



The BlueCross BlueShield of Tennessee **Preferred Drug List (PDL)** is a list of therapeutically sound, cost-effective drugs. The PDL does not indicate a limitation in drug coverage, but is provided to encourage use of certain drugs within the therapeutic drug classes listed. Please note that different copayment levels may apply to generic, preferred brand name and elective (non-preferred) brand name drugs.

Allergy/Asthma/Cough & Cold

Antihistamines

cyproheptadine
diphenhydramine
hydroxyzine
• Astelin nasal
• Astepro
• Epipen • Epipen Jr.

Asthma Drugs (oral)

albuterol
budesonide inhalation
ipratropium
theophylline
• Pulmicort Respules

Beta-Agonist Inhalers

• ProAir HFA
• Serevent Diskus
• Ventolin HFA

Combination-Inhalers

• Advair Diskus
• Combivent
• Symbicort

Corticosteroid-Inhalers

• Asmanex
• Flovent HFA
• QVAR

Corticosteroid-Nasal

flunisolide
fluticasone
• Nasacort AQ
• Nasonex
• Veramyst

Cough and Cold Preparations

benzonatate
codeine/chlorpheniramine/
pseudoephedrine
codeine/guaifenesin

Anti-infectives

Antibiotics (oral)

amoxicillin
amoxicillin/potassium clavulanate
ampicillin
azithromycin
cefactor

cefdinir
cefuroxime
cephalexin
ciprofloxacin tabs
clarithromycin
clarithromycin ext-rel
dicloxacillin
doxycycline
erythromycin
metronidazole
minocycline
nitrofurantoin macrocrystals
penicillin VK
sulfamethoxazole/trimethoprim
tetracycline

Antifungal

fluconazole (PA, except 3x150mg/30 days)
ketoconazole
nystatin

Antiviral (Herpes only)

acyclovir
famciclovir
valacyclovir

Vaginal Preparations

clindamycin cream
nystatin vaginal tabs
terconazole
• Cleocin Ovules
• Clindesse

Antineoplastics and Immunosuppressants

azathioprine
cyclosporine
methotrexate
tamoxifen
• Alkeran
• Leukeran

Cardiovascular Drugs

Antiarrhythmics

amiodarone
digoxin
disopyramide
propafenone
quinidine
sotalol

Antihypertensives

ACE Inhibitors

benazepril benazepril/hctz
captopril captopril/hctz
enalapril enalapril/hctz
fosinopril fosinopril/hctz
lisinopril lisinopril/hctz
quinapril quinapril/hctz
ramipril

Angiotensin II (requires step therapy)

• Avapro • Avalide
• Benicar • Benicar HCT
• Micardis • Micardis HCT

Beta-Blockers

atenolol
bisoprolol
bisoprolol/hctz
carvedilol
metoprolol
metoprolol ext-rel
propranolol
• Bystolic • Coreg SR

Calcium Channel Blockers

amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

Other Antihypertensives

amlodipine/benazepril
clonidine
guanfacine
• Azor (requires step therapy)

Antilipidemics and HMG-CoA Reductase Inhibitors

cholestyramine
gemfibrozil
lovastatin
pravastatin
simvastatin

Diuretics

bumetanide
eplerenone
furosemide
hydrochlorothiazide
indapamide
spironolactone
triamterene/hctz

**Central Nervous System (CNS)**Antianxiety

alprazolam
chlordiazepoxide
clorazepate
diazepam
lorazepam
oxazepam

Antidepressants

bupropion
bupropion ext-rel
citalopram
fluoxetine
mirtazapine
nefazodone
paroxetine
paroxetine ext-rel
sertraline
venlafaxine

Antiseizure Drugs

carbamazepine
clonazepam
divalproex
divalproex ext-rel
gabapentin
lamotrigine
levetiracetam
oxcarbazepine
phenobarbital
phenytoin
primidone
topiramate
valproic acid

