

# Blue Cross Blue Shield of North Dakota Drug List Updates



April 2018

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
aprepitant capsule 125 mg	Generic	10/22/17	Addition, generic for EMEND
aprepitant capsule 40 mg	Generic	10/22/17	Addition, generic for EMEND
APRISO (mesalamine cap er 24hr 0.375 gm)	Brand	4/1/18	Addition
atazanavir sulfate cap 150 mg (base equiv)	Generic	12/31/17	Addition, generic for REYATAZ
atazanavir sulfate cap 200 mg (base equiv)	Generic	12/31/17	Addition, generic for REYATAZ
atazanavir sulfate cap 300 mg (base equiv)	Generic	12/31/17	Addition, generic for REYATAZ
BENZNIDAZOLE (benznidazole tab 100 mg)	Brand	4/1/18	Addition
BENZNIDAZOLE (benznidazole tab 12.5 mg)	Brand	4/1/18	Addition
BOSULIF (bosutinib tab 400 mg)	Brand	12/10/17	Addition
BYDUREON BCISE (exenatide extended release susp auto-injector 2 mg/0.85ml)	Brand	11/12/17	Addition
efavirenz cap 200 mg	Generic	12/24/17	Addition, generic for SUSTIVA
efavirenz cap 50 mg	Generic	12/24/17	Addition, generic for SUSTIVA
EMEND (aprepitant capsule 125 mg)	Brand	4/1/18	Removal, generics available
EMEND (aprepitant capsule 40 mg)	Brand	4/1/18	Removal, generics available
ENBREL MINI (etanercept subcutaneous solution cartridge 50 mg/ml)	Brand	10/22/17	Addition
FIASP (insulin aspart inj 100 unit/ml)	Brand	4/1/18	Addition
FIASP FLEXTOUCH (insulin aspart soln pen-injector 100 unit/ml)	Brand	4/1/18	Addition
glatiramer acetate soln prefilled syringe 40 mg/ml	Generic	10/8/17	Addition, generic for COPAXONE
INGREZZA (valbenazine tosylate cap 80 mg (base equiv))	Brand	10/15/17	Addition
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Generic	11/5/17	Addition, generic for TAMIFLU
PATADAY (olopatadine hcl ophth soln 0.2% (base equivalent))	Brand	4/1/18	Removal, generics available
PENTASA (mesalamine cap er 250 mg)	Brand	4/1/18	Removal
PENTASA (mesalamine cap er 500 mg)	Brand	4/1/18	Removal
QVAR REDIHALER (beclomethasone diprop hfa breath act inh aer 40 mcg/act)	Brand	12/17/17	Addition
QVAR REDIHALER (beclomethasone diprop hfa breath act inh aer 80 mcg/act)	Brand	12/17/17	Addition
RENVELA (sevelamer carbonate tab 800 mg)	Brand	4/1/18	Removal, generics available
REYATAZ (atazanavir sulfate cap 150 mg (base equiv))	Brand	4/1/18	Removal, generics available
REYATAZ (atazanavir sulfate cap 200 mg (base equiv))	Brand	4/1/18	Removal, generics available
REYATAZ (atazanavir sulfate cap 300 mg (base equiv))	Brand	4/1/18	Removal, generics available
SUSTIVA (efavirenz cap 200 mg)	Brand	4/1/18	Removal, generics available
SUSTIVA (efavirenz cap 50 mg)	Brand	4/1/18	Removal, generics available
TAMIFLU (oseltamivir phosphate for susp 6 mg/ml (base equiv))	Brand	4/1/18	Removal, generics available
tenofovir disoproxil fumarate tab 300 mg	Generic	12/17/17	Addition, generic for VIREAD
TRACLEER (bosentan tab for oral susp 32 mg)	Brand	11/12/17	Addition
TRISENOX (arsenic trioxide iv soln 12 mg/6ml (2 mg/ml))	Brand	12/17/17	Addition
VIREAD (tenofovir disoproxil fumarate tab 300 mg)	Brand	4/1/18	Removal, generics available
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit)	Brand	11/12/17	Addition
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit)	Brand	12/10/17	Addition

continued

## Utilization Management Implementations

### Prior Authorizations & Step Therapy Programs

Medications	Utilization Management
Admelog (insulin lispro)	PA
Adzenys ER (amphetamine ER) suspension	ST and QL
Alunbrig (brigatinib) 90 mg	PA and QL
Bosulif (bosutinib) 400 mg	PA and QL
Erleada (apalutamide)	PA and QL
Fasenra (benralizumab)	PA
Myalept (metreleptin)	PA
Ozempic (semaglutide)	ST and QL
Segluromet (ertugliflozin/metformin)	ST
Soliris (eculizumab)	PA
Sprycel (dasatinib) 20 mg	PA and QL
Steglatro (ertugliflozin)	ST
Steglujan (ertugliflozin/sitagliptan)	ST
Vyzulta (latanoprostene) eye drops	ST and QL
Xigduo XR (dapagliflozin/metformin ER) 2.5/1000mg	ST

### Dispensing Limits

Medication Name	Dispensing Limit
Alunbrig (brigatinib) 90 mg	1 tablet per day
Bosulif (bosutinib) 400 mg	1 tablet per day
Erleada (apalutamide)	4 tablets per day
Ozempic (semaglutide) 0.25-0.5 mg per injection	1 pen per 28 days
Ozempic (semaglutide) 1 mg per injection	2 pens per 28 days
Qvar (beclomethasone dipropionate) Redihaler 40 mcg/actuation	1 canister per 30 days
Qvar (beclomethasone dipropionate) Redihaler 80 mcg/actuation	2 canister per 30 days
Sprycel (dasatinib) 20 mg	2 tablets per day
Vyzulta (latanoprostene) eye drops	1 bottle per 30 days

**Note:** 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>