BlueCross BlueShield of Montana

January 2027

Medical Drug Benefit Program Summary

This summary applies to certain medical benefit prescription drugs. These prescription drugs are those that must be given to you by a health care professional in a clinical or professional setting.

The summary shows non-covered drugs or non-covered drug program categories. In some cases, it lists their therapeutic alternatives. The lists in this summary are regularly reviewed and updated.

Some drugs listed as non-covered under the medical benefit may be covered through your pharmacy benefit, depending on your benefit plan. Check your plan benefits.

How to use these lists

- Check if your drug is covered or non-covered on your medical benefit. Drugs are listed by program category.
- If your medication is non-covered on your medical benefit, talk to your health care provider about your treatment options.
- You, an authorized representative or your provider can also ask for a coverage exception.

Coverage exception requests

To start the coverage exception process, you, your authorized representative or your health care provider can call Customer Service at the toll-free number on your member ID card. Your provider can also fill out and submit the Medical Drug Benefit Program Coverage Exception Request form. You and your provider will be told if the request is approved or denied.

Program categories

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1. Therapeutic Alternatives

Certain drugs have therapeutic equivalents or therapeutic alternatives that are used to treat the same condition. Your Blue Cross and Blue Shield of Montana health plan benefits may only cover these select therapeutic alternatives. This list identifies those non-covered products and their covered therapeutic alternative.

Non-Covered Product	Therapeutic Alternative (Covered)
Actemra	Avtozma, Tyenne
Alyglo	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Alymsys	Mvasi, Vegzelma, Zirabev
Armlupeg	Fulphila, Udenyca, Udenyca On-Body
Asceniv	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Aukelso	Bilprevda, Osenvelt, Xtrenbo
Avastin	Mvasi, Vegzelma, Zirabev
Avzivi	Mvasi, Vegzelma, Zirabev
Bivigam	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Bomyntra	Bilprevda, Osenvelt, Xtrenbo
Boncresa	Bildyos, Enoby, Stoboclo
Bosaya	Bildyos, Enoby, Stoboclo

Non-Covered Product	Therapeutic Alternative (Covered)
Cerezyme	Vpriv
Conexxence	Bildyos, Enoby, Stoboclo
Cuvitru	Cutaquig, Hizentra, HyQvia, Xembify
Elelyso	Vpriv
Ennumo	Fulphila, Udenyca, Udenyca On-Body
Filkri	Nivestym, Zarxio
Flebogamma	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Fylnetra	Fulphila, Udenyca, Udenyca On-Body
Gammagard S/D	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Gammaplex	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Granix	Nivestym, Zarxio
Herceptin Hylecta	Ogivri, Ontruzant, Trazimera
Herceptin	Ogivri, Ontruzant, Trazimera
Hercessi	Ogivri, Ontruzant, Trazimera
Herzuma	Ogivri, Ontruzant, Trazimera
Jobevne	Mvasi, Vegzelma, Zirabev
Jubbonti	Bildyos, Enoby, Stoboclo
Jubereq	Bilprevda, Osenvelt, Xtrenbo
Kanjinti	Ogivri, Ontruzant, Trazimera
Neulasta	Fulphila, Udenyca, Udenyca On-Body

Non-Covered Product	Therapeutic Alternative (Covered)
Neulasta Onpro	Fulphila, Udenyca, Udenyca On-Body
Neupogen	Nivestym, Zarxio
Nypozi	Nivestym, Zarxio
Nyvepria	Fulphila, Udenyca, Udenyca On-Body
Ospomyv	Bildyos, Enoby, Stoboclo
Osvyrti	Bildyos, Enoby, Stoboclo
Oziltus	Bilprevda, Osenvelt, Xtrenbo
Panzyga	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Ponlimsi	Bildyos, Enoby, Stoboclo
Prolia	Bildyos, Enoby, Stoboclo
Qivigy	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Releuko	Nivestym, Zarxio
Remicade Unbranded Infliximab	Avsola, Inflectra
Renflexis	Avsola, Inflectra
Rituxan	Riabni, Ruxience
Rituxan Hycela	Riabni, Ruxience
Rolvedon	Fulphila, Udenyca, Udenyca On-Body
Ryzneuta	Fulphila, Udenyca, Udenyca On-Body
Stimufend	Fulphila, Udenyca, Udenyca On-Body
Tofidence	Avtozma, Tyenne

Non-Covered Product	Therapeutic Alternative (Covered)
Truxima	Riabni, Ruxience
Wyost	Bilprevda, Osenvelt, Xtrenbo
Xbryk	Bilprevda, Osenvelt, Xtrenbo
Xgeva	Bilprevda, Osenvelt, Xtrenbo
Yimmugo	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen
Ziextenzo	Fulphila, Udenyca, Udenyca On-Body
Zimrixby	Riabni, Ruxience

2. New-to-Market Drugs

New-to-Market drugs include newly approved drugs, biologics, biosimilars, formulations, combination products, new methods of administration and new indications approved and posted by the U.S. Food and Drug Administration. These drugs are not covered until they are reviewed by BCBSMT. This allows BCBSMT the time to make sure that there are clinical, coverage, coding, benefit review and patient support processes in place.

Once the review process is completed, a medical policy may be posted. Drugs are no longer considered new-to-market once BCBSMT has determined final coverage status and, if applicable, established prior authorization review criteria.

3. FDA Accelerated Approval Drugs

Drugs that have been approved through the FDA's accelerated approval program are subject to review by BCBSMT. These drugs are not covered until they are reviewed by BCBSMT.

Once the review process is completed, a medical policy may be posted. Drugs will be removed from this list once BCBSMT has determined final coverage status and, if applicable, established prior authorization review criteria.

Non-Covered Accelerated Approval Product
Amondys 45
Avlayah
Exondys 51
Genglycos
Kebilidi
Kresladi
Loargys
Qalsody
Skysona
Viltepso
Vyondys 53

4. Limited Medical Benefit Coverage

Certain drugs may not be covered under the medical benefit. Some drugs may only be covered for a set time, dose or number of treatments, when a self-administered formulation of the drug is available. Self-administered drugs are prescription drugs that you can take on your own. These self-administered drugs may be covered under your pharmacy benefit.

Pharmacy Benefit Coverage
Fasenra
Nucala
Tezspire
Xolair

Third-party brand names are the property of their respective owners.

Please note: The drugs included in the Medical Drug Benefit Program may be subject to a preservice or post-service review. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract as well as any associated medical policy to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between this Summary or a medical policy and a member's benefit plan, summary plan description or contract, then the benefit plan, summary plan description or contract will govern.**

Revision History	
Date	**Description of Change**
1/1/2027	Document updated. The following changes were made: 1) Added New-to-Market Drugs section; 2) Added FDA Accelerated Approval Drugs; 3) Added Limited Medical Benefit Coverage Drugs; and 4) Updated the Therapeutic Alternatives Drug List to include the following non-covered drugs: Armlupeg, Bomyntra, Boncresa, Bosaya, Conexxence, Ennumo, Filkri, Jubbonti, Jubereq, Kanjinti, Neulasta, Neulasta Onpro, Ospomyv, Osvyrti, Oziltus, Ponlimsi, Prolia, Qivigy, Ryzneuta, Tofidence, Truxima, Wyost, Xbryk, Xgeva, Zimrixby
1/1/2026	New Document