Parkinson Drugs

amantadine
bentropine
carbidopa/levodopa
trihexyphenidyl

Psychostimulants

dextroamphetamine ext-rel
methylphenidate
methylphenidate ext-rel

Tranquilizers

chlorpromazine
clozapine
haloperidol
risperidone
thioridazine
thiothixene

Dermatologicals

betamethasone
clindamycin topical

clobetasol
clotrimazole/betamethasone
desoximetasone
erythromycin topical
fluocinonide
hydrocortisone
ketoconazole
lindane
mupirocin
nystatin
nystatin/triamcinolone
silver sulfadiazine
tretinoin (PA>31 yrs)
triamcinolone
• Duac CS
• Noritate

DiabetesBlood Glucose Strips

LifeScan OneTouch products
Roche ACCU-CHEK products

Diabetic Drugs

glimepiride
glipizide
glipizide ext-rel
glyburide
glyburide/metformin
metformin
metformin ext-rel
miglitol
repaglinide
• ACTOplus met
• Actos
• Avandamet
• Avandaryl
• Avandia
• Glucagon emergency kit

Insulin

• Humulin
• Lantus vials
• Levemir vials
• Novolin
• Novolog
• Novolog Mix
• BD syringes

Eye/EarGlaucoma

brimonidine
carteolol solution
timolol maleate
• Azopt
• Betimol
• Xalatan

Miscellaneous Eye or Ear

diclofenac sodium
gentamicin ophthalmic
ofloxacin
polymyxin/bacitracin/neomycin
ophthalmic
polymyxin/neomycin/hydrocortisone otic
polymyxin/trimethoprim ophthalmic
tobramycin ophthalmic

Gastrointestinal Agents

diphenoxylate/atropine
hydrocortisone enema
lactulose
metoclopramide
ondansetron (OL)
promethazine
sulfasalazine

Hepatitis C

ribavirin (OL)
• Pegasys (OL)

Hormone ReplacementAndrogen

• Androderm
• Androgel

Estrogens (oral)

estradiol
estropipate
• Premarin

Estrogens (patch)

estradiol
• Climara
• Vivelle-Dot

Estrogen Combinations

• Premphase
• Prempro

Estrogen (vaginal)

• Premarin

Progesterone

medroxyprogesterone

Oral Contraceptives*Monophasic

Apri
Aviane
Junel
Junel Fe
Levora
Low-Ogestrel
Microgestin



Microgestin Fe
Necon 1/35, 1/50
Ocella
• Loestrin 24 FE
• Yaz

Biphasic

Kariva
• Necon 10/11

Triphasic

Aranelle
Enpresse
Leena
Necon 7/7/7
Tilia FE
Tri-Legest FE
Trinessa
Tri-Sprintec
Trivora
• Cyclessa

Progestin

Camila
Errin
Jolivette

Other Contraceptives*

• NuvaRing

Migraine / Pain

Migraine Drugs

butalbital compound
sumatriptan (OL)
• Maxalt (OL) • Maxalt-MLT (OL)
• Zomig (OL) • Zomig-ZMT (OL)

Miscellaneous

• Savella

Moderate to Severe Pain

codeine
codeine/acetaminophen
fentanyl citrate (OL)
hydrocodone/acetaminophen
hydromorphone
morphine
morphine ext-rel
oxycodone/acetaminophen
oxycodone/aspirin
• Avinza
• Opana ER
• OxyContin (OL)

Rheumatology

methotrexate

NSAIDs

diclofenac
etodolac
fenoprofen
ibuprofen
indomethacin
ketoprofen
meloxicam
nabumetone
naproxen
naproxen sodium
piroxicam
salsalate
sulindac

Osteoporosis/Bone Diseases

alendronate
alendronate plus OTC Vitamin D
calcitonin-salmon
• Actonel / Actonel with Calcium
• Boniva
• Miacalcin

Platelet Aggregation Inhibitors

dipyridamole
ticlopidine

Thyroid medications

levothyroxine
thyroid

Urologic Disorders

doxazosin
finasteride
oxybutynin
oxybutynin ext-rel
prazosin
terazosin
• Enablex
• Vesicare

Vitamins (prescription only)

all generics

Legend

* If covered by the plan and medically necessary and appropriate
• indicates branded product
PA: requires prior authorization
QL: drug has quantity limitation
ST: Step Therapy
Note: members may have a differential copay for generic vs. Preferred Brand vs. Elective (nonpreferred) Brand. Generics will always be paid at the lowest copay level.
Disclaimer: Changes in drug lists may occur during the year.