



BlueCross BlueShield of Montana



# Preventive Drug Benefit Program

## Employee Guide

Effective January 1, 2024

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation,  
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# Preventive Drug Benefit Program

## Introduction

Blue Cross and Blue Shield of Montana (BCBSMT) administers the preventive drug benefit for your “metallic” high deductible health plan (“HDHP”), which has been designed for use with Health Savings Accounts (“HSAs”). If you bought your health plan on your own or get health coverage through your job, your plan has this preventive drug benefit program. It includes categories of prescription drugs that are often used for preventive purposes. If your doctor has prescribed any of them to you or to your HDHP-covered dependents for preventive purposes, your HDHP may pay for the drugs at a \$0 copay before you meet your HDHP deductible.

This guide is being provided as a resource to help you manage your HDHP plan’s prescription drug benefits. It includes some commonly, but not all, drugs that are prescribed for preventive purposes.

The drugs listed in this guide will be reviewed from time to time and are subject to change. Coverage of all medications is still subject to your HDHP limits, exclusions and out-of-pocket requirements (for example, your prescription drug payment levels). Coverage of some medications or drug products may be under your medical benefit. Please verify with your benefit plan if there are any additional requirements before a drug may be covered.

**IMPORTANT REMINDER: These drugs could also at times be prescribed for treatment purposes. As a result, the listing of a drug in the Guide does not mean that it will be covered by your benefit plan before your HDHP deductible is satisfied. If your doctor has prescribed a listed drug for treatment purposes (and not preventive purposes) then your plan does not provide coverage for that drug before your HDHP deductible is satisfied.**

As each individual’s medical circumstances are different, and because proper classification is necessary for you to ensure you are complying with applicable HDHP tax regulations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on your member ID card when your doctor confirms for you that they prescribed one of the listed drugs for treatment purposes so your claims can be processed correctly. **Unless you provide us with this information, claims for the drugs listed in the Guide will be processed as “preventive,” and you or your doctor may be asked by us to provide medical records showing that the drug you’re taking is being used for prevention. Remember, if you improperly classify the drug, it may result in adverse tax consequences so please be sure to take the confirming step to properly classify your claim.**

**Please follow these steps to make sure you are properly classifying the purpose of your prescription:**

1. Find your drug in the Guide.
2. Talk to your doctor about whether your drug is in fact being prescribed for preventive purposes (and not treatment purposes).
3. If prescribed for treatment purposes, call the number on your ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

# 2024 HDHP-HSA \$0 Preventive Drug List

The preventive drug program currently includes prescription drugs in the following categories:

- Anti-coagulants / anti-platelets
- Depression
- Diabetes medications
- Diabetic supplies
- High blood pressure
- High cholesterol orals
- Osteoporosis

The drugs in each category are listed alphabetically on the following pages.

- Generic drugs are listed in **bold**.
- Brand drugs are listed in all CAPITAL letters.
- Some strengths and/or formulations may not be covered.
- Brand names in parenthesis are listed for reference and are not covered under the benefit.



This drug/drug category may also be included under the Affordable Care Act (ACA) coverage of preventive services. These products have limited or \$0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation and when you use a pharmacy or doctor in your health plan's network. Not all products covered under the ACA are shown. Coverage can vary based on your benefit plan and/or prescription drug list. Call the number on your member ID card if you have any questions and to find out what you may pay.

**REMEMBER: Just because a drug is on the preventive drug benefit list, doesn't always mean it is covered. It also doesn't mean that it may be covered by your benefit plan before your HDHP deductible is satisfied. Coverage of all medications is still subject to your plan benefits. Please see your benefit plan materials for coverage details, or call the number on your member ID card.**

**Please be reminded that Health Savings Accounts (HSAs) have tax and legal ramifications. Blue Cross and Blue Shield of Montana does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.**

# 2024 HDHP-HSA \$0 Preventive Drug List

## Anti-Coagulants / Anti-Platelets

anagrelide hcl cap 0.5 mg (Agrylin),  
1 mg  
aspirin-dipyridamole cap er 12hr  
25-200 mg  
cilostazol tab 50 mg, 100 mg  
clopidogrel bisulfate tab  
75 mg (Plavix) (base equivalent)  
dabigatran etexilate mesylate cap  
75 mg, 150 mg  
(etexilate base eq) (Pradaxa)  
dipyridamole tab 25 mg, 50 mg,  
75 mg  
prasugrel hcl tab 5 mg, 10 mg  
(base equivalent) (Effient)  
warfarin sodium tab 1 mg, 2 mg,  
2.5 mg, 3 mg, 4 mg, 5 mg,  
6 mg, 7.5 mg, 10 mg

