BlueCross BlueShield of Montana

2027 Pharmacy Benefit Drug List Changes

Starting January 1, 2027, some prescription drugs may:

- Move to a higher or lower drug tier
- Be added or removed from the drug list
- Have a new special requirement

Below is a list of drugs in alpha order that will have one of these changes made. *If you have a keyboard, you can search for a drug name by using the Control and F keys, or go to Edit in the drop-down menu and select Find/Search. Type in the word or phrase you are looking for and click on Search.*

What you need to know:

- Talk with your health care provider if any of these changes affect drugs you're currently using.
- Coverage for new drugs added to your plan will begin when your plan renews or starts on or after January 1, 2027.
- If your drug has been removed from coverage, ask your provider about your options. Often, a covered generic or brand alternative may be available.
- If your drug has moved to a higher drug tier (e.g. tier 03 to tier 04), ask your provider if a lower-cost alternative might be right for you.
- Your out-of-pocket costs may be less for drugs that move to a lower drug tier (e.g. tier 02 to tier 01).
- If your drug has a new special requirement, your provider may need to submit a request to us before you may receive coverage.
- Call the Customer Service number listed on your Member ID card if you have any questions.

Pharmacy Benefit Drug List Changes – Effective on or after January 1, 2027

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2026 Drug Tier *	2027 Drug Tier *	Special Requirements **
ALPRAZOLAM TAB 2 MG ER	Anxiolytics			X	2	1	
ALPRAZOLAM TAB 2 MG XR	Anxiolytics			X	2	1	
AMANTADINE CAP 100 MG	Antiparkinson Agents, Other			X	2	1	
AMITRIPTYLIN TAB 150 MG	Tricyclics			X	2	1	
AMOX/K CLAV SUS 400/5 ML	Beta-lactam, Penicillins			X	2	1	
AMPHET/DEXTR CAP 15 MG ER	Attention Deficit Hyperactivity Disorder Agents, Amphetamines			X	2	1	QL
AMPHET/DEXTR TAB 10 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines			X	2	1	QL
ARANELLE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	4	
ARIPIPRAZOLE TAB 30 MG	2nd Generation/Atypical			X	2	1	QL

* Drug Tier Key: 01=Preferred Generic, 02=Non-Preferred Generic, 03=Preferred Brand, 04=Non-Preferred Brand, 05=Preferred Specialty, 06=Non-Preferred Specialty, N/A=Does/did not apply

