

# Blue Cross Blue Shield of North Dakota Drug List Updates



January 2019

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tab 20 mg (pah))	Brand	1/1/19	Removal, generics available
albendazole tab 200 mg	Generic	9/30/18	Addition, generic for ALBENDAZOLE
ASACOL HD (mesalamine tab delayed release 800 mg)	Brand	1/1/19	Removal, generics available
BYDUREON (exenatide for inj extended release susp 2 mg)	Brand	1/1/19	Removal
BYDUREON BCISE (exenatide extended release susp auto-injector 2 mg/0.85ml)	Brand	1/1/19	Removal
BYDUREON PEN (exenatide extended release for susp pen-injector 2 mg)	Brand	1/1/19	Removal
BYETTA (exenatide soln pen-injector 10 mcg/0.04ml)	Brand	1/1/19	Removal
BYETTA (exenatide soln pen-injector 5 mcg/0.02ml)	Brand	1/1/19	Removal
CARAFATE (sucralfate susp 1 gm/10ml)	Brand	1/1/19	Removal
carmustine for inj 100 mg	Generic	9/16/18	Addition
CLEOCIN (clindamycin phosphate vaginal suppos 100 mg)	Brand	1/1/19	Removal
CYSTADANE (*betaine powder for oral solution***)	Brand	1/1/19	Addition
ELIQUIS (apixaban tab 2.5 mg)	Brand	1/1/19	Addition
ELIQUIS (apixaban tab 5 mg)	Brand	1/1/19	Addition
ELIQUIS STARTER PACK (apixaban tab 5 mg)	Brand	1/1/19	Addition
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml)	Brand	1/1/19	Addition
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa, mfg = Sandoz)	Generic	1/1/19	Removal, COPAXONE and generics available
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa, mfg = Sandoz)	Generic	1/1/19	Removal, COPAXONE and generics available
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg)	Brand	1/1/19	Addition
GLYXAMBI (empagliflozin-linagliptin tab 25-5 mg)	Brand	1/1/19	Addition
itraconazole oral soln 10 mg/ml	Generic	9/23/18	Addition, generic for SPORANOX
KYPROLIS (carfilzomib for inj 10 mg)	Brand	8/12/18	Addition
LENVIMA 12MG DAILY DOSE (lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose))	Brand	8/26/18	Addition
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Brand	8/26/18	Addition
nevirapine susp 50 mg/5ml	Generic	8/19/18	Addition, generic for VIRAMUNE
NOVOLIN 70/30 FLEXPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))	Brand	10/14/18	Addition
PRALUENT (alirocumab subcutaneous soln pen-injector 150 mg/ml)	Brand	1/1/19	Removal
PRALUENT (alirocumab subcutaneous soln pen-injector 75 mg/ml)	Brand	1/1/19	Removal
PRALUENT (alirocumab subcutaneous soln prefilled syringe 150 mg/ml)	Brand	1/1/19	Removal
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/ml)	Brand	1/1/19	Removal
RETACRIT (epoetin alfa-epbx inj 10000 unit/ml)	Brand	1/1/19	Addition
RETACRIT (epoetin alfa-epbx inj 2000 unit/ml)	Brand	1/1/19	Addition
RETACRIT (epoetin alfa-epbx inj 3000 unit/ml)	Brand	1/1/19	Addition
RETACRIT (epoetin alfa-epbx inj 4000 unit/ml)	Brand	1/1/19	Addition
RETACRIT (epoetin alfa-epbx inj 40000 unit/ml)	Brand	1/1/19	Addition
temsirolimus soln for iv infusion 25 mg/ml	Generic	8/19/18	Addition, generic for TORISEL
testosterone td gel 20.25 mg/1.25gm (1.62%)	Generic	10/14/18	Addition, generic for ANDROGEL
testosterone td gel 20.25 mg/act (1.62%)	Generic	10/14/18	Addition, generic for ANDROGEL
testosterone td gel 40.5 mg/2.5gm (1.62%)	Generic	10/14/18	Addition, generic for ANDROGEL

continued

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
TORISEL (temsirolimus soln for iv infusion 25 mg/ml)	Brand	1/1/19	Removal, generics available
TRULICITY (dulaglutide soln pen-injector 0.75 mg/0.5ml)	Brand	1/1/19	Addition
TRULICITY (dulaglutide soln pen-injector 1.5 mg/0.5ml)	Brand	1/1/19	Addition
VIRAMUNE (nevirapine susp 50 mg/5ml)	Brand	1/1/19	Removal, generics available
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	Brand	1/1/19	Removal, generics available
YONSA (abiraterone acetate tab 125 mg)	Brand	1/1/19	Addition
ZORTRESS (everolimus tab 1 mg)	Brand	10/28/18	Addition

## Utilization Management Implementations

### Prior Authorizations & Step Therapy Programs

Medications	Utilization Management
Abilify Mycite (aripiprazole tab with sensor)	ST and QL
Ajovy (fremanezumab-vfrm)	PA and QL
Altreno (tretinoin lotion 0.05%)	ST
Copiktra (duvelsib)	PA and QL
Emgality (galcanezumab-gnim)	PA and QL
Lorbrena (lorlatinib)	PA and QL
Takhzyro (lanadelumab-flyo)	PA and QL
Talzenna (talazoparib)	PA and QL
Vizimpro (dacomitinib)	PA and QL
Xelpros (latanoprost)	ST and QL

### Dispensing Limits

Medication Name	Dispensing Limit
Abilify Mycite (aripiprazole tab with sensor)	1 tablet/day
Ajovy (fremanezumab-vfrm)	3 syringes/90 days
Copiktra (duvelsib)	56 capsules/28 days
Emgality (galcanezumab-gnim)	1 autoinjector/month
Lorbrena (lorlatinib) 25 mg	3 tablets/day
Lorbrena (lorlatinib) 100 mg	1 tablet/day
Takhzyro (lanadelumab-flyo)	2 vials/28 days
Talzenna (talazoparib) 0.25 mg	3 capsules/day
Talzenna (talazoparib) 1 mg	1 capsule/day
Vizimpro (dacomitinib)	1 tablet/day
Xelpros (latanoprost)	1 bottle (2.5 mL)/30 days
Xyosted (testosterone enanthate)	4 pens/28 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>