

Blue Cross Blue Shield of North Dakota Drug List Updates



April 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ALPHAGAN P (brimonidine tartrate ophth soln 0.1%)	Brand	4/1/24	Removal, generics available
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Brand	12/1/23	Addition
CIBINQO (abrocitinib tab 100 mg)	Brand	4/1/24	Addition
CIBINQO (abrocitinib tab 200 mg)	Brand	4/1/24	Addition
CIBINQO (abrocitinib tab 50 mg)	Brand	4/1/24	Addition
diazepam rectal gel delivery system 10 mg	Generic	10/29/23	Addition
diazepam rectal gel delivery system 20 mg	Generic	10/29/23	Addition
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM (continuous blood glucose system receiver)	Brand	11/12/23	Addition
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	Brand	4/1/24	Removal
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Brand	4/1/24	Removal
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Brand	4/1/24	Removal
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Brand	4/1/24	Removal
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Brand	4/1/24	Removal
KALYDECO (ivacaftor packet 5.8 mg)	Brand	4/1/24	Addition
NORDITROPIN FLEXPRO (somatropin solution pen-injector 10 mg/1.5ml)	Brand	4/1/24	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 15 mg/1.5ml)	Brand	4/1/24	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 30 mg/3ml)	Brand	4/1/24	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5ml)	Brand	4/1/24	Removal
OMNITROPE (somatropin for inj 5.8 mg)	Brand	12/1/23	Addition
OMNITROPE (somatropin inj 10 mg/1.5ml)	Brand	12/1/23	Addition
OMNITROPE (somatropin inj 5 mg/1.5ml)	Brand	12/1/23	Addition
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv))	Brand	4/1/24	Addition
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	Generic	1/7/24	Addition, generic for FORTEO
TIBSOVO (ivosidenib tab 250 mg)	Brand	4/1/24	Addition
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	Brand	4/1/24	Removal, generics available
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit)	Brand	12/31/23	Addition

continued

Blue Cross Blue Shield of North Dakota Drug List Updates continued

Utilization Management Implementations

Prior Authorizations and Step Therapy Programs

Medications	Utilization Management
Abilify Asimtufii (aripiprazole extended-release), prefilled syringe	PA
Abilify Maintena (aripiprazole extended-release), prefilled syringe	PA
Aristada (aripiprazole lauroxil extended-release), prefilled syringe	PA
Aristada Initio (aripiprazole lauroxil extended-release), prefilled syringe	PA
Invega Hafyera (paliperidone palmitate extended-release), prefilled syringe	PA
Invega Sustenna (paliperidone palmitate extended-release), prefilled syringe	PA
Invega Trinza (paliperidone palmitate extended-release), prefilled syringe	PA
Perseris (risperidone extended-release), prefilled syringe	PA
Risperdal Consta (risperidone microspheres extended-release), vial	PA
Rykindo (risperidone microspheres extended-release), vial	PA
Uzedy (risperidone extended-release), prefilled syringe	PA
Zyprexa Relprevv (olanzapine pamoate extended-release), vial	PA
Opfolda (miglustat), capsule	PA + QL
Insulin aspart flexpen, auto-injector	PA
Insulin aspart penfill, cartridge	PA
Insulin aspart, vial	PA
Insulin aspart protamine/insulin aspart mix flexpen, auto-injector	PA
Insulin aspart protamine/insulin aspart, vial	PA
Wainua (eplontersen), auto-injector	PA + QL
Zituvio (sitagliptin), tablet	PA
Iwilfin (eflornithine), tablet	PA + QL
Bosulif (bosutinib), capsule	PA + QL
Zepbound (tirzepatide), auto-injector	PA + QL

Dispensing Limits

Medication Name	Dispensing Limit
Opfolda (miglustat) 65 mg capsule	8 capsules per 28 days
Wainua (eplontersen) 45 mg/0.8 mL auto-injector	1 pen per 30 days
Hemlibra (emicizumab-kxwh) 300 mg/2 mL vial	4 vials per 28 days
Tramadol 25 mg tablet	240 tablets per 30 days
Iwilfin (eflornithine) 192 mg tablet	240 tablets per 30 days
Bosulif (bosutinib) 50 mg capsule	30 capsules per 30 days
Bosulif (bosutinib) 100 mg capsule	150 capsules per 30 days
Zepbound (tirzepatide) 2.5 mg/0.5 mL auto-injector	4 pens per 180 days
Zepbound (tirzepatide) 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL auto-injectors	4 pens 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>



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kojí' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)