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Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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ASHLYNA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
AUSTEDO TAB 6 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO TAB 9 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO TAB 12 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 6 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 12 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 18 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 24 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 30 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 36 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 42 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB 48 MG	Central Nervous System, Other		X		6		PA, QL
AUSTEDO XR TAB TITR KIT	Central Nervous System, Other		X		6		PA, QL
BACIT/POLYMY OIN OP	Ophthalmic Anti-Infectives			X	1	4	
BALZIVA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
BENAZEP/HCTZ TAB 10-12.5	Cardiovascular Agents, Other			X	2	1	
BETA DIPROP LOT 0.05%	Dermatitis and Pruitus Agents		X		2		QL
BETA DIPROP OIN 0.05%	Dermatitis and Pruitus Agents		X		2		QL
BICALUTAMIDE TAB 50 MG	Antiandrogens			X	1	2	
BISOPROL FUM TAB 10 MG	Beta-adrenergic Blocking Agents			X	2	1	
BRIELLYN TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
CAMRESE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
CARB/LEVO TAB 25-100 MG	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			X	2	1	
CARTIA XT CAP 300/24HR	Calcium Channel Blocking Agents, Nondihydropyridines			X	2	1	
CEFDINIR SUS 250/5 ML	Beta-lactam, Cephalosporins			X	2	1	
CEFUROXIME TAB 500 MG	Beta-lactam, Cephalosporins			X	2	1	
CEPHALEXIN SUS 125/5 ML	Beta-lactam, Cephalosporins			X	2	1	
CICLODAN SOL 8%	Antifungals			X	2	1	PA, QL
CICLOPIROX SOL 8%	Antifungals			X	2	1	PA, QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2026 Drug Tier *	2027 Drug Tier *	Special Requirements **
CLOBETASOL CRE 0.05%	Dermatitis and Pruitus Agents			X	2	1	QL
CLOBETASOL OIN 0.05%	Dermatitis and Pruitus Agents			X	2	1	QL
CLOTRIM/BETA CRE DIPROP	Dermatological Agents, Other			X	2	1	
CLOZAPINE TAB 25 MG	Treatment-Resistant			X	1	2	QL
DAYSEE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
DICLOFEN POT TAB 50 MG	Nonsteroidal Anti-inflammatory Drugs			X	2	1	
DILTIAZEM CAP 300 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines			X	2	1	
DILTIAZEM TAB 90 MG	Calcium Channel Blocking Agents, Nondihydropyridines			X	2	1	
DISKETS TAB 40 MG	Analgesics (Drugs for Pain)		X		2		
DOXEPIN HCL CON 10 MG/ML	Tricyclics			X	1	4	
EDURANT TAB 25 MG	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		X		4		QL
ERYTHROMYCIN GEL 2%	Macrolides			X	2	4	QL
ESTRADIOL CRE 0.01%	Estrogens			X	2	1	
EVEROLIMUS TAB 2.5 MG	Molecular Target Inhibitors		X		5		PA, QL ***
EVEROLIMUS TAB 5 MG	Molecular Target Inhibitors		X		5		PA, QL ***
EVEROLIMUS TAB 7.5 MG	Molecular Target Inhibitors		X		5		PA, QL ***
EVEROLIMUS TAB 10 MG	Molecular Target Inhibitors		X		5		PA, QL ***
FARXIGA TAB 5 MG	Antidiabetic Agents		X		3		
FARXIGA TAB 10 MG	Antidiabetic Agents		X		3		
FINGOLIMOD CAP 0.5 MG	Multiple Sclerosis Agents		X		5		QL ***
FLUCONAZOLE SUS 10 MG/ML	Antifungals			X	2	1	
FLUOXETINE TAB 20 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors			X	2	1	

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FLUTICASONE CRE 0.05%	Dermatitis and Pruitus Agents			X	2	1	
FUROSEMIDE SOL 10 MG/ML	Diuretics, Loop			X	1	4	
FYCOMPA SUS 0.5 MG/ML	Anticonvulsants, Other		X		4		
GLASSIA INJ 1000 MG/50 ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment (Drugs for Generic or Enzyme Disorders)				6	6	PA
GLASSIA INJ 4 GM/200 ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment (Drugs for Generic or Enzyme Disorders)				6	6	PA
GLASSIA INJ 5 GM/250 ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment (Drugs for Generic or Enzyme Disorders)				6	6	PA
GLEOSTINE CAP 10 MG	Alkylating Agents		X		5		
GLEOSTINE CAP 40 MG	Alkylating Agents		X		5		
GLEOSTINE CAP 100 MG	Alkylating Agents		X		5		
GLYCOPYRROL TAB 1 MG	Antispasmodics, Gastrointestinal			X	2	1	
GUANFACINE TAB 1 MG	Alpha-adrenergic Agonists			X	2	1	
HALOPERIDOL TAB 2 MG	1st Generation/Typical			X	2	1	
HALOPERIDOL TAB 5 MG	1st Generation/Typical			X	2	1	
HALOPERIDOL TAB 10 MG	1st Generation/Typical			X	2	1	
HYDROXYCHLOR TAB 200 MG	Antiprotozoals			X	2	1	
HYDROXYUREA CAP 500 MG	antineoplastics, Other			X	2	1	
IMATINIB MES TAB 100 MG	Molecular Target Inhibitors		X		5		PA, QL***
IMATINIB MES TAB 400 MG	Molecular Target Inhibitors		X		5		PA, QL ***
IPRATROPIUM SOL 0.02% INH	Bronchodilators, Anticholinergic			X	1	2	QL
ISONIAZID TAB 100 MG	Antituberculars			X	1	2	
ISONIAZID TAB 300 MG	Antituberculars			X	1	2	
ISOSORB MONO TAB 10 MG	Vasodilators, Direct-acting Arterial/Venous			X	1	2	
ISOSORB MONO TAB 20 MG	Vasodilators, Direct-acting Arterial/Venous			X	1	2	

