

Blue Cross Blue Shield of North Dakota Drug List Updates



October 2026

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
AUSTEDO (deutetrabenazine tab 12 mg)	Brand	10/1/26	Removal
AUSTEDO (deutetrabenazine tab 6 mg)	Brand	10/1/26	Removal
AUSTEDO (deutetrabenazine tab 9 mg)	Brand	10/1/26	Removal
AVTOZMA (tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9ml)	Brand	9/1/26	Addition
AVTOZMA (tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9ml)	Brand	9/1/26	Addition
BESREMI PEN (ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml)	Brand	7/19/26	Addition
bosutinib tab 100 mg	Generic	6/14/26	Addition, generic for BOSULIF
bosutinib tab 400 mg	Generic	6/21/26	Addition, generic for BOSULIF
bosutinib tab 500 mg	Generic	6/14/26	Addition, generic for BOSULIF
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	Generic	5/21/26	Addition, generic for XIGDUO XR
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	Generic	5/21/26	Addition, generic for XIGDUO XR
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	Generic	5/21/26	Addition, generic for XIGDUO XR
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	Generic	5/21/26	Addition, generic for XIGDUO XR
FARXIGA (dapagliflozin tab 10 mg)	Brand	10/1/26	Removal, generics available
FARXIGA (dapagliflozin tab 5 mg)	Brand	10/1/26	Removal, generics available
FOUNDAYO (orforglipron calcium (weight management) tab 0.8 mg)	Brand	7/1/26	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 14.5 mg)	Brand	7/1/26	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 17.2 mg)	Brand	7/1/26	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 2.5 mg)	Brand	7/1/26	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 5.5 mg)	Brand	7/1/26	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 9 mg)	Brand	7/1/26	Addition
ICOTYDE (icotrokinra hcl tab 200 mg)	Brand	10/1/26	Addition
INGREZZA (valbenazine tosylate cap 40 mg (base equiv))	Brand	10/1/26	Addition
INGREZZA (valbenazine tosylate cap 60 mg (base equiv))	Brand	10/1/26	Addition
INGREZZA (valbenazine tosylate cap 80 mg (base equiv))	Brand	10/1/26	Addition
INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))	Brand	10/1/26	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv))	Brand	10/1/26	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 60 mg (base equiv))	Brand	10/1/26	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 80 mg (base equiv))	Brand	10/1/26	Addition
JANUMET (sitagliptin phosphate-metformin hcl tab 50-1000 mg)	Brand	10/1/26	Removal, generics available
JANUMET (sitagliptin phosphate-metformin hcl tab 50-500 mg)	Brand	10/1/26	Removal, generics available
JANUVIA (sitagliptin phosphate tab 100 mg (base equiv))	Brand	10/1/26	Removal, generics available
JANUVIA (sitagliptin phosphate tab 25 mg (base equiv))	Brand	10/1/26	Removal, generics available
JANUVIA (sitagliptin phosphate tab 50 mg (base equiv))	Brand	10/1/26	Removal, generics available
LEQEMBI IQLIK (lecanemab-irmb soln auto-inj 360 mg/1.8ml)	Brand	10/1/26	Addition
macitentan tab 10 mg	Generic	6/7/26	Addition, generic for OPSUMIT
MAVENCLAD (cladribine tab therapy pack 10 mg (10 tabs))	Brand	10/1/26	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs))	Brand	10/1/26	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (5 tabs))	Brand	10/1/26	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (6 tabs))	Brand	10/1/26	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (7 tabs))	Brand	10/1/26	Removal, generics available

