

# Blue Cross Blue Shield of North Dakota Drug List Updates



April 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ALPHAGAN P (brimonidine tartrate ophth soln 0.1%)	Brand	4/1/24	Removal, generics available
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Brand	12/1/23	Addition
CIBINQO (abrocitinib tab 100 mg)	Brand	4/1/24	Addition
CIBINQO (abrocitinib tab 200 mg)	Brand	4/1/24	Addition
CIBINQO (abrocitinib tab 50 mg)	Brand	4/1/24	Addition
diazepam rectal gel delivery system 10 mg	Generic	10/29/23	Addition
diazepam rectal gel delivery system 20 mg	Generic	10/29/23	Addition
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM (continuous blood glucose system receiver)	Brand	11/12/23	Addition
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	Brand	4/1/24	Removal
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Brand	4/1/24	Removal
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Brand	4/1/24	Removal
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Brand	4/1/24	Removal
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Brand	4/1/24	Removal
KALYDECO (ivacaftor packet 5.8 mg)	Brand	4/1/24	Addition
NORDITROPIN FLEXPRO (somatropin solution pen-injector 10 mg/1.5ml)	Brand	4/1/24	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 15 mg/1.5ml)	Brand	4/1/24	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 30 mg/3ml)	Brand	4/1/24	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5ml)	Brand	4/1/24	Removal
OMNITROPE (somatropin for inj 5.8 mg)	Brand	12/1/23	Addition
OMNITROPE (somatropin inj 10 mg/1.5ml)	Brand	12/1/23	Addition
OMNITROPE (somatropin inj 5 mg/1.5ml)	Brand	12/1/23	Addition
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv))	Brand	4/1/24	Addition
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	Generic	1/7/24	Addition, generic for FORTEO
TIBSOVO (ivosidenib tab 250 mg)	Brand	4/1/24	Addition
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	Brand	4/1/24	Removal, generics available
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit)	Brand	12/31/23	Addition

continued

## Blue Cross Blue Shield of North Dakota Drug List Updates continued

### Utilization Management Implementations

#### Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Abilify Asimtufii (aripiprazole extended-release), prefilled syringe	PA
Abilify Maintena (aripiprazole extended-release), prefilled syringe	PA
Aristada (aripiprazole lauroxil extended-release), prefilled syringe	PA
Aristada Initio (aripiprazole lauroxil extended-release), prefilled syringe	PA
Invega Hafyera (paliperidone palmitate extended-release), prefilled syringe	PA
Invega Sustenna (paliperidone palmitate extended-release), prefilled syringe	PA
Invega Trinza (paliperidone palmitate extended-release), prefilled syringe	PA
Perseris (risperidone extended-release), prefilled syringe	PA
Risperdal Consta (risperidone microspheres extended-release), vial	PA
Rykindo (risperidone microspheres extended-release), vial	PA
Uzedly (risperidone extended-release), prefilled syringe	PA
Zyprexa Relprevv (olanzapine pamoate extended-release), vial	PA
Opfolda (miglustat), capsule	PA + QL
Insulin aspart flexpen, auto-injector	PA
Insulin aspart penfill, cartridge	PA
Insulin aspart, vial	PA
Insulin aspart protamine/insulin aspart mix flexpen, auto-injector	PA
Insulin aspart protamine/insulin aspart, vial	PA
Wainua (eplontersen), auto-injector	PA + QL
Zituvio (sitagliptin), tablet	PA
Iwilfin (eflornithine), tablet	PA + QL
Bosulif (bosutinib), capsule	PA + QL
Zepbound (tirzepatide), auto-injector	PA + QL

#### Dispensing Limits

Medication Name	Dispensing Limit
Opfolda (miglustat) 65 mg capsule	8 capsules per 28 days
Wainua (eplontersen) 45 mg/0.8 mL auto-injector	1 pen per 30 days
Hemlibra (emicizumab-kxwh) 300 mg/2 mL vial	4 vials per 28 days
Tramadol 25 mg tablet	240 tablets per 30 days
Iwilfin (eflornithine) 192 mg tablet	240 tablets per 30 days
Bosulif (bosutinib) 50 mg capsule	30 capsules per 30 days
Bosulif (bosutinib) 100 mg capsule	150 capsules per 30 days
Zepbound (tirzepatide) 2.5 mg/0.5 mL auto-injector	4 pens per 180 days
Zepbound (tirzepatide) 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL auto-injectors	4 pens 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>