Blue Cross Blue Shield of

North Dakota Drug List Updates

October 2025

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ALYFTREK (vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg)	Brand	6/30/25	Addition
ALYFTREK (vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg)	Brand	6/30/25	Addition
BESREMI (ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml)	Brand	10/1/25	Addition
BRILINTA (ticagrelor tab 90 mg)	Brand	10/1/25	Removal, generics available
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring devices***)	Brand	8/1/25	Addition
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring kit w/ device***)	Brand	8/1/25	Addition
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring kit w/ device***)	Brand	8/1/25	Addition
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring devices***)	Brand	8/1/25	Addition
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring kit w/ device***)	Brand	8/1/25	Addition
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring kit w/ device***)	Brand	8/1/25	Addition
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY (*blood glucose monitoring kit w/ device***)	Brand	8/1/25	Addition
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring devices***)	Brand	8/1/25	Addition
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring kit***)	Brand	8/1/25	Addition
CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring kit w/ device***)	Brand	8/1/25	Addition
CTEXLI (chenodiol tab 250 mg)	Brand	10/1/25	Addition
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	Generic	5/18/25	Addition, generic for PROMACTA
eltrombopag olamine powder pack for susp 25 mg (base equiv)	Generic	5/18/25	Addition, generic for PROMACTA
eltrombopag olamine tab 12.5 mg (base equiv)	Generic	5/18/25	Addition, generic for PROMACTA
eltrombopag olamine tab 25 mg (base equiv)	Generic	5/18/25	Addition, generic for PROMACTA
eltrombopag olamine tab 50 mg (base equiv)	Generic	5/18/25	Addition, generic for PROMACTA
eltrombopag olamine tab 75 mg (base equiv)	Generic	5/18/25	Addition, generic for PROMACTA
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Generic	6/1/25	Addition, generic for COMPLERA
FIBRYGA (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Brand	10/1/25	Addition
fidaxomicin tab 200 mg	Generic	7/20/25	Addition, generic for DIFICID
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM (*blood glucose monitoring kit w/ device***)	Brand	10/1/25	Addition
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	10/1/25	Addition
ivermectin cream 1%	Generic	10/1/25	Addition, generic for SOOLANTRA
JYNARQUE (tolvaptan tab 15 mg)	Brand	10/1/25	Addition
JYNARQUE (tolvaptan tab 30 mg)	Brand	10/1/25	Addition
JYNARQUE (tolvaptan tab therapy pack 15 mg)	Brand	10/1/25	Addition
JYNARQUE (tolvaptan tab therapy pack 30 & 15 mg)	Brand	10/1/25	Addition
JYNARQUE (tolvaptan tab therapy pack 45 & 15 mg)	Brand	10/1/25	Addition
JYNARQUE (tolvaptan tab therapy pack 60 & 30 mg)	Brand	10/1/25	Addition
JYNARQUE (tolvaptan tab therapy pack 90 & 30 mg)	Brand	10/1/25	Addition

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
KALETRA (lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml))	Brand	10/1/25	Addition
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL (*blood glucose calibration - liquid***)	Brand	10/1/25	Addition
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION (*blood glucose calibration - liquid***)	Brand	10/1/25	Addition
nilotinib hcl cap 150 mg (base equivalent)	Generic	5/25/25	Addition, generic for TASIGNA
nilotinib hcl cap 200 mg (base equivalent)	Generic	5/25/25	Addition, generic for TASIGNA
nilotinib hcl cap 50 mg (base equivalent)	Generic	5/25/25	Addition, generic for TASIGNA
OMVOH (mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml)	Brand	10/1/25	Addition
OMVOH (mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml)	Brand	10/1/25	Addition
ONETOUCH ULTRA (glucose blood test strip)	Brand	10/1/25	Removal
ONETOUCH ULTRA BLUE TESTSTRIP (glucose blood test strip)	Brand	10/1/25	Removal
ONETOUCH ULTRA CONTROL (*blood glucose calibration - liquid***)	Brand	10/1/25	Removal
ONETOUCH ULTRA CONTROL SOLUTION (*blood glucose calibration - liquid***)	Brand	10/1/25	Removal
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION (*blood glucose calibration - liquid***)	Brand	10/1/25	Removal
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION (*blood glucose calibration - liquid - high***)	Brand	10/1/25	Removal
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Brand	10/1/25	Removal
OPTIUMEZ TEST STRIPS (glucose blood test strip)	Brand	10/1/25	Addition
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH (*blood glucose calibration - liquid***)	Brand	10/1/25	Addition
PRECISION SOF-TACT TEST STRIPS (glucose blood test strip)	Brand	10/1/25	Addition
PRECISION XTRA (*blood glucose/ketone monitoring devices***)	Brand	10/1/25	Addition
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	10/1/25	Addition
PRETOMANID (pretomanid tab 200 mg)	Brand	10/1/25	Addition
PURIXAN (mercaptopurine susp 2000 mg/100ml (20 mg/ml))	Brand	10/1/25	Removal, generics available
PYRUKYND (mitapivat sulfate tab 20 mg)	Brand	10/1/25	Addition
PYRUKYND (mitapivat sulfate tab 5 mg)	Brand	10/1/25	Addition
PYRUKYND (mitapivat sulfate tab 50 mg)	Brand	10/1/25	Addition
PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 5 mg)	Brand	10/1/25	Addition
PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg)	Brand	10/1/25	Addition
PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg)	Brand	10/1/25	Addition
RIASTAP (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Brand	10/1/25	Addition
rivaroxaban for susp 1 mg/ml	Generic	7/6/25	Addition, generic for XARELTO
ROMVIMZA (vimseltinib cap 14 mg)	Brand	10/1/25	Addition
ROMVIMZA (vimseltinib cap 20 mg)	Brand	10/1/25	Addition
ROMVIMZA (vimseltinib cap 30 mg)	Brand	10/1/25	Addition
SCEMBLIX (asciminib hcl tab 100 mg)	Brand	10/1/25	Addition
SCEMBLIX (asciminib hcl tab 20 mg)	Brand	10/1/25	Addition
SCEMBLIX (asciminib hcl tab 40 mg)	Brand	10/1/25	Addition
SIRTURO (bedaquiline fumarate tab 100 mg (base equiv))	Brand	10/1/25	Addition
SIRTURO (bedaquiline fumarate tab 20 mg (base equiv))	Brand	10/1/25	Addition
SOOLANTRA (ivermectin cream 1%)	Brand	10/1/25	Removal, generics available
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Brand	10/1/25	Removal
ticagrelor tab 60 mg	Generic	5/4/25	Addition, generic for BRILINTA