continued

Blue Cross Blue Shield of North Dakota Drug List Updates continued

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MAVENCLAD (cladribine tab therapy pack 10 mg (8 tabs))	Brand	10/1/26	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (9 tabs))	Brand	10/1/26	Removal, generics available
mirabegron granules for oral extended release susp 8 mg/ml	Generic	6/14/26	Addition, generic for MYRBETRIQ
OFEV (nintedanib esylate cap 100 mg (base equivalent))	Brand	10/1/26	Removal, generics available
OFEV (nintedanib esylate cap 150 mg (base equivalent))	Brand	10/1/26	Removal, generics available
OPSUMIT (macitentan tab 10 mg)	Brand	10/1/26	Removal, generics available
POMALYST (pomalidomide cap 1 mg)	Brand	10/1/26	Removal, generics available
POMALYST (pomalidomide cap 2 mg)	Brand	10/1/26	Removal, generics available
POMALYST (pomalidomide cap 3 mg)	Brand	10/1/26	Removal, generics available
POMALYST (pomalidomide cap 4 mg)	Brand	10/1/26	Removal, generics available
REZENOPY (naloxone hcl nasal spray 10 mg/0.11ml)	Brand	10/1/26	Addition
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml)	Brand	10/1/26	Removal
SELARSDI (ustekinumab-aekn soln prefilled syringe 90 mg/ml)	Brand	10/1/26	Removal
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5ml)	Brand	10/1/26	Removal
sitagliptin phosphate tab 100 mg (base equiv)	Generic	5/31/26	Addition, generic for JANUVIA
sitagliptin phosphate tab 25 mg (base equiv)	Generic	5/31/26	Addition, generic for JANUVIA
sitagliptin phosphate tab 50 mg (base equiv)	Generic	5/31/26	Addition, generic for JANUVIA
sitagliptin phosphate-metformin hcl tab 50-1000 mg	Generic	5/31/26	Addition, generic for JANUMET
sitagliptin phosphate-metformin hcl tab 50-500 mg	Generic	5/31/26	Addition, generic for JANUMET
SKYRIZI (risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml)	Brand	7/12/26	Addition
STEQEYMA (ustekinumab-stba subcutaneous soln 45 mg/0.5ml)	Brand	10/1/26	Addition
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	Generic	6/7/26	Addition, generic for XELJANZ
tofacitinib citrate tab 10 mg (base equivalent)	Generic	6/7/26	Addition, generic for XELJANZ
tofacitinib citrate tab 5 mg (base equivalent)	Generic	6/7/26	Addition, generic for XELJANZ
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	Generic	6/7/26	Addition, generic for XELJANZ XR
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	Generic	6/7/26	Addition, generic for XELJANZ XR
TRYNGOLZA (olezarsen sod subcut soln auto-inject 50 mg/0.8ml (base eq))	Brand	10/1/26	Addition
TRYNGOLZA (olezarsen sod subcut soln auto-inject 80 mg/0.8ml (base eq))	Brand	10/1/26	Addition
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg)	Brand	10/1/26	Removal, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg)	Brand	10/1/26	Removal, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg)	Brand	10/1/26	Removal, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg)	Brand	10/1/26	Removal, generics available
ZYCUBO (copper histidinate for subcutaneous soln 2.9 mg)	Brand	9/1/26	Addition

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Jakafi XR tablets	PA+QL
Resmetirom	PA+QL
Aqvesme	PA+QL
Zycubo	QL
Voyxact	PA+QL
Auvelity titration pack	ST+QL
Atoncy	QL
Bysanti	ST+QL
Saphnelo prefilled syringe	PA+QL

continued

Medications	Utilization Management
Saphnelo auto-injector	PA+QL
Zolybus	QL
Janumet	PA
Januvia	PA
Farxiga	PA
Tyvaso DPI Maintenance Kit 48-80mcg	PA+QL
Lasix Onyu	PA+QL
Hypavzi 75mg/0.5ml pen	PA + QL
Tryngolza 50mg/0.8ml pen	PA + QL
Skyrizi 55mg/0.37mg syringe prefilled sryringe	PA + QL
Breztri 160-18-4.8 mcg/act	PA + QL
Besremi 500mcg/0.5ml pen	PA + QL
Upravi 10mcg and 150mcg tablets	PA + QL
Leqembi 500mg tablet	PA + QL
Veppanu	PA + QL
Cavhanza	PA + QL
Lerochol	PA + QL
Insulin glargine yfyn (Civica manufacturer)	PA

Dispensing Limits

Medication Name	Dispensing Limit
Jakafi XR tablets	1 tablet per day
Resmetirom tablets	1 tablet per day
Aqvesme tablets	2 tablets per day
Zycubo vial	1 vial per day (QL does not apply if younger than 12 months of age)
Voyxact	1 syringe per 28 days
Auvelity titration pack	51 tablets per 180 days
Atoncy	7 bottles per 28 days
Bysanti 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2 tablets per day
Bysanti titration pack a	8 tablets per 180 days
Bysanti titration pack b	8 tablets per 180 days
Bysanti titration pack c	12 tablets per 180 days
Saphnelo prefilled syringe	4 syringes per 28 days
Saphnelo auto-injector	4 pens per 28 days
Zolybus	1 container per day
Tyvaso DPI Maintenance Kit 48-80mcg	224 cartridges per 28 days
Lasix Onyu	8 kits per 180 days
Samsca 15 mg	30 tablets per 180 days
Samsca 30 mg	60 tablets per 180 days
Hypavzi 75mg/0.5ml pen	4 pens per 28 days
Tryngolza 50mg/0.8ml pen	1 pen per 28 days
Skyrizi 55mg/0.37mg syringe prefilled sryringe	1 pen per 84 days
Breztri 160-18-4.8 mcg/act	1 inhaler (10.7g) per 30 days
Besremi 500mcg/0.5ml pen	2 pens per 28 days
Tapentadol 20mg/ml oral soln	900mls per 30 days
Upravi 100mcg	420 tablets per 180 days
Upravi 150mcg	840 tablets per 180 days
Leqembi 500mg tablet	8 pens per 28 days
Veppanu	1 tablet per day

continued

Medication Name	Dispensing Limit
Cavhanza	4 tablets per day
Xarelto 15 mg	42 tablets per 30 days
Xarelto starter kit	51 tablets per 180 days
Filspari 400 mg	2 tablets per day
Lerochol	1 syringe per 28 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>