRONEX
BOSULIF (bosutinib cap 100 mg)	Brand	9/1/24	Addition
BOSULIF (bosutinib cap 50 mg)	Brand	9/1/24	Addition
ENTRESTO (sacubitril-valsartan sprinkle cap 15-16 mg)	Brand	7/7/24	Addition
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg)	Brand	7/7/24	Addition
FREESTYLE LIBRE 3 PLUS/SESONR/GLUCOSE MONITORING SYSTEM (continuous glucose system sensor)	Brand	6/23/24	Addition
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
GRANIX (tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml)	Brand	10/1/24	Removal
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Brand	10/1/24	Removal
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml))	Brand	10/1/24	Removal
HUMALOG (insulin lispro inj soln 100 unit/ml)	Brand	10/1/24	Addition
HUMALOG (insulin lispro soln cartridge 100 unit/ml)	Brand	10/1/24	Addition
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial))	Brand	10/1/24	Addition
HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/ml)	Brand	10/1/24	Addition
HUMALOG KWIKPEN (insulin lispro soln pen-injector 200 unit/ml)	Brand	10/1/24	Addition
HUMALOG MIX 50/50 (insulin lispro protamine & lispro inj 100 unit/ml (50-50))	Brand	10/1/24	Addition
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50))	Brand	10/1/24	Addition
HUMALOG MIX 75/25 (insulin lispro prot & lispro inj 100 unit/ml (75-25))	Brand	10/1/24	Addition
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25))	Brand	10/1/24	Addition
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/ml)	Brand	10/1/24	Addition
HUMULIN 70/30 (insulin nph isophane & regular human inj 100 unit/ml (70-30))	Brand	10/1/24	Addition
HUMULIN 70/30 KWIKPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))	Brand	10/1/24	Addition
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/ml)	Brand	10/1/24	Addition
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Brand	10/1/24	Addition
HUMULIN R (insulin regular (human) inj 100 unit/ml)	Brand	10/1/24	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv))	Brand	5/5/24	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 60 mg (base equiv))	Brand	5/5/24	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 80 mg (base equiv))	Brand	5/5/24	Addition
ivabradine hcl tab 5 mg (base equiv)	Generic	7/21/24	Addition, generic for CORLANOR
ivabradine hcl tab 7.5 mg (base equiv)	Generic	7/21/24	Addition, generic for CORLANOR
LYUMJEV (insulin lispro-aabc inj 100 unit/ml)	Brand	10/1/24	Addition
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial))	Brand	10/1/24	Addition
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-injector 200 unit/ml)	Brand	10/1/24	Addition
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml)	Brand	10/1/24	Addition

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TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
NALOXONE HYDROCHLORIDE (naloxone hcl soln prefilled syringe 0.4 mg/ml)	Brand	7/1/24	Addition
NEUPOGEN (filgrastim inj 300 mcg/ml)	Brand	10/1/24	Removal
NEUPOGEN (filgrastim inj 480 mcg/1.6ml (300 mcg/ml))	Brand	10/1/24	Removal
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml))	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi inj 300 mcg/ml)	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml))	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml)	Brand	10/1/24	Removal
NPLATE (romiplostim for inj 125 mcg)	Brand	10/1/24	Removal
NPLATE (romiplostim for inj 250 mcg)	Brand	10/1/24	Removal
NPLATE (romiplostim for inj 500 mcg)	Brand	10/1/24	Removal
RINVOQ LQ (upadacitinib oral soln 1 mg/ml)	Brand	8/24/24	Addition
silodosin cap 4 mg	Generic	10/1/24	Addition, generic for RAPAFLO
silodosin cap 8 mg	Generic	10/1/24	Addition, generic for RAPAFLO
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	8/1/24	Addition
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	8/1/24	Addition
ZARXIO (filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
ZARXIO (filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml)	Brand	10/1/24	Removal