## Depression

### Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram hydrobromide oral  
soln 10 mg/5 mL  
citalopram hydrobromide tab  
10 mg, 20 mg, 40 mg  
(base equivalent) (Celexa)  
escitalopram oxalate soln  
5 mg/5 mL (base equivalent)  
escitalopram oxalate tab 5 mg,  
10 mg, 20 mg (base equivalent)  
(Lexapro)  
fluoxetine hcl cap 10 mg, 20 mg,  
40 mg (Prozac)  
fluoxetine hcl solution  
20 mg/5 mL  
paroxetine hcl tab 10 mg, 20 mg,  
30 mg, 40 mg (Paxil)  
sertraline hcl oral concentrate for  
solution 20 mg/mL (Zoloft)  
sertraline hcl tab 25 mg, 50 mg,  
100 mg (Zoloft)

## Diabetes Medications

### Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal  
powder 3 mg/dose  
BAQSIMI TWO PACK – glucagon nasal  
powder 3 mg/dose  
**glucagon (rdna) for inj kit 1 mg  
(Glucagon emergency k)**  
GLUCAGON EMERGENCY KIT FO –  
glucagon hcl for inj 1 mg  
GVOKE HYPOPEN 1-PACK –  
glucagon subcutaneous solution  
auto-injector 0.5 mg/0.1 mL,  
1 mg/0.2 mL  
GVOKE HYPOPEN 2-PACK –  
glucagon subcutaneous solution  
auto-injector 0.5 mg/0.1 mL,  
1 mg/0.2 mL  
GVOKE KIT – glucagon subcutaneous  
soln 1 mg/0.2 mL  
GVOKE PFS – glucagon subcutaneous  
soln pref syringe 0.5 mg/0.1 mL,  
1 mg/0.2 mL  
ZEGALOGUE – dasiglucagon hcl  
subcutaneous soln auto-inj  
0.6 mg/0.6 mL  
ZEGALOGUE – dasiglucagon hcl  
subcutaneous soln pref syringe  
0.6 mg/0.6 mL

### Insulin Only

FIASP – insulin aspart (with  
niacinamide) inj 100 unit/mL  
FIASP FLEXTOUCH – insulin aspart  
(with niacinamide) soln pen-  
injector 100 unit/mL  
FIASP PENFILL – insulin aspart  
(with niacinamide) soln cartridge  
100 unit/mL  
HUMULIN R U-500 (CONCENTR –  
insulin regular (human) inj  
500 unit/mL  
HUMULIN R U-500 KWIKPEN insulin  
regular (human) soln pen-injector  
500 unit/mL  
INSULIN ASPART – insulin aspart inj  
soln 100 unit/mL

INSULIN ASPART FLEXPEN – insulin  
aspart soln pen-injector  
100 unit/mL  
INSULIN ASPART PENFILL – insulin  
aspart soln cartridge  
100 unit/mL  
INSULIN ASPART PROTAMINE/ –  
insulin aspart prot & aspart  
(human) inj 100 unit/mL (70-30)  
INSULIN ASPART PROTAMINE/ –  
insulin aspart prot & aspart sus  
pen-inj 100 unit/mL (70-30)  
INSULIN GLARGINE – insulin  
glargine-yfgn inj 100 unit/mL  
INSULIN GLARGINE – insulin  
glargine-yfgn soln pen-injector  
100 unit/mL  
LEVEMIR – insulin detemir inj  
100 unit/mL  
LEVEMIR FLEXPEN – insulin detemir  
soln pen-injector 100 unit/mL  
NOVOLIN 70/30 – insulin nph  
isophane & regular human inj  
100 unit/mL (70-30)  
NOVOLIN 70/30 FLEXPEN – insulin  
nph & regular susp pen-inj  
100 unit/mL (70-30)  
NOVOLIN 70/30 FLEXPEN REL –  
insulin nph & regular susp pen-inj  
100 unit/mL (70-30)  
NOVOLIN 70/30 RELION – insulin  
nph isophane & regular human inj  
100 unit/mL (70-30)  
NOVOLIN N – insulin nph (human)  
(isophane) inj 100 unit/mL  
NOVOLIN N FLEXPEN – insulin nph  
(human) (isophane) susp pen-  
injector 100 unit/mL  
NOVOLIN N FLEXPEN RELION –  
insulin nph (human) (isophane)  
susp pen-injector 100 unit/mL  
NOVOLIN N RELION – insulin nph  
(human) (isophane) inj 100 unit/mL  
NOVOLIN R – insulin regular (human)  
inj 100 unit/mL  
NOVOLIN R FLEXPEN – insulin regular  
(human) soln pen-injector  
100 unit/mL

