

Blue Cross Blue Shield of North Dakota Drug List Updates



October 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ADBRY (tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml)	Brand	6/30/24	Addition
alosetron hcl tab 0.5 mg (base equiv)	Generic	10/1/24	Addition, generic for LOTRONEX
alosetron hcl tab 1 mg (base equiv)	Generic	10/1/24	Addition, generic for LOTRONEX
BOSULIF (bosutinib cap 100 mg)	Brand	9/1/24	Addition
BOSULIF (bosutinib cap 50 mg)	Brand	9/1/24	Addition
ENTRESTO (sacubitril-valsartan sprinkle cap 15-16 mg)	Brand	7/7/24	Addition
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg)	Brand	7/7/24	Addition
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM (continuous glucose system sensor)	Brand	6/23/24	Addition
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
GRANIX (tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml)	Brand	10/1/24	Removal
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Brand	10/1/24	Removal
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml))	Brand	10/1/24	Removal
HUMALOG (insulin lispro inj soln 100 unit/ml)	Brand	10/1/24	Addition
HUMALOG (insulin lispro soln cartridge 100 unit/ml)	Brand	10/1/24	Addition
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial))	Brand	10/1/24	Addition
HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/ml)	Brand	10/1/24	Addition
HUMALOG KWIKPEN (insulin lispro soln pen-injector 200 unit/ml)	Brand	10/1/24	Addition
HUMALOG MIX 50/50 (insulin lispro protamine & lispro inj 100 unit/ml (50-50))	Brand	10/1/24	Addition
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50))	Brand	10/1/24	Addition
HUMALOG MIX 75/25 (insulin lispro prot & lispro inj 100 unit/ml (75-25))	Brand	10/1/24	Addition
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25))	Brand	10/1/24	Addition
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/ml)	Brand	10/1/24	Addition
HUMULIN 70/30 (insulin nph isophane & regular human inj 100 unit/ml (70-30))	Brand	10/1/24	Addition
HUMULIN 70/30 KWIKPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))	Brand	10/1/24	Addition
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/ml)	Brand	10/1/24	Addition
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Brand	10/1/24	Addition
HUMULIN R (insulin regular (human) inj 100 unit/ml)	Brand	10/1/24	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv))	Brand	5/5/24	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 60 mg (base equiv))	Brand	5/5/24	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 80 mg (base equiv))	Brand	5/5/24	Addition
ivabradine hcl tab 5 mg (base equiv)	Generic	7/21/24	Addition, generic for CORLANOR
ivabradine hcl tab 7.5 mg (base equiv)	Generic	7/21/24	Addition, generic for CORLANOR
LYUMJEV (insulin lispro-aabc inj 100 unit/ml)	Brand	10/1/24	Addition
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial))	Brand	10/1/24	Addition
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-injector 200 unit/ml)	Brand	10/1/24	Addition
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml)	Brand	10/1/24	Addition

continued

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TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
NALOXONE HYDROCHLORIDE (naloxone hcl soln prefilled syringe 0.4 mg/ml)	Brand	7/1/24	Addition
NEUPOGEN (filgrastim inj 300 mcg/ml)	Brand	10/1/24	Removal
NEUPOGEN (filgrastim inj 480 mcg/1.6ml (300 mcg/ml))	Brand	10/1/24	Removal
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml))	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi inj 300 mcg/ml)	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml))	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
NIVESTYM (filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml)	Brand	10/1/24	Removal
NPLATE (romiplostim for inj 125 mcg)	Brand	10/1/24	Removal
NPLATE (romiplostim for inj 250 mcg)	Brand	10/1/24	Removal
NPLATE (romiplostim for inj 500 mcg)	Brand	10/1/24	Removal
RINVOQ LQ (upadacitinib oral soln 1 mg/ml)	Brand	8/24/24	Addition
silodosin cap 4 mg	Generic	10/1/24	Addition, generic for RAPAFLO
silodosin cap 8 mg	Generic	10/1/24	Addition, generic for RAPAFLO
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	8/1/24	Addition
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	8/1/24	Addition
ZARXIO (filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml)	Brand	10/1/24	Removal
ZARXIO (filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml)	Brand	10/1/24	Removal

