Blue Cross Blue Shield of

North Dakota Drug List Updates

January 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/act)	Brand	1/1/24	Removal, generics available
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 250-50 mcg/act)	Brand	1/1/24	Removal, generics available
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 500-50 mcg/act)	Brand	1/1/24	Removal, generics available
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1ml)	Brand	1/1/24	Addition
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000))	Brand	1/1/24	Addition
AUVI-Q (epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))	Brand	1/1/24	Addition
brimonidine tartrate ophth soln 0.1%	Generic	9/10/23	Addition, generic for ALPHAGAN P
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Generic	10/15/23	Addition, generic for SYMBICORT
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Generic	10/15/23	Addition, generic for SYMBICORT
COSENTYX UNOREADY (secukinumab subcutaneous soln auto-injector 300 mg/2ml)	Brand	7/30/23	Addition
ERYTHROMYCIN (erythromycin ophth oint 5 mg/gm)	Brand	10/8/23	Addition
FLOVENT DISKUS (fluticasone propionate aer pow ba 100 mcg/act)	Brand	1/1/24	Removal
FLOVENT DISKUS (fluticasone propionate aer pow ba 250 mcg/act)	Brand	1/1/24	Removal
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act)	Brand	1/1/24	Removal
FLOVENT HFA (fluticasone propionate hfa inhal aer 110 mcg/act (125/valve))	Brand	1/1/24	Removal
FLOVENT HFA (fluticasone propionate hfa inhal aer 220 mcg/act (250/valve))	Brand	1/1/24	Removal
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve))	Brand	1/1/24	Removal
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Generic	1/1/24	Addition, generic for ADVAIR DISKUS
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Generic	1/1/24	Addition, generic for ADVAIR DISKUS
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Generic	1/1/24	Addition, generic for ADVAIR DISKUS
HUMATIN (paromomycin sulfate cap 250 mg)	Brand	10/1/23	Addition
IRESSA (gefitinib tab 250 mg)	Brand	1/1/24	Removal, generics available
lisdexamfetamine dimesylate cap 10 mg	Generic	9/3/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate cap 20 mg	Generic	8/27/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate cap 30 mg	Generic	8/27/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate cap 40 mg	Generic	8/27/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate cap 50 mg	Generic	8/27/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate cap 60 mg	Generic	8/27/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate cap 70 mg	Generic	8/27/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 10 mg	Generic	9/3/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 20 mg	Generic	9/3/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 30 mg	Generic	9/3/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 40 mg	Generic	9/3/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 50 mg	Generic	9/3/23	Addition, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 60 mg	Generic	9/3/23	Addition, generic for VYVANSE
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Brand	1/1/24	Addition
LUPRON DEPOT-PED (3-MONTH) (leuprolide acetate (3 month) for inj pediatric kit 11.25 mg)	Brand	1/1/24	Addition

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
LUPRON DEPOT-PED (3-MONTH) (leuprolide acetate (3 month) for inj pediatric kit 30 mg)	Brand	1/1/24	Addition
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Brand	1/1/24	Addition
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Brand	1/1/24	Addition
METHOXSALEN (methoxsalen rapid cap 10 mg)	Brand	1/1/24	Removal
ONETOUCH ULTRA (glucose blood test strip)	Brand	1/1/24	Addition
ONETOUCH ULTRA CONTROL (blood glucose calibration - liquid)	Brand	1/1/24	Addition
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration - liquid)	Brand	1/1/24	Addition
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION (blood glucose calibration - liquid)	Brand	1/1/24	Addition
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION (blood glucose calibration - liquid - high)	Brand	1/1/24	Addition
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Brand	1/1/24	Addition
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	10/22/23	Addition
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	10/22/23	Addition
pazopanib hcl tab 200 mg (base equiv)	Generic	10/22/23	Addition, generic for VOTRIENT
PREZISTA (darunavir tab 600 mg)	Brand	1/1/24	Removal, generics available
PREZISTA (darunavir tab 800 mg)	Brand	1/1/24	Removal, generics available
REXULTI (brexpiprazole tab 0.25 mg)	Brand	10/1/23	Addition
REXULTI (brexpiprazole tab 0.5 mg)	Brand	10/1/23	Addition
REXULTI (brexpiprazole tab 1 mg)	Brand	10/1/23	Addition
REXULTI (brexpiprazole tab 2 mg)	Brand	10/1/23	Addition
REXULTI (brexpiprazole tab 3 mg)	Brand	10/1/23	Addition
REXULTI (brexpiprazole tab 4 mg)	Brand	10/1/23	Addition
SYMLINPEN 120 (pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml))	Brand	1/1/24	Removal
SYMLINPEN 60 (pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml))	Brand	1/1/24	Removal
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Brand	1/1/24	Addition
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml)	Brand	1/1/24	Addition
VICTOZA (liraglutide soln pen-injector 18 mg/3ml (6 mg/ml))	Brand	1/1/24	Removal