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JAIMIESS TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
JANUMET TAB 50-500 MG	Antidiabetic Agents		X		3		QL
JANUMET TAB 50-1000 MG	Antidiabetic Agents		X		3		QL
JANUMET XR TAB 50-500 MG	Antidiabetic Agents		X		3		QL
JANUMET XR TAB 50-1000 MG	Antidiabetic Agents		X		3		QL
JANUMET XR TAB 100-1000 MG	Antidiabetic Agents		X		3		QL
JANUVIA TAB 25 MG	Antidiabetic Agents		X		3		QL
JANUVIA TAB 50 MG	Antidiabetic Agents		X		3		QL
JANUVIA TAB 100 MG	Antidiabetic Agents		X		3		QL
KETOCONAZOLE CRE 2%	Antifungals			X	2	1	QL
KLOR-CON 8 TAB 8 MEQ ER	Electrolyte/Mineral Replacement		X		1		
KLOR-CON 10 TAB 10 MEQ ER	Electrolyte/Mineral Replacement		X		1		
LABETALOL TAB 200 MG	Beta-adrenergic Blocking Agents			X	2	1	
LEUCOVORIN CALCIUM TAB 5 MG	Antineoplastics (Drugs for Cancer)				2	2	PA, QL
LEUCOVORIN CALCIUM TAB 15 MG	Antineoplastics (Drugs for Cancer)				2	2	PA, QL
LEUCOVORIN CALCIUM TAB 25 MG	Antineoplastics (Drugs for Cancer)				2	2	PA, QL
LEVETIRACETA TAB 750 MG	Anticonvulsants, Other			X	2	1	
LEVONOR/ETHI TAB ESTRADIO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
LIOMNY TAB 25 MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	2	1	
LIOTHYRONINE TAB 25MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	2	1	
LOKELMA PAK 5 GM	Electrolytes/Minerals/Metals/Vitamins				3	3	QL
LOKELMA PAK 10 GM	Electrolytes/Minerals/Metals/Vitamins				3	3	QL
MAVENCLAD PAK 10 MG (4)	Multiple Sclerosis Agents		X		5		PA, QL
MAVENCLAD PAK 10 MG (5)	Multiple Sclerosis Agents		X		5		PA, QL
MAVENCLAD PAK 10 MG (6)	Multiple Sclerosis Agents		X		5		PA, QL
MAVENCLAD PAK 10 MG (7)	Multiple Sclerosis Agents		X		5		PA, QL
MAVENCLAD PAK 10 MG (8)	Multiple Sclerosis Agents		X		5		PA, QL

