

Blue Cross Blue Shield of North Dakota Drug List Updates



January 2025

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	1/1/25	Removal
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml)	Brand	1/1/25	Removal
acyclovir oint 5%	Generic	1/1/25	Addition, generic for ZOVIRAX
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	1/1/25	Addition
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	1/1/25	Addition
ADALIMUMAB-AATY 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	1/1/25	Addition
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2ml)	Brand	1/1/25	Addition
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 40 mg/0.4ml)	Brand	1/1/25	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4ml)	Brand	1/1/25	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4ml)	Brand	1/1/25	Addition
ciclopirox olamine susp 0.77% (base equiv)	Generic	1/1/25	Addition
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	7/28/24	Addition
dasatinib tab 100 mg	Generic	9/29/24	Addition, generic for SPRYCEL
dasatinib tab 140 mg	Generic	9/29/24	Addition, generic for SPRYCEL
dasatinib tab 20 mg	Generic	9/29/24	Addition, generic for SPRYCEL
dasatinib tab 50 mg	Generic	9/29/24	Addition, generic for SPRYCEL
dasatinib tab 70 mg	Generic	9/29/24	Addition, generic for SPRYCEL
dasatinib tab 80 mg	Generic	9/29/24	Addition, generic for SPRYCEL
DEPO-PROVERA CONTRACEPTIVE (medroxyprogesterone acetate im susp 150 mg/ml)	Brand	1/1/25	Removal, generics available
DEPO-PROVERA CONTRACEPTIVE (medroxyprogesterone acetate im susp prefilled syr 150 mg/ml)	Brand	1/1/25	Removal, generics available
ENTYVIO PEN (vedolizumab soln auto-injector 108 mg/0.68ml)	Brand	1/1/25	Addition
FABHALTA (iptacopan hcl cap 200 mg)	Brand	1/1/25	Addition
fluocinonide emulsified base cream 0.05%	Generic	1/1/25	Addition
FREESTYLE LIBRE 2 PLUS/SENOSR/FLASH GLUCOSE MONITOR SYSTEM (*continuous glucose system sensor***)	Brand	10/6/24	Addition
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1ml)	Brand	1/1/25	Removal
HUMIRA (adalimumab prefilled syringe kit 20 mg/0.2ml)	Brand	1/1/25	Removal
HUMIRA (adalimumab prefilled syringe kit 40 mg/0.4ml)	Brand	1/1/25	Removal
HUMIRA (adalimumab prefilled syringe kit 40 mg/0.8ml)	Brand	1/1/25	Removal
HUMIRA PEN (adalimumab auto-injector kit 40 mg/0.4ml)	Brand	1/1/25	Removal
HUMIRA PEN (adalimumab auto-injector kit 40 mg/0.8ml)	Brand	1/1/25	Removal
HUMIRA PEN (adalimumab auto-injector kit 80 mg/0.8ml)	Brand	1/1/25	Removal
HUMIRA PEN-CD/UC/HS STARTER (adalimumab auto-injector kit 80 mg/0.8ml)	Brand	1/1/25	Removal
HUMIRA PEN-PS/UV STARTER (adalimumab auto-injector kit 80 mg/0.8ml & 4 0 mg/0.4ml)	Brand	1/1/25	Removal
hydrocortisone valerate cream 0.2%	Generic	1/1/25	Addition
KERENDIA (finerenone tab 10 mg)	Brand	1/1/25	Addition
KERENDIA (finerenone tab 20 mg)	Brand	1/1/25	Addition
mirabegron tab er 24 hr 25 mg	Generic	11/15/24	Addition, generic for MYRBETRIQ
mirabegron tab er 24 hr 50 mg	Generic	11/15/24	Addition, generic for MYRBETRIQ

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TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
MYHIBBIN (mycophenolate mofetil oral susp 200 mg/ml)	Brand	1/1/25	Addition
OMNIPOD 5 LIBRE2 PLUS G6 (*insulin infusion disposable pump kit***)	Brand	8/25/24	Addition
OMNIPOD 5 LIBRE2 PLUS G6 PODS (*insulin infusion disposable pump reservoir***)	Brand	8/25/24	Addition
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml)	Brand	1/1/25	Addition
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml)	Brand	1/1/25	Addition
OTEZLA (apremilast tab 20 mg)	Brand	8/4/24	Addition
OTEZLA (apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg)	Brand	8/4/24	Addition
RETEVMO (selpercatinib tab 120 mg)	Brand	8/11/24	Addition
RETEVMO (selpercatinib tab 160 mg)	Brand	8/11/24	Addition
RETEVMO (selpercatinib tab 40 mg)	Brand	8/11/24	Addition
RETEVMO (selpercatinib tab 80 mg)	Brand	8/11/24	Addition
REXTOVY (naloxone hcl nasal spray 4 mg/0.25ml)	Brand	1/1/25	Addition
SOTYKTU (deucravacitinib tab 6 mg)	Brand	1/1/25	Addition
tazarotene cream 0.05%	Generic	9/15/24	Addition, generic for TAZORAC
TYENNE (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml)	Brand	1/1/25	Addition
TYENNE (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml)	Brand	1/1/25	Addition
VELTASSA (patiomer sorbitex calcium for susp packet 1 gm (base eq))	Brand	9/15/24	Addition
VRAYLAR (cariprazine hcl cap 1.5 mg (base equivalent))	Brand	1/1/25	Addition
VRAYLAR (cariprazine hcl cap 3 mg (base equivalent))	Brand	1/1/25	Addition
VRAYLAR (cariprazine hcl cap 4.5 mg (base equivalent))	Brand	1/1/25	Addition
VRAYLAR (cariprazine hcl cap 6 mg (base equivalent))	Brand	1/1/25	Addition