continued

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Rexulti (brexpiprazole), tablet	ST
Pancreaze (pancrelipase lipase, pancrelipase amylase, and pancrelipase protease), delayed release capsule	PA
Pertzye (pancrelipase lipase, pancrelipase amylase, and pancrelipase protease), delayed release capsule	PA
Viokace (pancrelipase lipase, pancrelipase amylase, and pancrelipase protease), tablet	PA
Advair Diskus (fluticasone propionate/salmeterol), powder inhaler	PA
Alvesco (ciclesonide), aerosol inhaler	PA
Flovent HFA (fluticasone propionate), aerosol inhaler	PA
Flovent Diskus (fluticasone propionate), powder inhaler	PA
Tazorac (tazarotene), gel	PA, ST
Ozobax DS (baclofen), oral solution	PA + QL
Entyvio (vedolizumab), pen injector	PA + QL
Abrilada (adalimumab-afzb), pen injector, prefilled syringe	PA + QL
Bimzelx (bimekizumab-bkzx), pen injector	PA + QL
Velsipity (etrasimod arginine), tablet	PA + QL
Omvoh (mirikizumab-mrkz), pen injector	PA + QL
Iyuzeh (latanoprost PF), ophthalmic solution	ST + QL
Akeega (niraparib tosylate-abiraterone acetate), tablet	PA + QL
Ojjaara (momelotinib dihydrochloride), tablet	PA + QL

Dispensing Limits

Medication Name	Dispensing Limit
Airsupra (albuterol/budesonide) 90-80 mcg/actuation inhaler	3 inhalers per 30 days
Rykindo (risperidone extended-release) 25 mg, 37.5 mg, 50 mg intramuscular suspension	2 vials per 28 days
Ozobax DS (baclofen) 10 mg/5 mL oral solution	1,200 mL per 30 days
Hyrimoz (adalimumab-adaz) 40 mg/0.8 mL pen injector	2 pens per 28 days
Hyrimoz (adalimumab-adaz) 40 mg/0.8 mL prefilled syringe	2 syringes per 28 days
Entyvio (vedolizumab) 108 mg/0.68 mL pen injector	2 pens per 28 days
Abrilada (adalimumab-afzb) 40 mg/0.8 mL pen injector	2 pens per 28 days
Abrilada (adalimumab-afzb) 20 mg/0.4 mL, 40 mg/0.8 mL prefilled syringes	2 syringes per 28 days
Bimzelx (bimekizumab-bkzx) 160 mg/mL pen injector	2 pens per 56 days
Bimzelx (bimekizumab-bkzx) 160 mg/mL prefilled syringe	2 syringes per 56 days
Velsipity (etrasimod arginine) 2 mg tablet	30 tablets per 30 days
Omvoh (mirikizumab-mrkz) 100 mg/mL pen injector	2 pens per 28 days
Kalydeco (ivacaftor) 5.8 mg packet	60 packets per 30 days
Enoxaparin 150 mg/mL prefilled syringe	30 syringes per 90 days
Iyuzeh (latanoprost PF) 0.005% ophthalmic solution	30 containers per 30 days
Breo Ellipta (fluticasone furoate/vilanterol) 50-25 mcg/actuation powder inhaler	60 blister packs per 30 days
Akeega (niraparib tosylate-abiraterone acetate) 50/500 mg, 100/500 mg tablets	60 tablets per 30 days
Ojjaara (momelotinib dihydrochloride) 100 mg, 150 mg, 200 mg tablets	30 tablets 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

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