Blue Cross Blue Shield of

North Dakota Drug List Updates

July 2025

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ADALIMUMAB-AATY CD/UC/HSSTARTER (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	4/20/25	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 80 mg/0.8ml)	Brand	4/1/25	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1ml)	Brand	4/6/25	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2ml)	Brand	4/1/25	Addition
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Brand	7/1/25	Addition
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml)	Brand	7/1/25	Addition
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml)	Brand	7/1/25	Addition
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Brand	2/2/25	Addition
ITOVEBI (inavolisib tab 3 mg)	Brand	7/1/25	Addition
ITOVEBI (inavolisib tab 9 mg)	Brand	7/1/25	Addition
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	Generic	3/9/25	Addition, generic for PURIXAN
MESNEX (mesna tab 400 mg)	Brand	7/1/25	Removal, generics available
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5ml)	Brand	7/1/25	Removal, generics available
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Brand	7/1/25	Addition
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg)	Brand	7/1/25	Removal, generics available
NEXIUM (esomeprazole magnesium for delayed release susp packet 5 mg)	Brand	7/1/25	Removal, generics available
PAXLOVID (nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak)	Brand	4/20/25	Addition
rivaroxaban tab 2.5 mg	Generic	3/23/25	Addition, generic for XARELTO
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Addition
SELARSDI (ustekinumab-aekn soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Addition
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml)	Brand	2/2/25	Addition
SIMLANDI (adalimumab-ryvk prefilled syringe kit 80 mg/0.8ml)	Brand	2/2/25	Addition
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 80 mg/0.8ml)	Brand	3/23/25	Addition
STELARA (ustekinumab inj 45 mg/0.5ml)	Brand	7/1/25	Removal
STELARA (ustekinumab soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Removal
STELARA (ustekinumab soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Removal
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Addition
STEQEYMA (ustekinumab-stba soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Addition
ticagrelor tab 90 mg	Generic	4/13/25	Addition, generic for BRILINTA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE (guselkumab soln auto-injector 200 mg/2ml)	Brand	3/30/25	Addition
TREMFYA PEN (guselkumab soln auto-injector 100 mg/ml)	Brand	4/6/25	Addition
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Addition
YESINTEK (ustekinumab-kfce soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Addition
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5ml)	Brand	7/1/25	Addition

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Evrysdi 5 mg tablets	PA+QL
Ustekinumab-ttwe syringe	PA+QL
Pyzchiva syringe	PA+QL
Otulfi syringe	PA+QL
Gomekli capsules	PA+QL

continued

Medications	Utilization Management
Gomekli tablets for oral suspension	PA+QL
Romvimza capsules	PA+QL
Cortrophin prefilled syringe	PA
Sevenfact 2 mg	PA
Xpovio 10 mg tablets	PA+QL
PAXLOVID PAK (nirmaltrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	QL
ADALIMUMAB-AATY CD/UC/HS kit	PA+QL
Symbravo	ST+QL

Dispensing Limits

Medication Name	Dispensing Limit
Evrysdi 5 mg tablets	30 tablets per 30 days
Ustekinumab-ttwe 45 mg syringe	1 syringe per 84 days
Ustekinumab-ttwe 90 mg syringe	1 syringe per 56 days
Pyzchiva syringe 45 mg syringe	1 syringe per 84 days
Pyzchiva syringe 90 mg syringe	1 syringe per 56 days
Otulfi syringe 45 mg syringe	1 syringe per 84 days
Otulfi syringe 90 mg syringe	1 syringe per 56 days
Zepbound 7.5 mg vial	4 vials per 28 days
Zepbound 10 mg vial	4 vials per 28 days
Gomekli 2 mg capsules	84 capsules per 28 days
Gomekli 1 mg capsules	168 capsules per 28 days
Gomekli 1 mg tablets for oral suspension	168 tablets per 28 days
Rybelsus 1.5 mg tablets	30 tablets per 180 days
Rybelsus 4 mg tablets	30 tablets per 30 days
Rybelsus 9 mg tablets	30 tablets per 30 days
Omvoh 100mg/200mg pen kit	2 pens per 28 days
Omvoh 100mg/200mg syringe kit	2 syringes per 28 days
Romvimza 14 mg capsules	8 capsules per 28 days
Romvimza 20 mg capsules	8 capsules per 28 days
Romvimza 30 mg capsules	8 capsules per 28 days
Xpovio 10 mg tablets	16 tablets per 28 days
Revuforj 25 mg tablets	240 tablets per 30 days
PAXLOVID PAK (nirmaltrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	11 tablets per 30 days
ADALIMUMAB-AATY CD/UC/HS kit	1 kit per 180 days
Symbravo	9 tablets per 30 days

Note: Coverage is subject to each member's specific benefits. Group specific policies will superesede 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**