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NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/mL  
NOVOLIN R RELION – insulin regular (human) inj 100 unit/mL  
NOVOLOG – insulin aspart inj 100 unit/mL  
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/mL  
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/mL  
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/mL (70-30)  
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/mL (70-30)  
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/mL (70-30)  
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/mL  
NOVOLOG RELION – insulin aspart inj soln 100 unit/mL  
SEMGLEE – insulin glargine-yfgn inj 100 unit/mL  
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/mL  
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (2 unit dial)  
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (1 unit dial)  
TRESIBA – insulin degludec inj 100 unit/mL  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/mL, 200 unit/mL

## Oral Only

acarbose tab 25 mg, 50 mg, 100 mg  
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)  
glipizide tab 5 mg, 10 mg  
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)

glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg  
glyburide tab 1.25 mg, 2.5 mg, 5 mg  
glyburide micronized tab 1.5 mg, 3 mg, 6 mg (Glynase)  
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg  
metformin hcl tab 500 mg, 850 mg, 1000 mg  
metformin hcl tab er 24hr 500 mg, 750 mg  
miglitol tab 25 mg, 50 mg, 100 mg  
nateglinide tab 60 mg, 120 mg  
pioglitazone hcl tab 15 mg, 30 mg, 45 mg (base equivalent) (Actos)  
pioglitazone hcl-metformin hcl tab 15-500 mg  
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)  
repaglinide tab 0.5 mg, 1 mg, 2 mg

## Diabetic Supplies

### Calibration Liquid

ASCENSIA CONTOUR  
ASCENSIA CONTOUR NEXT  
LIFESCAN ONETOUCH ULTRA  
LIFESCAN ONETOUCH VERIO

### Insulin Syringes

### Lancets

### Lancet Devices

### Pen Needles

### Test Strips & Discs

ASCENSIA CONTOUR  
ASCENSIA CONTOUR NEXT  
LIFESCAN ONETOUCH ULTRA  
LIFESCAN ONETOUCH ULTRA BLUE  
LIFESCAN ONETOUCH VERIO

## High Blood Pressure

acebutolol hcl cap 200 mg, 400 mg  
amiloride hcl tab 5 mg  
amlodipine besylate tab 2.5 mg, 5 mg, 10 mg (base equivalent) (Norvasc)

amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg  
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)  
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)  
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)  
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-16-12.5 mg, 10-160-25 mg, 10-320-25 (Exforge hct)  
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)  
atenolol & chlorthalidone tab 50-25 mg, (Tenoretic 50) 100-25 mg (Tenoretic 100)  
benazepril hcl tab 5 mg  
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)  
benazepril & hydrochlorothiazide tab 5-6.25 mg  
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)  
betaxolol hcl tab 10 mg, 20 mg  
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)  
bisoprolol fumarate tab 5 mg, 10 mg  
bumetanide tab 0.5 mg (Bumex)  
bumetanide tab 1 mg, 2 mg  
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)  
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)  
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg  
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)