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Itobeve tablets	PA+QL
Kerendia tablets	PA+QL
Fabhalta capsules	PA+QL
Spevigo subcutaneous solution	PA+QL
Xolremdi capsules	PA+QL
Iqirvo tablets	PA+QL
Livdelzi capsules	PA+QL
Zituvimet tablets	ST+QL
Zituvimet XR tablets	ST+QL
Retevmo tablets	PA+QL
Zepbound Vials	PA+QL
Voranigo tablets	PA+QL
Lazcluze tablets	PA+QL
Onyda XR oral suspension	ST+QL
ADALIMUMAB-AACF Starter Pack Psoriasis/Uveitis	PA+QL
ADALIMUMAB-AACF Starter Pack CD/UC/HS	PA+QL
Tremfya 200 mg autoinjector and pre-filled syringe	PA+QL
Ebgylss subcutaneous autoinjector	PA+QL
Lumryz starter kit	PA+QL
Truqap pak	PA+QL
Cobenfy capsules	ST+QL
Freestyle Libre 2 Plus sensor	PA+QL
Undecatex capsules	PA+QL

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Dispensing Limits

Medication Name	Dispensing Limit
Itovebi 3 mg tablets	56 tablets per 28 days
Itovebi 9 mg tablets	28 tablets per 28 days
Kerendia 10 mg tablets	30 tablets per 30 days
Kerendia 20 mg tablets	30 tablets per 30 days
Fabhalta 200 mg cas	60 capsules per 30 days
Spevigo 150 mg/ml prefilled syringe	2 syringes per 28 days
Xolremdi 100 mg capsules	120 capsules per 30 days
Iqirvo 80 mg tablets	30 tablets per 30 days
Livdelzi 10 mg capsules	30 capsules per 30 days
Zituvimet 50-1000 mg tablets	60 tablets per 30 days
Zituvimet 50-500 mg tablets	60 tablets per 30 days
Zituvimet XR 100-1000 mg tablets	30 tablets per 30 days
Zituvimet XR 50-1000 mg tablets	60 tablets per 30 days
Zituvimet XR 50-500 mg tablets	60 tablets per 30 days
Retvmo 40 mg tablets	90 tablets per 30 days
Retvmo 80 mg tablets	60 tablets per 30 days
Retvmo 120 mg tablets	60 tablets per 30 days
Retvmo 160 mg tablets	60 tablets per 30 days
Zepbound 2.5 mg vial	4 vials per 180 days
Zepbound 5 mg vials	4 vials per 28 days
Voranigo tablets 10 mg tablets	60 tablets per 30 days
Voranigo tablets 40 mg tablets	30 tablets per 30 days
Lazcluze 80 mg tablets	60 tablets per 30 days
Lazcluze 240 mg tablets	30 tablets per 30 days
Onyda XR oral 0.1 MG/ML suspension	120 ml per 30 days
ADALIMUMAB-AACF Starter Pack Psoriasis/Uveitis	1 kit per 180 days
ADALIMUMAB-AACF Starter Pack CD/UC/HS	1 kit per 180 days
Tremfya 200 MG/2ML prefilled syringe	1 syringe per 28 days
Tremfya 200 MG/2ML autoinjector	1 pen per 28 days
Ebglyss 250 MG/2ML autoinjector	1 pen per 28 days
Lumryz starter kit	28 packets per 28 days
Truqap 200 mg therapy pack	64 tablets per 28 days
Truqap 160 mg therapy pack	64 tablets per 28 days
Cobenfy starter pack	56 capsules per 180 days
Cobenfy 125-30 MG capsules	60 capsules per 30 days
Cobenfy 100-20 MG capsules	60 capsules per 30 days
Cobenfy 50-20 MG capsules	60 capsules per 30 days
oxycodone 10 mg abuse deterrent tablets	180 tablets per 30 days
Freestyle Libre 2 Plus sensor	2 sensors per 28 days
Undecatrex capsules	120 capsules per 30 days

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>