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MAVENCLAD PAK 10 MG (9)	Multiple Sclerosis Agents		X		5		PA, QL
MAVENCLAD PAK 10 MG (10)	Multiple Sclerosis Agents		X		5		PA, QL
MEGESTROL AC TAB 40 MG	Progestins			X	2	1	
MEMANT TITRA PAK 5-10 MG	N-methyl-D-aspartate (NMDA) Receptor Antagonist			X	2	4	
MESALAMINE CAP 400 MG DR	Aminosalicylates			X	2	4	
MESALAMINE CAP 400 MG DR	Inflammatory Bowel Disease Agents (Drugs for Inflammatory Bowel Disease)				2	2	QL
MESALAMINE SUP 1000 MG	Inflammatory Bowel Disease Agents (Drugs for Inflammatory Bowel Disease)				2	2	QL
MESALAMINE TAB 1.2 GM	Inflammatory Bowel Disease Agents (Drugs for Inflammatory Bowel Disease)				2	2	QL
METHOTREXATE INJ 1 GM/40 ML	Immunosuppressants			X	2	1	
MIDODRINE TAB 2.5 MG	Alpha-adrenergic Agonists			X	2	1	
MORPHINE SUL TAB 15 MG ER	Opioid Analgesics, Long-acting			X	1	2	QL
MOXIFLOXACIN SOL HCL 0.5%	Ophthalmic Anti-Infectives			X	2	1	
NADOLOL TAB 20 MG	Beta-adrenergic Blocking Agents			X	2	1	
NALOXONE INJ 0.4 MG/ML	Opioid Reversal Agents			X	2	1	
NARATRIPTAN TAB 2.5 MG	Serotonin (5-HT) Receptor Agonist			X	2	1	QL
NEO/POLY/BAC OIN /HC 1% OP	Ophthalmic Agents, Other			X	2	4	
NEO/POLY/BAC OIN OP	Ophthalmic Anti-Infectives			X	2	4	
NEULASTA INJ 4/0.4 ML	Blood Products and Modifiers, Other		X		5		
NEULASTA INJ 6/0.6 ML	Blood Products and Modifiers, Other		X		5		
NIACIN ER TAB 500 MG	Dyslipidemics, Other			X	2	1	
NIFEDIPINE TAB 90 MG ER	Calcium Channel Blocking Agents, Dihydropyridines			X	2	1	
NITROFUR MAC CAP 100 MG	Antibacterials, Other			X	2	1	
OFEV CAP 100 MG	Pulmonary Fibrosis Agents		X		6		PA, QL
OFEV CAP 150 MG	Pulmonary Fibrosis Agents		X		6		PA, QL
OLANZAPINE TAB 20 MG	2nd Generation/Atypical			X	2	1	QL
OPSUMIT TAB 10 MG	Pulmonary Antihypertensives		X		5		PA, QL
OSELTAMIVIR CAP 45 MG	Anti-influenza Agents			X	2	1	QL
OSELTAMIVIR CAP 75 MG	Anti-influenza Agents			X	2	1	QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2026 Drug Tier *	2027 Drug Tier *	Special Requirements **
PHENOBARB TAB 32.4 MG	Gamma-aminobutyric Acid (GABA) Modulating Agents			X	2	1	
PHENOBARB TAB 64.8 MG	Gamma-aminobutyric Acid (GABA) Modulating Agents			X	2	1	
PHENOBARB TAB 97.2 MG	Gamma-aminobutyric Acid (GABA) Modulating Agents			X	2	1	
PHILITH TAB 0.4-35	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
POMALYST CAP 1 MG	Antiangiogenic Agents		X		5		PA, QL
POMALYST CAP 2 MG	Antiangiogenic Agents		X		5		PA, QL
POMALYST CAP 3 MG	Antiangiogenic Agents		X		5		PA, QL
POMALYST CAP 4 MG	Antiangiogenic Agents		X		5		PA, QL
PRAZOSIN HCL CAP 5 MG	Alpha-adrenergic Blocking Agents			X	2	1	
PREMARIN TAB 0.3 MG	Estrogens		X		3		
PREMARIN TAB 0.45 MG	Estrogens		X		3		
PREMARIN TAB 0.625 MG	Estrogens		X		3		
PREMARIN TAB 0.9 MG	Estrogens		X		3		
PREMARIN TAB 1.25 MG	Estrogens		X		3		
PRIMIDONE TAB 250 MG	Gamma-aminobutyric Acid (GABA) Modulating Agents			X	2	1	
PROPRANOLOL CAP 120 MG ER	Beta-adrenergic Blocking Agents			X	2	1	
QNAPRIL/HCTZ TAB 20-12.5	Cardiovascular Agents, Other			X	2	4	
QUETIAPINE TAB 300 MG ER	2nd Generation/Atypical			X	2	1	QL
RALOXIFENE TAB 60 MG	Selective Estrogen Receptor Modifying Agents			X	2	1	
RISEDRONATE TAB 35 MG	Metabolic Bone Disease Agents			X	2	1	
SAVELLA MIS TITR PAK	Fibromyalgia Agents		X		3		QL
SAVELLA TAB 12.5 MG	Fibromyalgia Agents		X		3		QL
SAVELLA TAB 25 MG	Fibromyalgia Agents		X		3		QL
SAVELLA TAB 50 MG	Fibromyalgia Agents		X		3		QL
SAVELLA TAB 100 MG	Fibromyalgia Agents		X		3		QL
SELENIUM SUL LOT 2.5%	Dermatitis and Pruitus Agents			X	1	4	
SEREVENT DIS AER 50 MCG	Bronchodilators, Sympathomimetic	X				3	
SIMPESSE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
SOTALOL HCL TAB 160 MG	Antiarrhythmics			X	2	1	