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chlorthalidone tab 25 mg, 50 mg  
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg  
clonidine td patch weekly  
0.1 mg/24hr (Catapres-tts-1),  
0.2 mg/24hr (Catapres-tts-2),  
0.3 mg/24hr (Catapres-tts-3)  
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg  
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg  
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)  
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg (Tiazac)  
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)  
diltiazem hcl tab 90 mg  
diltiazem hcl tab er 24hr 120 mg (Cardizem la)  
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)  
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)  
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg  
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)  
enalapril maleate oral soln 1 mg/mL (Epaned)  
eplerenone tab 25 mg, 50 mg (Inspra)  
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg  
fosinopril sodium tab 10 mg, 20 mg, 40 mg  
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg  
furosemide oral soln 10 mg/mL  
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)  
guanfacine hcl tab 1 mg, 2 mg  
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg  
hydrochlorothiazide cap 12.5 mg  
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg  
indapamide tab 1.25 mg, 2.5 mg  
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)  
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)  
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)  
labetalol hcl tab 100 mg, 200 mg, 300 mg  
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)  
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)  
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)  
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)  
metolazone tab 2.5 mg, 5 mg, 10 mg  
metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg (tartrate equivalent) (Toprol xl)  
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg  
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)  
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg  
minoxidil tab 2.5 mg, 10 mg  
moexipril hcl tab 7.5 mg, 15 mg  
nadolol tab 20 mg, 40 mg (Corgard)  
nadolol tab 80 mg  
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent) (Bystolic)  
nifedipine cap 10 mg, 20 mg  
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg  
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)  
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)  
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)  
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)  
perindopril erbumine tab 2 mg, 4 mg  
phenoxybenzamine hcl cap 10 mg (Dibenzyline)  
pindolol tab 5 mg, 10 mg  
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)  
propranolol hcl oral soln 20 mg/5 mL  
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)  
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg  
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)  
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)  
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)  
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)  
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)  
terazosin hcl cap 1 mg, 2 mg, 5 mg, 10 mg (base equivalent)  
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg  
trandolapril tab 1 mg, 2 mg, 4 mg

# 2024 HDHP-HSA \$0 Preventive Drug List


triamterene cap 50 mg, 100 mg  
(Dyrenium)  
triamterene & hydrochlorothiazide  
cap 37.5-25 mg  
triamterene & hydrochlorothiazide  
tab 37.5-25 mg (Maxzide-25),  
75-50 mg (Maxzide)  
valsartan tab 40 mg, 80 mg,  
160 mg, 320 mg (Diovan)  
valsartan-hydrochlorothiazide tab  
80-12.5 mg, 160-12.5 mg,  
160-25 mg, 320-12.5 mg,  
320-25 mg (Diovan hct)  
verapamil hcl cap er 24hr 120 mg,  
180 mg, 240 mg (Verelan)  
verapamil hcl tab 40 mg, 80 mg,  
120 mg  
verapamil hcl tab er 120 mg,  
180 mg, 240 mg (Calan sr)

## High Cholesterol Orals

atorvastatin calcium tab 10 mg,  
20 mg, 40 mg, 80 mg  
(base equivalent) (Lipitor)   
cholestyramine light powder  
4 gm/dose (Questran Light)  
cholestyramine powder  
4 gm/dose (Questran)  
colesevelam hcl tab 625 mg  
(Welchol)  
colestipol hcl granules 5 gm,  
granule packets 5 gm  
(Colestid flavored)  
colestipol hcl tab 1 gm (Colestid)  
ezetimibe tab 10 mg (Zetia)  
ezetimibe-simvastatin tab  
10-10 mg, 10-20 mg, 10-40 mg,  
10-80 mg (Vytorin)  
fenofibrate tab 48 mg, 145 mg  
(Tricor)  
fenofibrate tab 54 mg, 160 mg  
fenofibrate micronized cap  
67 mg, 134 mg, 200 mg  
gemfibrozil tab 600 mg (Lopid)  
icosapent ethyl cap 0.5 gm, 1 gm  
(Vascepa)  
lovastatin tab 10 mg

lovastatin tab 20 mg, 40 mg   
niacin tab er 500 mg, 750 mg,  
1000 mg (antihyperlipidemic)  
pravastatin sodium tab 10 mg,  
20 mg, 40 mg, 80 mg   
rosuvastatin calcium tab 5 mg,  
10 mg, 20 mg, 40 mg (Crestor)  
simvastatin tab 10 mg, 20 mg,  
40 mg, (Zocor)  
simvastatin tab 5 mg, 80 mg

## Osteoporosis

alendronate sodium oral soln  
70 mg/75 mL  
alendronate sodium tab  
10 mg, 35 mg  
alendronate sodium tab 70 mg  
(Fosamax)  
calcitonin (salmon) nasal soln  
200 unit/act  
ibandronate sodium tab 150 mg  
(base equivalent)  
raloxifene hcl tab 60 mg  
(Evista)   
risedronate sodium tab  
5 mg, 30 mg  
risedronate sodium 150 mg  
(Actonel)  
risedronate sodium tab delayed  
release 35 mg (Atelvia)