

Blue Cross Blue Shield of North Dakota Drug List Updates



July 2020

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml)	Brand	7/1/20	Addition
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml)	Brand	7/1/20	Addition
AFINITOR (everolimus tab 2.5 mg)	Brand	7/1/20	Removal, generics available
AFINITOR (everolimus tab 5 mg)	Brand	7/1/20	Removal, generics available
AFINITOR (everolimus tab 7.5 mg)	Brand	7/1/20	Removal, generics available
APRISO (mesalamine cap er 24hr 0.375 gm)	Brand	7/1/20	Removal, generics available
AYVAKIT (avapritinib tab 100 mg)	Brand	7/1/20	Addition
AYVAKIT (avapritinib tab 200 mg)	Brand	7/1/20	Addition
AYVAKIT (avapritinib tab 300 mg)	Brand	7/1/20	Addition
CABOMETYX (cabozantinib s-malate tab 20 mg (base equivalent))	Brand	7/1/20	Addition
CABOMETYX (cabozantinib s-malate tab 40 mg (base equivalent))	Brand	7/1/20	Addition
CABOMETYX (cabozantinib s-malate tab 60 mg (base equivalent))	Brand	7/1/20	Addition
CIPRO (ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml))	Brand	7/1/20	Addition
deferasirox tab 180 mg	Generic	5/3/20	Addition, generic for JADENU
DEPEN TITRATABS (penicillamine tab 250 mg)	Brand	7/1/20	Removal, generics available
diazoxide susp 50 mg/ml	Generic	3/22/20	Addition, generic for PROGLYCEM
dihydroergotamine mesylate nasal spray 4 mg/ml	Generic	4/12/20	Addition, generic for MIGRANAL
esomeprazole magnesium for delayed release susp packet 10 mg	Generic	3/29/20	Addition, generic for NEXIUM
esomeprazole magnesium for delayed release susp packet 20 mg	Generic	3/29/20	Addition, generic for NEXIUM
esomeprazole magnesium for delayed release susp packet 40 mg	Generic	3/29/20	Addition, generic for NEXIUM
everolimus tab 0.25 mg	Generic	3/15/20	Addition, generic for ZORTRESS
everolimus tab 0.5 mg	Generic	3/15/20	Addition, generic for ZORTRESS
everolimus tab 0.75 mg	Generic	3/15/20	Addition, generic for ZORTRESS
GVOKE HYOPEN (glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml)	Brand	4/26/20	Addition
GVOKE HYOPEN (glucagon subcutaneous solution auto-injector 1 mg/0.2ml)	Brand	4/26/20	Addition
IBRANCE (palbociclib tab 100 mg)	Brand	3/8/20	Addition
IBRANCE (palbociclib tab 125 mg)	Brand	3/8/20	Addition
IBRANCE (palbociclib tab 75 mg)	Brand	3/8/20	Addition
NEBUPENT (pentamidine isethionate for nebulization soln 300 mg)	Brand	7/1/20	Removal, generics available
PROMACTA (eltrombopag olamine powder pack for susp 25 mg (base equiv))	Brand	4/5/20	Addition
pyrimethamine tab 25 mg	Generic	3/22/20	Addition, generic for DARAPRIM
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Brand	7/1/20	Addition
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Brand	7/1/20	Addition
sodium chloride soln nebu 3%	Generic	5/1/20	Addition
sodium chloride soln nebu 7%	Generic	5/1/20	Addition, generic for HYPER-SAL
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Brand	7/1/20	Removal, generics available
XELJANZ (tofacitinib citrate tab 10 mg (base equivalent))	Brand	7/1/20	Addition
XELJANZ (tofacitinib citrate tab 5 mg (base equivalent))	Brand	7/1/20	Addition
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Brand	7/1/20	Addition
XELJANZ XR (tofacitinib citrate tab er 24hr 22 mg (base equivalent))	Brand	7/1/20	Addition

continued

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Dayvigo (lemborexant)	ST and QL
Licart (diclofenac) 24 hr patch	ST and QL
Pemazyre (pemigatinib)	PA and QL
Qinlock (riporetinib)	PA and QL
Retevmo (selpercatinib)	PA and QL
Tabrecta (capmatinib)	PA and QL
Tirjardy XR (empagliflozin/linagliptan/metformin)	ST and QL
Tukysa (tucatinib)	PA and QL

Dispensing Limits

Medication Name	Dispensing Limit
Dayvigo (lemborexant)	1 tablet per day
Licart (diclofenac) 24 hr patch	1 patch per day
Pemazyre (pemigatinib)	14 tablets per 21 days
Qinlock (riporetinib)	3 tablets per day
Retevmo (selpercatinib) 40 mg	6 capsules per day
Retevmo (selpercatinib) 80 mg	4 capsules per day
Tabrecta (capmatinib)	112 tablets per 28 days
Tirjardy XR (empagliflozin/linagliptan/metformin 5-2.5-1000 mg)	2 tablets per day
Tirjardy XR (empagliflozin/linagliptan/metformin 10-5-1000 mg)	1 tablet per day
Tirjardy XR (empagliflozin/linagliptan/metformin 12.5-2.5-1000 mg)	2 tablets per day
Tirjardy XR (empagliflozin/linagliptan/metformin 25-5-1000 mg)	1 tablet per day
Tukysa (tucatinib) 50 mg	10 tablets per day
Tukysa (tucatinib) 150 mg	4 tablets per day

Note: Coverage is subject to each member's specific benefits. Group specific policies will supersede 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>