Blue Cross Blue Shield of

North Dakota Drug List Updates

October 2015

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
AMICAR (aminocaproic acid syrup 25%)	Brand	10/1/2015	Addition
Amethia (levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7))	Generic	10/1/2015	Addition, generic for SEASONIQUE
Amethia Lo (levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7))	Generic	10/1/2015	Addition, generic for LOSEASONIQUE
AMICAR (aminocaproic acid tab 500 mg)	Brand	10/1/2015	Addition
ARNUITY ELLIPTA (fluticasone furoate aerosol powder breath activ 100 mcg/act)	Brand	10/1/2015	Addition
ARNUITY ELLIPTA (fluticasone furoate aerosol powder breath activ 200 mcg/act)	Brand	10/1/2015	Addition
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh)	Brand	6/14/2015	Addition
calcium acetate (phosphate binder) tab 667 mg	Generic	10/1/2015	Addition, generic for ELIPHOS
Camrese (levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7))	Generic	10/1/2015	Addition, generic for SEASONIQUE
Camrese Lo (levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7))	Generic	10/1/2015	Addition, generic for LOSEASONIQUE
cefixime for susp 100 mg/5ml	Generic	4/19/2015	Addition, generic for SUPRAX
cefixime for susp 200 mg/5ml	Generic	4/19/2015	Addition, generic for SUPRAX
COLCHICINE (colchicine cap 0.6 mg)	Brand	7/1/2015	Addition
Daysee (levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7))	Generic	10/1/2015	Addition, generic for SEASONIQUE
DRYSOL (aluminum chloride soln 20%)	Brand	10/1/2015	Addition
esomeprazole magnesium cap delayed release 20 mg (base eq)	Generic	2/22/2015	Addition, generic for NEXIUM
esomeprazole magnesium cap delayed release 40 mg (base eq)	Generic	2/22/2015	Addition, generic for NEXIUM
glatiramer acetate soln prefilled syringe 20 mg/ml	Generic	6/21/2015	Addition, generic for COPAXONE
hydrochlorothiazide tab 12.5 mg	Generic	10/1/2015	Addition
JUXTAPID (lomitapide mesylate cap 30 mg (base equiv))	Brand	5/24/2015	Addition
JUXTAPID (lomitapide mesylate cap 40 mg (base equiv))	Brand	5/24/2015	Addition
JUXTAPID (lomitapide mesylate cap 60 mg (base equiv))	Brand	5/24/2015	Addition
KALYDECO (ivacaftor packet 50 mg)	Brand	7/1/2015	Addition
KALYDECO (ivacaftor packet 75 mg)	Brand	7/1/2015	Addition
KUVAN (sapropterin dihydrochloride powder packet 500 mg)	Brand	6/14/2015	Addition
linezolid tab 600 mg	Generic	6/28/2015	Addition, generic for ZYVOX
MESTINON TIMESPAN (pyridostigmine bromide tab cr 180 mg)	Brand	10/1/2015	Removal, generics available
PAZEO (olopatadine hcl ophth soln 0.7% (base equivalent))	Brand	10/1/2015	Addition
potassium citrate tab cr 15 meq (1620 mg)	Generic	10/1/2015	Addition, generic for UROCIT-K 15
pyridostigmine bromide tab cr 180 mg	Generic	7/6/2015	Addition, generic for MESTINON TIMESPAN
ursodiol tab 250 mg	Generic	10/1/2015	Addition, generic for URSO 250
ursodiol tab 500 mg	Generic	10/1/2015	Addition, generic for URSO FORTE
ZYVOX (linezolid tab 600 mg)	Brand	10/1/2015	Removal, generics available

Blue Cross Blue Shield of

North Dakota Drug List Updates continued

Utilization Management Implementations

Prior Authorizations & Step Therapy Programs

Medications	Utilization Management
Avar aerosol & Avar LS (sulfacetamide)	ST
Axert (almotriptan)	ST and QL
Epiduo Forte (adapalene/benzoyl peroxide)	ST
Hepatitis C	
– Daklinza	PA
– Technivie	PA
Humalog Kwik Pen (insulin lispro 200 mg/mL)	PA
Invega Trinza	ST and QL
PCSK9s	
– Praluent	PA
– Repatha	PA
Rexulti (brexpiprazole)	ST and QL

Dispensing Limits

Medication Name	Dispensing Limit
Afrezza (Insulin regular 60-8 unit cartridges + 30-12 unit cartridges)	1,080 cartridges per 30 days
Axert (almotriptan)	12 tablets per 30 days
Breo Ellipta 200-25 mcg (fluticasone furoate/vilanterol)	1 inhaler per 30 days
Focalin XR 20 mg (dexmethylphenidate)	30 capsules per 30 days
Glatopa (glatiramer 20 mg/mL)	1 syringe/day (1 box of 30 syringes/30 days)
Invega Trinza (paliperidone palmitate ER)	1 syringe per 90 days
Irenka (duloxetine)	90 capsules per 30 days
Iressa (gefitinib)	30 tablets per 30 days
Rexulti (brexpiprazole)	30 tablets per 30 days
Stiolto Respimat (tiotropium/olodaterol)	1 inhaler per 30 days
Trezix (acetaminophen-caffeine-dihydrocodeine)	10 capsules per day
Zyvox (linezolid)	28 tablets per 90 days

Note: Coverage is subject to each member's specific benefits. Group specific policies will supresede these policies when applicable. For complete details, medical policies may be viewed on the Blue Cross website at https://www.bcbsnd.com/quantitylimits

2626-C © Prime Therapeutics LLC 10/15