

Blue Cross Blue Shield of North Dakota Drug List Updates



April 2025

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
AIRSUPRA (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Brand	2/1/25	Addition
APRETUDE (cabotegravir im extended release susp 600 mg/3ml)	Brand	2/1/25	Addition
CORLANOR (ivabradine hcl tab 5 mg (base equiv))	Brand	4/1/25	Removal, generics available
CORLANOR (ivabradine hcl tab 7.5 mg (base equiv))	Brand	4/1/25	Removal, generics available
esomeprazole magnesium for delayed release susp pack 2.5 mg	Generic	1/12/25	Addition, generic for NEXIUM
esomeprazole magnesium for delayed release susp packet 5 mg	Generic	1/12/25	Addition, generic for NEXIUM
fluoxetine hcl tab 10 mg	Generic	4/1/25	Addition
fluoxetine hcl tab 20 mg	Generic	4/1/25	Addition
HYDROCODONE BITARTRATE/ACETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg)	Brand	1/1/25	Addition
INGREZZA (valbenazine tosylate cap 40 mg (base equiv))	Brand	4/1/25	Removal
INGREZZA (valbenazine tosylate cap 60 mg (base equiv))	Brand	4/1/25	Removal
INGREZZA (valbenazine tosylate cap 80 mg (base equiv))	Brand	4/1/25	Removal
INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))	Brand	4/1/25	Removal
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv))	Brand	4/1/25	Removal
INGREZZA (valbenazine tosylate capsule sprinkle 60 mg (base equiv))	Brand	4/1/25	Removal
INGREZZA (valbenazine tosylate capsule sprinkle 80 mg (base equiv))	Brand	4/1/25	Removal
JIVI (antihemophil fact rcmb (bdd-rfviii peg-aucl)for inj 4000 unit)	Brand	1/12/25	Addition
LAGEVRIO (molnupiravir cap 200 mg)	Brand	1/1/25	Addition
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Brand	4/1/25	Removal, generics available
mesna tab 400 mg	Generic	1/19/25	Addition, generic for MESNEX
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5ml)	Brand	4/1/25	Removal, generics available
MORPHINE SULFATE (morphine sulfate oral soln 100 mg/5ml (20 mg/ml))	Brand	4/1/25	Removal, generics available
pregabalin cap 100 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin cap 150 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin cap 200 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin cap 225 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin cap 25 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin cap 300 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin cap 50 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin cap 75 mg	Generic	4/1/25	Addition, generic for LYRICA
pregabalin soln 20 mg/ml	Generic	4/1/25	Addition, generic for LYRICA
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml))	Brand	1/1/25	Addition
SIMLANDI (adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml)	Brand	12/1/24	Addition
SPRYCEL (dasatinib tab 100 mg)	Brand	4/1/25	Removal, generics available
SPRYCEL (dasatinib tab 140 mg)	Brand	4/1/25	Removal, generics available
SPRYCEL (dasatinib tab 20 mg)	Brand	4/1/25	Removal, generics available
SPRYCEL (dasatinib tab 50 mg)	Brand	4/1/25	Removal, generics available
SPRYCEL (dasatinib tab 70 mg)	Brand	4/1/25	Removal, generics available
SPRYCEL (dasatinib tab 80 mg)	Brand	4/1/25	Removal, generics available
TAZORAC (tazarotene cream 0.05%)	Brand	4/1/25	Removal, generics available
TREMFYA (guselkumab soln auto-injector 200 mg/2ml)	Brand	12/10/24	Addition
TREMFYA (guselkumab soln prefilled syringe 200 mg/2ml)	Brand	12/10/24	Addition
VORANIGO (vorasidenib tab 10 mg)	Brand	4/1/25	Addition
VORANIGO (vorasidenib tab 40 mg)	Brand	4/1/25	Addition

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TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml)	Brand	1/1/25	Addition
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml)	Brand	1/1/25	Addition
WEGOVY (semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml)	Brand	1/1/25	Addition
WEGOVY (semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml)	Brand	1/1/25	Addition
WEGOVY (semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml)	Brand	1/1/25	Addition
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 10 mg/0.5ml)	Brand	1/1/25	Addition
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 12.5 mg/0.5ml)	Brand	1/1/25	Addition
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 15 mg/0.5ml)	Brand	1/1/25	Addition
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml)	Brand	1/1/25	Addition
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml)	Brand	1/1/25	Addition
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 7.5 mg/0.5ml)	Brand	1/1/25	Addition

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Ebglyss Prefilled Syringe	PA+QL
Lumakras 240 mg tablets	PA+QL
Augtyro 160 mg capsules	PA+QL
Erzofri prefilled syringe	PA+QL
Azmiro prefilled syringe	QL
Hydrocodone-APAP 2.5-325 mg tablets	QL
Tramadol 75 mg tablets	QL
Opipza oral film	ST+QL
Attriby tablets	PA+QL
Imkeldi oral solution	PA+QL
Wezlana prefilled syringe and vials	PA+QL
Bimzelx 320 mg pens and prefilled syringes	PA+QL
Alyftrek tablets	PA+QL
Jivi 4000 units	PA+QL
Prevymis Packets	QL
Yesintek vial and prefilled syringe	PA+QL
Steqeyma prefilled syringe	PA+QL
Esperoct 4000 units	PA+QL
Simlandi 20 mg prefilled syringe	PA+QL
Simlandi 80 mg prefilled syringe	PA+QL

Dispensing Limits

Medication Name	Dispensing Limit
Ebglyss Prefilled Syringe	1 syringe per 28 days
Lumakras 240 mg tablets	120 tablets per 30 days
Augtyro 160 mg capsules	60 capsules per 30 days
Erzofri 351 mg prefilled syringe	1 syringe every 180 days
Azmiro prefilled syringe	4 syringes per 28 days
Hydrocodone-APAP 2.5-325 mg	240 tablets per 30 days
Tramadol 75 mg tablets	150 tablets per 30 days
Opipza oral film 2 mg	30 films per 30 days
Opipza oral film 5 mg	90 films per 30 days

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Medication Name	Dispensing Limit
Opipza oral film 10 mg	90 films per 30 days
Attruby 356 mg tablets	112 tablets per 28 days
Imkeldi oral solution 80mg/ml	2 bottles per 28 days
Bimzelx 320 mg pens and prefilled syringes	1 syringe/pen per 28 days
Wezlana 45 mg prefilled syringe	1 syringe per 84 days
Wezlana 45 mg vial	1 vial per 84 days
Wezlana 90 mg prefilled syringe	1 syringe per 56 days
Alyftrek 4-20-50 mg tablets	84 tablets per 28 days
Alyftrek 10-50-125 mg tablets	56 tablets per 28 days
Jivi 4000 units	QL Dependent on patient weight and number of doses
Prevymis 20 mg and 120 mg packets	800 packets per 365 days
Yesintek 45 mg vial	1 vial per 84 days
Yesintek 45 mg prefilled syringe	1 syringe per 84 days
Yesintek 90 mg prefilled syringe	1 syringe per 56 days
Steqeyma 45 mg prefilled syringe	1 syringe per 84 days
Steqeyma 90 mg prefilled syringe	1 syringe per 56 days
Esperoct 4000 units	QL Dependent on patient weight and number of doses
Simlandi 20 mg and 80 mg prefilled syringe	2 syringes 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>