

# Blue Cross Blue Shield of North Dakota Drug List Updates



July 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8ml)	Brand	7/1/24	Removal
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2ml)	Brand	7/1/24	Removal
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg/0.4ml)	Brand	7/1/24	Removal
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg/0.8ml)	Brand	7/1/24	Removal
CETROTIDE (cetorelix acetate for inj kit 0.25 mg)	Brand	7/1/24	Removal, generics available
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml)	Brand	7/1/24	Removal, generics available
OMNIPOD 5 G6 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Brand	7/1/24	Addition
OMNIPOD 5 G6 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Brand	7/1/24	Addition
OMNIPOD 5 G7 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Brand	7/1/24	Addition
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Brand	7/1/24	Addition
OMNIPOD DASH INTRO KIT (GEN 4) (insulin infusion disposable pump kit)	Brand	7/1/24	Addition
OMNIPOD DASH PODS (GEN 4) (insulin infusion disposable pump reservoir)	Brand	7/1/24	Addition
ROZLYTREK (entrectinib pellet pack 50 mg)	Brand	7/1/24	Addition
XALKORI (crizotinib cap sprinkle 150 mg)	Brand	7/1/24	Addition
XALKORI (crizotinib cap sprinkle 20 mg)	Brand	7/1/24	Addition
XALKORI (crizotinib cap sprinkle 50 mg)	Brand	7/1/24	Addition
XOLAIR (omalizumab subcutaneous soln auto-injector 150 mg/ml)	Brand	2/18/24	Addition
XOLAIR (omalizumab subcutaneous soln auto-injector 300 mg/2ml)	Brand	2/18/24	Addition
XOLAIR (omalizumab subcutaneous soln auto-injector 75 mg/0.5ml)	Brand	2/18/24	Addition
XOLAIR (omalizumab subcutaneous soln prefilled syringe 300 mg/2ml)	Brand	2/18/24	Addition
ZURZUVAE (zuranolone cap 20 mg)	Brand	7/1/24	Addition
ZURZUVAE (zuranolone cap 25 mg)	Brand	7/1/24	Addition
ZURZUVAE (zuranolone cap 30 mg)	Brand	7/1/24	Addition

## Utilization Management Implementations

### Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Ingrezza (valbenazine), sprinkle capsule	PA+QL
Cyltezo (Adalimumab-ADB), 40 mg/0.4 ml pen	PA+QL
Ojemda (tovorafenib), tablets and oral suspension	PA+QL
Adalimumab-ADB, 40mg/0.8ml pen	PA+QL
Ogsiveo 100 mg and 150 mg tablets	PA+QL
Yuflyma (Adalimumab-AATY) 1-pen kit	PA+QL
Yuflyma (Adalimumab-AATY) 2-pen kit	PA+QL
Adalimumab-AATY 2-syringe kit	PA+QL
Winrevair (sotatercept-csrk) subcutaneous kit	PA+QL
Opsynvi (macitentan-tadalafil) tablets	PA+QL
Simlandi (adalimumab-RYVK) pen	PA+QL
Hemlibra 12 mg/0.4ml (30 mg/ml) (emicizumab-kxwh subcutaneous soln)	PA+QL
Zymfentra (infliximab-dyyb soln auto-injector) 120 mg/ml	PA+QL
Agamree (vamoraolone) oral suspension	PA+QL

continued

## Blue Cross Blue Shield of North Dakota Drug List Updates continued

### Dispensing Limits

Medication Name	Dispensing Limit
Ingrezza (valbenazine) sprinkle capsule, 40 mg	30 capsules per 30 days
Ingrezza (valbenazine) sprinkle capsule, 60 mg	30 capsules per 30 days
Ingrezza (valbenazine) sprinkle capsule, 80 mg	30 capsules per 30 days
Adalimumab-ADBM, Cyltezo 40 mg/0.4 ml pen	2 pens per 28 days
Ojemda (tovorafenib), oral suspension	96 ml per 28 days
Ojemda (tovorafenib), tablets	24 tablets per 28 days
Adalimumab-ADBM, 40mg/0.8ml pen	2 pens per 28 days
Ogsiveo (nirogacestat) 100 mg tablet	56 tablets per 28 days
Ogsiveo (nirogacestat) 150 mg tablet	56 tablets per 28 days
Yuflyma (Adalimumab-AATY) 1-pen kit	2 kits (2 pens) per 28 days
Yuflyma (Adalimumab-AATY) 2-pen kit	1 kit (2 pens) per 28 days
Adalimumab-AATY 2-syringe kit	1 kit (2 syringes) per 28 days
Winrevair (sotatercept-csrk) subcutaneous kit, 45 mg	1 kit per 21 days
Winrevair (sotatercept-csrk) subcutaneous kit, 60 mg	1 kit per 21 days
Winrevair (sotatercept-csrk) subcutaneous kit, 2 x 45 mg	1 kit per 21 days
Winrevair (sotatercept-csrk) subcutaneous kit, 2 x 60 mg	1 kit per 21 days
Opsynvi (macitentan-tadalafil) 10-20 mg tablets	30 tablets per 30 days
Opsynvi (macitentan-tadalafil) 10-40 mg tablets	30 tablets per 30 days
Simlandi (adalimumab-RYVK) pen	2 pens per 28 days
Thalomid (thalidomide) capsules 50 mg	90 capsules per 30 days
Thalomid (thalidomide) capsules 100 mg	120 capsules per 30 days
Hemlibra 12 mg/0.4ml (30 mg/ml) (emicizumab-kxwh subcutaneous soln)	Weight-based
Zymfentra (infliximab-dyyb soln auto-injector) 120 mg/ml	2 pens/syringes per 28 days
Agamree	300 ml per 30 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>