

Blue Cross Blue Shield of North Dakota Drug List Updates



October 2021

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
APO-VARENICLINE (varenicline tartrate tab 0.5 mg (base equiv))	Brand	8/10/21	Addition
APO-VARENICLINE (varenicline tartrate tab 1 mg (base equiv))	Brand	8/10/21	Addition
atovaquone susp 750 mg/5ml	Generic	10/1/21	Addition, generic for MEPRON
AYVAKIT (avapritinib tab 25 mg)	Brand	6/27/21	Addition
AYVAKIT (avapritinib tab 50 mg)	Brand	6/27/21	Addition
AZOPT (brinzolamide ophth susp 1%)	Brand	10/1/21	Removal, generics available
BANZEL (rufinamide tab 200 mg)	Brand	10/1/21	Removal, generics available
BANZEL (rufinamide tab 400 mg)	Brand	10/1/21	Removal, generics available
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Generic	10/1/21	Removal
clindamycin phosphate-benzoyl peroxide gel 1-5%	Generic	10/1/21	Removal
COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml)	Brand	6/6/21	Addition
etravirine tab 100 mg	Generic	6/20/21	Addition, generic for INTELENCE
etravirine tab 200 mg	Generic	6/20/21	Addition, generic for INTELENCE
fluocinonide cream 0.1%	Generic	10/1/21	Addition, generic for VANOS
imipramine pamoate cap 100 mg	Generic	10/1/21	Removal
imipramine pamoate cap 125 mg	Generic	10/1/21	Removal
imipramine pamoate cap 150 mg	Generic	10/1/21	Removal
imipramine pamoate cap 75 mg	Generic	10/1/21	Removal
INGREZZA (valbenazine tosylate cap 60 mg (base equiv))	Brand	5/9/21	Addition
INTELENCE (etravirine tab 100 mg)	Brand	10/1/21	Removal, generics available
INTELENCE (etravirine tab 200 mg)	Brand	10/1/21	Removal, generics available
KALETRA (lopinavir-ritonavir tab 100-25 mg)	Brand	10/1/21	Removal, generics available
KALETRA (lopinavir-ritonavir tab 200-50 mg)	Brand	10/1/21	Removal, generics available
lopinavir-ritonavir tab 100-25 mg	Generic	6/13/21	Addition, generic for KALETRA
lopinavir-ritonavir tab 200-50 mg	Generic	6/13/21	Addition, generic for KALETRA
MIRENA (levonorgestrel releasing iud 20 mcg/day (52 mg total))	Brand	10/1/21	Removal
naproxen tab ec 375 mg	Generic	10/1/21	Removal
naproxen tab ec 500 mg	Generic	10/1/21	Removal
rufinamide tab 200 mg	Generic	6/6/21	Addition, generic for BANZEL
rufinamide tab 400 mg	Generic	6/6/21	Addition, generic for BANZEL
SKYLA (levonorgestrel releasing iud 14 mcg/day (13.5 mg total))	Brand	10/1/21	Removal
SKYRIZI (risankizumab-rzaa soln auto-injector 150 mg/ml)	Brand	5/16/21	Addition
SKYRIZI (risankizumab-rzaa soln prefilled syringe 150 mg/ml)	Brand	5/16/21	Addition
TEPMETKO (tepotinib hcl tab 225 mg)	Brand	10/1/21	Addition
TIMOLOL MALEATE (timolol maleate tab 10 mg)	Brand	10/1/21	Removal
timolol maleate tab 20 mg	Generic	10/1/21	Removal
timolol maleate tab 5 mg	Generic	10/1/21	Removal
trazodone hcl tab 300 mg	Generic	10/1/21	Removal
TRIKAFTA (elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk)	Brand	6/20/21	Addition
ZEGALOGUE (dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml)	Brand	10/1/21	Addition
ZEGALOGUE (dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml)	Brand	10/1/21	Addition

continued

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Ayvakit (avapritinib) tablet	PA and QL
Azstarys (serdexmethylphenidate/dexmethylphenidate) capsule	ST and QL
Dupixent (dupilumab) pen injector	PA and QL
Mybetriq (mirabegron) granules for oral ER suspension	ST
Trikافتا (elexacaftor, tezacaftor, ivacaftor) tablet pack	PA and QL
Wegovy (semaglutide) auto-injector	PA and QL

Dispensing Limits

Medication Name	Dispensing Limit
Ayvakit (avapritinib) 25 mg, 50 mg tablet	30 tablets per 30 days
Azstarys (serdexmethylphenidate/dexmethylphenidate) 26.1 mg/5.2 mg, 39.2 mg/7.8 mg, 52.3 mg/10.4 mg capsule	30 capsules per 30 days
Dupixent (dupilumab) 200 mg/1.14 mL pen injector	2 pens per 28 days
Trikافتا (elexacaftor, tezacaftor, ivacaftor) 50 mg, 25 mg, 37.5 mg, 75 mg tablet pack	90 tablets per 30 days
Wegovy (semaglutide) 0.25 mg, 0.5 mg, 1 mg auto-injector	4 pens per 180 days
Wegovy (semaglutide) 1.7 mg auto-injector	8 pens per 180 days
Wegovy (semaglutide) 2.4 mg auto-injector	4 pens per 28 days
Xofluza (baloxavir marboxil) 40 mg, 80 mg tablet pack	2 tablets per 120 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>