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SOTALOL HCL TAB 240 MG	Antiarrhythmics			X	2	1	
SUCRALFATE TAB 1 GM	Protectants			X	2	1	
TELMISARTAN TAB 40 MG	Angiotensin II Receptor Antagonists			X	2	1	
TEMOZOLOMIDE CAP 5 MG	Antineoplastics (Drugs for Cancer)		X		5		PA ***
TEMOZOLOMIDE CAP 20 MG	Antineoplastics (Drugs for Cancer)		X		5		PA ***
TEMOZOLOMIDE CAP 100 MG	Antineoplastics (Drugs for Cancer)		X		5		PA ***
TEMOZOLOMIDE CAP 140 MG	Antineoplastics (Drugs for Cancer)		X		5		PA ***
TEMOZOLOMIDE CAP 180 MG	Antineoplastics (Drugs for Cancer)		X		5		PA ***
TEMOZOLOMIDE CAP 250 MG	Antineoplastics (Drugs for Cancer)		X		5		PA ***
TIAGABINE TAB 12 MG	Gamma-aminobutyric Acid (GABA) Modulating Agents			X	2	4	
TIAGABINE TAB 16 MG	Gamma-aminobutyric Acid (GABA) Modulating Agents			X	2	4	
TORPENZ TAB 2.5 MG	Molecular Target Inhibitors		X		5		PA, QL ***
TORPENZ TAB 5 MG	Molecular Target Inhibitors		X		5		PA, QL ***
TORPENZ TAB 7.5 MG	Molecular Target Inhibitors		X		5		PA, QL ***
TORPENZ TAB 10 MG	Molecular Target Inhibitors		X		5		PA, QL ***
TRIAMCINOLON LOT 0.025%	Dermatitis and Pruitus Agents			X	2	4	
UDENYCA INJ 6 MG/0.6	Blood Products and Modifiers, Other	X				5	
UDENYCA ONBO INJ 6/0.6 ML	Blood Products and Modifiers, Other	X				5	
VALACYCLOVIR TAB 1 GM	Antiherpetic Agents			X	2	1	
VALSART/HCTZ TAB 320-12.5	Cardiovascular Agents, Other			X	2	1	
VALSART/HCTZ TAB 320-25 MG	Cardiovascular Agents, Other			X	2	1	
VELTASSA POW 1 GM	Potassium Binders		X		3		QL
VELTASSA POW 8.4 GM	Potassium Binders		X		3		QL
VELTASSA POW 16.8 GM	Potassium Binders		X		3		QL
VELTASSA POW 25.2 GM	Potassium Binders		X		3		QL
VYFEMLA TAB 0.4-35	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	2	1	QL
XELJANZ SOL 1 MG/ML	Immunological Agents, Other		X		5		PA, QL

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** Special Requirements Key: PA=added to Prior Authorization program, ST=added to Step Therapy program, QL=new Dispensing/Quantity Limit applied

*** The following NDCs must be filled at SortPak Pharmacy. Call 877-570-7787:
82249002090, 82249002130, 82249038530, 82249040405, 82249040414, 82249040605, 82249040614, 82249040805, 82249040814, 82249041005, 82249041014, 82249041205, 82249041214, 82249041405, 82249061030, 82249061130, 82249061230, 82249061330

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2026 Drug Tier *	2027 Drug Tier *	Special Requirements **
XELJANZ TAB 5 MG	Immunological Agents, Other		X		5		PA, QL
XELJANZ TAB 10 MG	Immunological Agents, Other		X		5		PA, QL
XELJANZ XR TAB 11 MG	Immunological Agents, Other		X		5		PA, QL
XELJANZ XR TAB 22 MG	Immunological Agents, Other		X		5		PA, QL
ZOLPIDEM ER TAB 12.5 MG	Sleep Promoting Agents			X	2	1	QL
ZONISAMIDE CAP 100 MG	Sodium Channel Agents			X	2	1	
ZYLET SUS 0.5-0.3%	Ophthalmic Agents, Other		X		4		

This list is not all inclusive and may be subject to change. Product names are the property of their respective owners.

Treatment decisions are always between you and your provider. Coverage is subject to the terms and limits noted in your benefit materials. See your plan materials for details.

Blue Cross and Blue Shield of Montana contracts with Prime Therapeutics LLC to provide pharmacy solutions. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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