Blue Cross Blue Shield of

North Dakota Drug List Updates

July 2026

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
bimatoprost ophth soln 0.01%	Generic	3/29/26	Addition, generic for LUMIGAN
CIPRO HC (ciprofloxacin-hydrocortisone otic susp 0.2-1%)	Brand	7/1/26	Removal, generics available
dapagliflozin tab 10 mg	Generic	4/12/26	Addition, generic for FARXIGA
dapagliflozin tab 5 mg	Generic	4/12/26	Addition, generic for FARXIGA
DISKETS (methadone hcl tab for oral susp 40 mg)	Brand	7/1/26	Removal, generics available
GLEOSTINE (lomustine cap 10 mg)	Brand	7/1/26	Removal, generics available
GLEOSTINE (lomustine cap 100 mg)	Brand	7/1/26	Removal, generics available
GLEOSTINE (lomustine cap 40 mg)	Brand	7/1/26	Removal, generics available
HYPERSAL (sodium chloride soln nebu 7%)	Brand	3/1/26	Addition
IMITREX STATDOSE SYSTEM (sumatriptan succinate inj 4 mg/0.5ml)	Brand	7/1/26	Addition
ipratropium bromide hfa inhal aerosol 17 mcg/act	Generic	3/15/26	Addition, generic for ATROVENT HFA
IQIRVO (elafibranor tab 80 mg)	Brand	7/1/26	Addition
JUXTAPID (lomitapide mesylate cap 2 mg (base equiv))	Brand	4/12/26	Addition
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130mg)	Brand	3/1/26	Addition
LAZCLUZE (lazertinib mesylate tab 240 mg)	Brand	7/1/26	Addition
LAZCLUZE (lazertinib mesylate tab 80 mg)	Brand	7/1/26	Addition
LIVDELZI (seladelpar lysine cap 10 mg)	Brand	7/1/26	Addition
nintedanib esylate cap 100 mg (base equivalent)	Generic	4/5/26	Addition, generic for OFEV
nintedanib esylate cap 150 mg (base equivalent)	Generic	4/5/26	Addition, generic for OFEV
OZEMPIC (semaglutide tab 1.5 mg)	Brand	4/19/26	Addition
OZEMPIC (semaglutide tab 4 mg)	Brand	4/19/26	Addition
OZEMPIC (semaglutide tab 9 mg)	Brand	4/19/26	Addition
pomalidomide cap 1 mg	Generic	2/22/26	Addition, generic for POMALYST
pomalidomide cap 2 mg	Generic	2/22/26	Addition, generic for POMALYST
pomalidomide cap 3 mg	Generic	2/22/26	Addition, generic for POMALYST
pomalidomide cap 4 mg	Generic	2/22/26	Addition, generic for POMALYST
PREVIDENT 5000 DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))	Brand	3/1/26	Addition
PREVIDENT 5000 PLUS (sodium fluoride cream 1.1%)	Brand	3/1/26	Addition
PREVIDENT FLUORIDE (sodium fluoride gel 1.1% (0.5% f))	Brand	3/1/26	Addition
REDEMPLO (plozasiran sodium subcut soln pref syr 25 mg/0.5ml (base eq))	Brand	7/1/26	Addition
TRUQAP (capivasertib tab 200 mg)	Brand	7/1/26	Addition
TRUQAP (capivasertib tab therapy pack 160 mg)	Brand	7/1/26	Addition
TRUQAP (capivasertib tab therapy pack 200 mg)	Brand	7/1/26	Addition
WEGOVY HD (semaglutide (weight mngmt) soln auto-injector 7.2 mg/0.75ml)	Brand	4/20/26	Addition
WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130mg)	Brand	2/15/26	Removal
ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)	Brand	7/1/26	Removal, generics available

continued

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Orladeyo pellet pack	PA+QL
Avtozma pens/syringes	PA+QL
Arynta oral solution	QL
Wegovy HD	PA+QL
Icotyde tablets	PA+QL
Myqorzo tablets	PA+QL
Redemplo prefilled syringe	PA+QL
Lifyorli capsules	PA+QL
Foundayo tablets	PA+QL

Dispensing Limits

Medication Name	Dispensing Limit
Orladeyo Pellet Pack	1 packet per day
Avtozma pens/syringes	4 pens/syringes per 28 days
Arynta oral solution	240 mls per 30 days
Wegovy HD	4 pens per 28 days
Icotyde tablets	1 tablet per day
Myqorzo tablets	1 tablet per day
Redemplo prefilled syringe	1 syringe per 84 days
Lifyorli 2 x 25 MG & 1 x 100 MG capsules	27 capsules per 28 day
Lifyorli 1 x 25 MG & 1 x 100 MG capsules	18 capsules per 28 days
Foundayo tablets 0.8 mg	60 tablets per 180 days
Foundayo tablets 2.5 mg	60 tablets per 180 days
Foundayo tablets 5.5 mg	1 tablet per day
Foundayo tablets 9 mg	1 tablet per day
Foundayo tablets 14.5 mg	1 tablet per day
Foundayo tablets 17.2 mg	1 tablet per day
Epidiolex	1000 ml 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**