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
ADALIMUMAB-ADBM starter pack Crohns/UC/HS	PA+QL
Cyltezo starter pack Crohns/UC/HS	PA+QL
ADALIMUMAB-ADBM starter pack Psoriasis and Uveitis	PA+QL
Cyltezo starter pack Psoriasis and Uveitis	PA+QL
Omvo (mirikizumab-mrkz), prefilled syringe	PA+QL
Drizalma (duloxetine) delayed release sprinkle capsules	ST+QL
Austedo XR (deutetrabenazine), extended release tablets	PA+QL
Austedo XR (deutetrabenazine), extended release tablets titration pack	PA+QL
Rinvoq LQ (upadacitinib) oral soln 1 mg/ml	PA+QL
Vijoice (alpelisib (pros) oral granules packet 50 mg	PA+QL
TYENNE (tocilizumab-aazg) subcutaneous soln auto-injector	PA+QL
sitagliptin-metformin, tablets	PA+QL
TYENNE (tocilizumab-aazg) subcutaneous prefilled syringe	PA+QL
Adbry (tralokinumab-ldrm) subcutaneous soln auto-injector	PA+QL
Scemblix (asciminib hcl) tablets	PA+QL
Sofdra GEL 12.45%	PA+QL
Acthar Gel (corticotropin subcutaneous gel auto-injector 40 unit/0.5ml)	PA
Adalimumab-RYVK prefilled syringe	PA+QL
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 20 mg/0.25ml	PA+QL
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 40 mg/0.5ml	PA+QL
Otezla (apremilast) 10/20mg starter pack	PA+QL
Otezla (apremilast) 20mg tablets	PA+QL

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Dispensing Limits

Medication Name	Dispensing Limit
ADALIMUMAB-ADBIM starter pack Crohns/UC/HS	1 pack per 180 days
Cyltezo starter pack Crohns/UC/HS	1 pack per 180 days
ADALIMUMAB-ADBIM starter pack Psoriasis and Uveitis	1 pack per 180 days
Cyltezo starter pack Psoriasis and Uveitis	1 pack per 180 days
Omvo (mirikizumab-mrkz), prefilled syringe	2 syringes per 28 days
Drizalma (duloxetine) delayed release sprinkle capsules 20 mg	60 capsules per 30 days
Drizalma (duloxetine) delayed release sprinkle capsules 30 mg	60 capsules per 30 days
Drizalma (duloxetine) delayed release sprinkle capsules 40 mg	60 capsules per 30 days
Drizalma (duloxetine) delayed release sprinkle capsules 60 mg	60 capsules per 30 days
Austedo XR (deutetrabenazine), extended release tablets titration pack	1 pack per 180 days
Austedo XR (deutetrabenazine), extended release tablets 18 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 30 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 36 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 42 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 48 mg	1 tablet per day
Rinvoq LQ (upadacitinib) oral soln 1 mg/ml	360 ml per 30 days
Vijoice (alpelisib (pros) oral granules packet 50 mg	28 packets per 28 days
TYENNE (tocilizumab-aazg) subcutaneous soln auto-injector	4 pens per 28 days
sitagliptin-metformin, tablets 50-500 mg	60 tablets per 30 days
sitagliptin-metformin, tablets 50-1000 mg	60 tablets per 30 days
TYENNE (tocilizumab-aazg) subcutaneous prefilled syringe	4 syringes per 28 days
Adbry (tralokinumab-ldrm) subcutaneous soln auto-injector	2 pens per 28 days
Scemblix (asciminib hcl) tablets	120 tablets per 30 days
ONDANSETRON ODT ondansetron orally disintegrating tab 16 mg	1 tablet per 30 days
Sofdra GEL 12.45%	1 bottle per 30 days
Adalimumab-RYVK prefilled syringe	2 syringes per 28 days
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 20 mg/0.25ml	1 syringe per 28 days
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 40 mg/0.5ml	1 syringe per 28 days
Otezla (apremilast) 10/20mg starter pack	1 pack per 180 days
Otezla (apremilast) 20mg tablets	60 tablets per 30 days

Note: Coverage is subject to each member's specific benefits. Group specific policies will superesede these policies when applicable. Please refer to the member's benefit plans.

For complete details, medical policies may be viewed on the Blue Cross website at <https://www.bcbsnd.com/quantitylimits>