

# Balanced Drug List – Updated 7/1/24

July 2024

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list is regularly updated. You can view the most up-to-date list, or the specialty drug list, at **MyPrime.com** or **bcbsmt.com**.

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## Introduction

Blue Cross and Blue Shield of Montana is pleased to present the 2024 Drug List. All available covered drugs are shown on the list. Drugs that are not shown are not covered. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

**Drug List updates** – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **MyPrime.com** or **bcbsmt.com** and log in or call the number on your ID card. Physicians can access the list from the provider portal at **bcbsmt.com**.

## How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from your health plan, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

## How member payment is determined

Generally, each prescription drug product is placed into one of up to six member payment tiers:

Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Depending on your benefit plan, drugs can either be in these tiers or you may have fewer tiers, e.g. all generics in one tier. Note: Some brands may be in a generic tier and some generics may be in a brand tier. To verify your payment amount for a drug, visit **MyPrime.com** and log in or call the number on your ID card.

**Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply.** For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit. Check your plan materials for details.

## How to use this list

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Note: most reference brand drugs (in parentheses) are not covered.

Example: **atorvastatin** (Lipitor – brand is not covered)

Brand drugs are shown in all CAPITAL letters followed by the generic name.

Example: NOVLOG – Insulin aspart inj 100 unit/ml

- Preferred Generics are marked with a “p” and shown in lower-case **boldface** type
- Non-Preferred Generics are marked with a “np” and shown in lower-case **boldface** type
- Preferred Brands are marked with a “P” and shown in all CAPITAL letters
- Non-Preferred Brands are marked with a “NP” and shown in all CAPITAL letters
- Preferred Specialty Drugs are marked with a “p, np, or P” and shown as lower-case **boldface** type or in all CAPITAL letters. These drugs are also marked as “SP” in the Special Requirements column.
- Non-Preferred Specialty Drugs are marked with a “NP” and shown in all CAPITAL letters. These drugs are also marked as “SP” in the Special Requirements column.
- Drugs that are also marked with a “+” indicate group-specific coverage. Please see your benefit plan materials for coverage details, or call the number on the back of your member ID card.

## Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

**Please note:** Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor’s office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

## Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Brand drugs may be removed from or moved to a higher tier on the drug list after a generic equivalent becomes available.

You may be responsible for your member cost-share payment amount (copay or coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic equivalent. Generic drugs generally have the lowest member payment amount.

### **Consider talking to your doctor about generic drugs**

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

## Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

**Over-the-counter exclusions:** Your benefit plan may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

**Compounded medications:** Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

**Repackaged medications:** Repackaged versions of medications already available on the market are not covered.

**Non FDA-approved drugs:** Drugs that have not received FDA approval are not covered.

**Prior Authorization (PA):** Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a "PA" under the Special Requirements column. Some plans may have prior authorization on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Step Therapy (ST):** Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required, it will generally be noted next to the medication with an "ST" under the Special Requirements column. Some plans may have step therapy programs on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Dispensing Limits (DL)/Quantity Limits (QL):** Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a "QL" under the Special Requirements column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows.\* Some plans may have a dispensing limit on additional medications beyond those noted in this document. For a list of medications and their dispensing limits, visit **MyPrime.com** or **bcbsmt.com**.

\*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

**ACA Preventive (ACA):** Medicines marked as “AC” in the Special Requirements column are under the Affordable Care Act coverage of preventive services. These products may have limited or \$0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. Coverage may vary based on benefit plan.

You, or your prescribing health care provider, can submit a copay waiver or coverage exception request for ACA preventive medicines by calling the number on your ID card to ask for a review. If you meet the conditions as outlined under the ACA regulations, you may have \$0 member cost-sharing (copay or coinsurance). BCBSMT will let you, and your prescriber, know the coverage decision after they receive your request. If the request is denied, BCBSMT will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

**Remember, medication decisions are between you and your doctor.** Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. Blue Cross and Blue Shield of Montana does not provide health care services and, therefore, cannot guarantee any results or outcomes.

## Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. Medications administered by a health care professional are not covered under the pharmacy benefit. For a current list of specialty medications, visit **MyPrime.com** or **bcbsmt.com**.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. Your plan may have a different coverage level for self-administered specialty drugs. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on your ID card.

Blue Cross and Blue Shield of Montana is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. BCBSMT contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

## Abbreviation key

<b>aer</b> .....	aerosol	<b>nebu</b> .....	nebulizer
<b>cap</b> .....	capsules	<b>odt</b> .....	orally disintegrating tablets
<b>chew</b> .....	chewable	<b>oint</b> .....	ointment
<b>conc</b> .....	concentrate	<b>ophth</b> .....	ophthalmic
<b>cr</b> .....	controlled release	<b>osm</b> .....	osmotic release
<b>dr</b> .....	delayed release	<b>pack</b> .....	packets
<b>ec</b> .....	enteric coated	<b>powd</b> .....	powder
<b>equiv</b> .....	equivalent	<b>pttw</b> .....	twice-weekly patch
<b>er</b> .....	extended release	<b>sl</b> .....	sublingual
<b>gm</b> .....	gram	<b>soln</b> .....	solution
<b>inhal</b> .....	inhaler	<b>suppos</b> .....	suppositories
<b>inj</b> .....	injection	<b>susp</b> .....	suspension
<b>liqd</b> .....	liquid	<b>tab</b> .....	tablets
<b>mg</b> .....	milligram	<b>td</b> .....	transdermal
<b>ml</b> .....	milliliter	<b>w/</b> .....	with

## Exception Process

You, or your prescribing health care provider, can ask for a Drug List exception if your drug is not on the Drug List. To request this exception, you, or your prescriber, can call the number on your ID card to ask for a review. BCBSMT will let you, your prescriber (or authorized representative), know the coverage decision within seven calendar days after they receive your request. If the coverage request is denied, BCBSMT will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

If you have a health condition that may jeopardize your life, health or keep you from regaining function, or your current drug therapy uses a non-covered drug, you, or your prescriber, may be able to ask for an expedited review process. BCBSMT will let you, and your prescriber, know the coverage decision within 24 calendar hours after they receive your request for an expedited review. If the coverage request is denied, BCBSMT will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

Call the number on your ID card if you have any questions.

If you or your prescriber are asking for a copay waiver or coverage exception request for an ACA preventive product, please see the ACA preventive section.



**Health care coverage is important for everyone.**

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St., 35<sup>th</sup> Floor  
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

**To receive language or communication assistance free of charge, please call us at 855-710-6984.**

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंद	ननि:शुल्क भाषा या सिंचार स ायता प्राप्त करने के लिए, कृपया में 855-710-6984 पर कॉि करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Nin1: Doo bilag1ana bizaad dinits'1'g00, sh1 ata' hodooni n7n7zingo, t'11j77k'eh bee n1haz'1. 1-866-560-4042 j8' hod7ilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، برا ہیکرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.