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
ADALIMUMAB-ADBM starter pack Crohns/UC/HS	PA+QL
Cyltezo starter pack Crohns/UC/HS	PA+QL
ADALIMUMAB-ADBM starter pack Psoriasis and Uveitis	PA+QL
Cyltezo starter pack Psoriasis and Uveitis	PA+QL
Omvo (mirikizumab-mrkz), prefilled syringe	PA+QL
Drizalma (duloxetine) delayed release sprinkle capsules	ST+QL
Austedo XR (deutetrabenazine), extended release tablets	PA+QL
Austedo XR (deutetrabenazine), extended release tablets titration pack	PA+QL
Rinvoq LQ (upadacitinib) oral soln 1 mg/ml	PA+QL
Vijoice (alpelisib (pros) oral granules packet 50 mg	PA+QL
TYENNE (tocilizumab-aazg) subcutaneous soln auto-injector	PA+QL
sitagliptin-metformin, tablets	PA+QL
TYENNE (tocilizumab-aazg) subcutaneous prefilled syringe	PA+QL
Adbry (tralokinumab-ldrm) subcutaneous soln auto-injector	PA+QL
Scemblix (asciminib hcl) tablets	PA+QL
Sofdra GEL 12.45%	PA+QL
Acthar Gel (corticotropin subcutaneous gel auto-injector 40 unit/0.5ml)	PA
Adalimumab-RYVK prefilled syringe	PA+QL
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 20 mg/0.25ml	PA+QL
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 40 mg/0.5ml	PA+QL
Otezla (apremilast) 10/20mg starter pack	PA+QL
Otezla (apremilast) 20mg tablets	PA+QL

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Dispensing Limits

Medication Name	Dispensing Limit
ADALIMUMAB-ADBm starter pack Crohns/UC/HS	1 pack per 180 days
Cyltezo starter pack Crohns/UC/HS	1 pack per 180 days
ADALIMUMAB-ADBm starter pack Psoriasis and Uveitis	1 pack per 180 days
Cyltezo starter pack Psoriasis and Uveitis	1 pack per 180 days
Omvo (mirikizumab-mrkz), prefilled syringe	2 syringes per 28 days
Drizalma (duloxetine) delayed release sprinkle capsules 20 mg	60 capsules per 30 days
Drizalma (duloxetine) delayed release sprinkle capsules 30 mg	60 capsules per 30 days
Drizalma (duloxetine) delayed release sprinkle capsules 40 mg	60 capsules per 30 days
Drizalma (duloxetine) delayed release sprinkle capsules 60 mg	60 capsules per 30 days
Austedo XR (deutetrabenazine), extended release tablets titration pack	1 pack per 180 days
Austedo XR (deutetrabenazine), extended release tablets 18 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 30 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 36 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 42 mg	1 tablet per day
Austedo XR (deutetrabenazine), extended release tablets 48 mg	1 tablet per day
Rinvoq LQ (upadacitinib) oral soln 1 mg/ml	360 ml per 30 days
Vijoice (alpelisib (pros) oral granules packet 50 mg	28 packets per 28 days
TYENNE (tocilizumab-aazg) subcutaneous soln auto-injector	4 pens per 28 days
sitagliptin-metformin, tablets 50-500 mg	60 tablets per 30 days
sitagliptin-metformin, tablets 50-1000 mg	60 tablets per 30 days
TYENNE (tocilizumab-aazg) subcutaneous prefilled syringe	4 syringes per 28 days
Adbry (tralokinumab-ldrm) subcutaneous soln auto-injector	2 pens per 28 days
Scemblix (asciminib hcl) tablets	120 tablets per 30 days
ONDANSETRON ODT ondansetron orally disintegrating tab 16 mg	1 tablet per 30 days
Sofdra GEL 12.45%	1 bottle per 30 days
Adalimumab-RYVK prefilled syringe	2 syringes per 28 days
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 20 mg/0.25ml	1 syringe per 28 days
TALTZ (ixekizumab)subcutaneous soln prefilled syringe 40 mg/0.5ml	1 syringe per 28 days
Otezla (apremilast) 10/20mg starter pack	1 pack per 180 days
Otezla (apremilast) 20mg tablets	60 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>



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)