



Health Ins. Market Individual Small Group 4 T Formulary

January 2025 Plan Year
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The formulary is regularly updated. Please visit bcbsnd.com or Prime Therapeutics website at www.MyPrime.com for the most up-to-date information.

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Introduction

The Blue Cross Blue Shield of North Dakota (BCBSND) BlueValue formulary contains covered drugs for a broad range of diseases.

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). The reference brand is a non-formulary (non-preferred) drug. Some generic products have no reference brand.

Brand prescription drugs are shown in capital letters followed by the generic name.

The BCBSND BlueValue formulary is organized into broad categories (e.g. Anti-Infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. Penicillins) or by use for a specific medical condition (e.g. Diabetes).

To save the most money on prescription drugs, take this formulary with you each time you visit your provider. Consider asking your provider to prescribe generic and formulary drugs, if appropriate. Any and all decisions that require or pertain to independent professional medical judgment or training, or the need for, and dosage of, a prescription drug, must be made solely by you and your provider in accordance with the patient/provider relationship.

The current version of this formulary is available at the BCBSND website at **bcbsnd.com** or by calling the customer service number listed on your identification card. **Online pharmacy tools** are available through the Prime Therapeutics website at **www.MyPrime.com**. BCBSND members can find drug cost estimates or check if a particular drug is on the BCBSND formulary.

Please refer to your benefit materials for coverage details and the plan website for current information as this formulary list will be reviewed periodically and is subject to change.

How formulary drugs are selected

Formulary drugs 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).

Drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Newly marketed prescription drugs will not be covered until the Committee has had an opportunity to review the drug to determine whether the drug will be covered and, if so, which tier will apply. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 90-day supply of medication, with some exceptions. Some plans may exclude coverage for certain agents or drug categories, like those used for sexual dysfunction (example: Viagra) or infertility (example: Follistim AQ). You should refer to your benefit plan booklet for details about your particular benefits.

Tiers

This prescription benefit is multi-tiered, placing prescription drugs into one of four copay/coinsurance levels:

- Tier 1 – Generic
- Tier 2 – Preferred Brand
- Tier 3 – Non-preferred Brand
- Tier 4 – Specialty

Note: If a drug displays an “A” in the Drug Tier column, this indicates the drug may only be covered if a member meets the criteria for \$0 copay under the Affordable Care Act.

Affordable Care Act

Drugs marked in the ACA column are covered at \$0 cost share when meeting the conditions outlined under the Affordable Care Act. Examples of categories of drugs that may be subject to limited or \$0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, tobacco cessation, vaccines, vitamin D supplements, HIV Pre-exposure prophylaxis (PrEP), and some contraceptive drugs and devices. If you do not find the drug you are searching for, consult or contact BCBSND to find out if the drug is available over the counter or is covered under your medical benefit.

Specialty Products

Specialty Products are medications or drugs that may have other considerations such as special drug administration, limited availability, unique delivery and dispensing, or unique and/or required patient support or monitoring that are generally high cost.

Limited Distribution

Drugs marked as “Limited Distribution” have restrictions on where you may fill them, as only a limited number of pharmacies may have access to them. This may include requiring the use of a designated pharmacy to fill a prescription.

Step Therapy

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. If a step therapy is required for a medication listed in this document, it will be noted next to the medication with a dot under the Step Therapy column.

Prior Approval

Your benefit plan may require prior approval for certain drugs that are high-cost or have the potential for misuse. This means that your doctor will need to submit a prior approval request for coverage of these medications, and the request will need to be approved, before the medication will be covered under your plan. If a prior approval is required for a medication listed in this document, it will be noted next to the medication with a dot under the Prior Approval column.

Dispensing Limits

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 be noted next to the medication with a dot under the Dispensing Limits column.

Limits may include: quantity of covered medication per prescription and/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 will be responsible for the full cost of the prescription beyond what your coverage allows.

Providers

Use of some products may be approved only after certain criteria are met. If prior approval is not obtained, benefits may be denied. A provider (or clinic personnel) should submit a written request for prior approval consideration.

Products in certain drug categories may have dispensing limits to encourage appropriate prescribing quantities as recommended by the FDA approved product labeling, or as otherwise clinically appropriate. Requests for a quantity that exceeds the dispensing limit should be submitted for consideration on the Dispensing Limits prior authorization request form.

Products in certain drug categories may have a Step Therapy program to encourage utilizing the most cost-effective medication. This program requires the previous use of one or more drugs before coverage of a different drug is provided. Requests for medication that require a step therapy should be submitted on the Step Therapy forms available.

Abbreviation Key

aer..... aerosol
cap..... capsules
chew..... chewable
conc..... concentrate
cr..... controlled release
dr..... delayed release
ec..... enteric coated
equiv..... equivalent
er..... extended release
gm..... gram
inhal..... inhaler
inj..... injection
liqd..... liquid
mg..... milligram
ml..... milliliter

nebu..... nebulizer
odt..... orally disintegrating tabs
oint..... ointment
ophth..... ophthalmic
osm..... osmotic release
pack..... packets
powd..... powder
pttw..... twice-weekly patch
sl..... sublingual
soln..... solution
suppos..... suppositories
susp..... suspension
tab..... tablets
td..... transdermal
w/..... with