

Blue Cross Blue Shield of North Dakota Drug List Updates



April 2023

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
CETROTIDE (cetorelix acetate for inj kit 0.25 mg)	Brand	4/1/23	Removal, generics available
dantrolene sodium cap 100 mg	Generic	4/1/23	Removal
dantrolene sodium cap 25 mg	Generic	4/1/23	Removal
dantrolene sodium cap 50 mg	Generic	4/1/23	Removal
ELIGARD (leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg)	Brand	4/1/23	Addition
ELIGARD (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)	Brand	4/1/23	Addition
ELIGARD (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)	Brand	4/1/23	Addition
ELIGARD (leuprolide acetate for subcutaneous inj kit 7.5 mg)	Brand	4/1/23	Addition
GENOTROPIN (somatropin for subcutaneous inj cartridge 12 mg (36 unit))	Brand	1/13/23	Addition
GENOTROPIN (somatropin for subcutaneous inj cartridge 5 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.2 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.4 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.6 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.8 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 1 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 1.2 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 1.4 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 1.6 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 1.8 mg)	Brand	1/13/23	Addition
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 2 mg)	Brand	1/13/23	Addition
GILENYA (fingolimod hcl cap 0.5 mg (base equiv))	Brand	4/1/23	Removal, generics available
IMBRUVICA (ibrutinib oral susp 70 mg/ml)	Brand	1/1/23	Addition
INSULIN DEGLUDEC (insulin degludec inj 100 unit/ml)	Brand	4/1/23	Addition
INSULIN DEGLUDEC FLEXTOUCH (insulin degludec soln pen-injector 100 unit/ml)	Brand	4/1/23	Addition
INSULIN DEGLUDEC FLEXTOUCH (insulin degludec soln pen-injector 200 unit/ml)	Brand	4/1/23	Addition
LEVEMIR FLEXPEN (insulin detemir soln pen-injector 100 unit/ml)	Brand	12/25/22	Addition
OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml))	Brand	12/18/22	Addition
pirfenidone cap 267 mg	Generic	1/15/23	Addition, generic for ESBRIET
SKYRIZI (risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml)	Brand	12/25/22	Addition
ZYCLARA PUMP (imiquimod cream 2.5%)	Brand	4/1/23	Removal

continued

Blue Cross Blue Shield of North Dakota Drug List Updates continued

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Spravato (esketamine) nasal spray	PA and QL
Insulin Degludec vial, pen-injector	PA
Ampyra (dalfampridine) tablet	PA
Korlym (mifepristone) tablet	PA and QL
Rezlidhia (olutasidenib) capsule	PA and QL
Krazati (adagrasib) tablet	PA and QL
Dexcom G7 receiver	PA and QL
Dexcom G7 sensor	PA and QL
Ezetimibe/atorvastatin tablet	ST
Oxybutynin chloride oral solution	ST

Dispensing Limits

Medication Name	Dispensing Limit
Spravato (esketamine) nasal spray 56 mg dose pack	8 dose packs (2 inhalers/dose pack) every 28 days
Spravato (esketamine) nasal spray 84 mg dose pack	8 dose packs (3 inhalers/dose pack) every 28 days
Korlym (mifepristone) 300 mg tablet	120 tablets per 30 days
Rezlidhia (olutasidenib) 150 mg capsule	60 capsules per 30 days
Krazati (adagrasib) 200 mg tablet	180 tablets per 30 days
Turalio (pexidartinib) 125 mg capsule	120 capsules per 30 days
Ozempic (semaglutide) 2 mg/3 mL pen-injector	1 pen-injector per 28 days
Dexcom G7 receiver	1 receiver per 365 days
Dexcom G7 sensor	3 sensors per 30 days
Tascenso (fingolimod lauryl sulfate) 0.5 mg ODT (oral disintegrating tablet)	30 tablets per 30 days
Skyrizi (risankizumab-rzaa) 180 mg/1.2 mL subcutaneous solution cartridge	1 cartridge per 56 days
Oxbryta (voxelotor) 300 mg tablet	90 tablets 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>