continued

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Yorvipath Pen	PA+QL
Aqneursa suspension packet	PA+QL
Miplyffa capsules	PA+QL
Ustekinumab-aekn	PA+QL
Avmapki fakzynja co-pack	PA+QL
Yutrepia inhalation capsules	PA+QL
Leqselvi tablets	PA+QL
Merilog solution	PA
Hympavzi Pen	PA+QL
Ensacove capsules	PA+QL
Arbli oral suspension	ST+QL
Ibtrozi capsules	PA+QL
Bonsity pen	PA+QL
Nilotinib d-tartrate	PA+QL
Andembry pen	PA+QL
Imuldosa prefilled syringe	PA+QL
Zepbound 12.5 mg and 15 mg vial	PA+QL
Pyzchiva vial	PA+QL
Crenessity	PA+QL
Tryngolza	PA+QL
Fanapt Titration Pack B	ST+QL
Fanapt Titration Pack C	ST+QL
Ekterly tablets	PA+QL
Kerendia 40 mg tablets	PA+QL
Alhemo	PA
Basaglar	PA
Insulin Glargine 300 unit/ml	PA
Vanrafia	PA+QL
Blood Glucose Meters	ST
Alhemo	PA

Dispensing Limits

Medication Name	Dispensing Limit
Yorvipath pen	2 pens per 28 days
Aqneursa suspension packet	120 packets per 30 days
Miplyffa capsules	90 capsules per 30 days
Ustekinumab-aekn 45 mg	1 syringe per 84 days
Ustekinumab-aekn 90 mg	1 syringe per 56 days
Avmapki fakzynja co-pack	66 units per 28 days
Yutrepia 26.5 mg inhalation capsules	112 capsules per 28 days
Yutrepia 53 mg inhalation capsules	112 capsules per 28 days
Yutrepia 79.5 mg inhalation capsules	112 capsules per 28 days
Yutrepia 106 mg inhalation capsules	112 capsules per 28 days
Hydrocodone-Acetaminophen Soln 10-325 MG/15ML	2700 mls per 30 days
Hympavzi Pen	4 pens per 28 days
Leqselvi 8 mg tablets	60 tablets per 30 days
Ensacove 100 mg capsules	60 capsules per 30 days
Ensacove 25 mg capsules	30 capsules per 30 days

continued

Medication Name	Dispensing Limit
Arbli oral suspension	330 ml per 30 days
Ibtrozi capsules	90 capsules per 30 days
Bonsity Pen	1 pen per 28 days
Nilotinib d-tartrate 50 mg	120 capsules per 30 days
Nilotinib d-tartrate 150 mg	112 capsules per 28 days
Nilotinib d-tartrate 200 mg	112 capsules per 28 days
Andembry pen	1 pen per 30 days
Imuldosa prefilled syringe 45 mg	1 syringe per 84 days
Imuldosa prefilled syringe 90 mg	1 syringe per 56 days
Zepbound 12.5 mg vial	4 vials per 28 days
Zepbound 15 mg vial	4 vials per 28 days
Pyzchiva vial	1 vial per 84 days
Crenessity 25 mg capsule	60 capsules per 30 days
Crenessity 50 mg capsule	60 capsules per 30 days
Crenessity 100 mg capsule	60 capsules per 30 days
Crenessity oral solution	120 mls per 30 days
Tryngolza pen	1 pen per 28 days
Fanapt Titration Pack B	1 pack per 180 days
Fanapt Titration Pack C	1 pack per 180 days
Ekterly tablets	8 tablets per 30 days
Kerendia 40 mg tablets	30 tablets per 30 days
Vanrafia	30 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**