

# 2018 BlueCross Preventive Drug List

If your health plan includes the BlueCross Preventive Drug List option, you just pay a copay or coinsurance for preventive care medications instead of having to meet your plan’s deductible upfront. This enhanced benefit makes it easier for you to buy the medications you and your family need to stay healthy today – and tomorrow.

Medications on the BlueCross Preventive Drug List help prevent and manage several health concerns. Following your doctor’s treatment plan, including taking prescribed medications as directed, can help you live a healthier life today, and avoid more serious problems in the future.

*This list contains some of the most commonly prescribed preventive care drugs and is not all-inclusive. This list does not guarantee coverage for preventive care drugs that are not listed.*

## Asthma and Other Respiratory Conditions

<b>Covered Generics</b> (always your lowest copay)	<b>Preferred Covered Brands</b> (may have a reduced copay)	<b>Non-Preferred Covered Brands</b> (always your highest copay)
albuterol	Advair Diskus	Pulmicort Flexhaler
budesonide nebulizer soln	Advair HFA	Utibron Neohaler
cromolyn oral concentrate	Anoro Ellipta	
cromolyn nebulizer soln	Arcapta Neohaler	
ipratropium bromide	Arnuity Ellipta	
ipratropium-albuterol	Asmanex	
levalbuterol	Asmanex HFA	
metaproterenol sulfate	Bevespi	
montelukast	Breo Ellipta	
terbutaline sulfate	Brovana	
zafirlukast	Combivent Respimat	
	Dulera	
	Flovent Diskus	
	Flovent HFA	
	Lonhala Magnair	
	Perforomist	
	ProAir HFA <sup>QL</sup>	
	ProAir Respiclick <sup>QL</sup>	
	Qvar	
	Qvar RediHaler	
	Serevent Diskus	
	Spiriva	
	Spiriva Respimat	
	Stiolto Respimat	
	Striverdi Respimat	
	Symbicort	
	Trelegy Ellipta	
	Tudorza Pressair	

## Conditions Related to Blood Clots

### Covered Generics

(always your lowest copay)

anagrelide  
aspirin/dipyridamole  
cilostazol  
clopidogrel  
dipyridamole  
enoxaparin <sup>QL</sup>  
fondaparinux <sup>QL</sup>  
Jantoven  
pentoxifylline  
prasugrel  
ticlopidine  
warfarin

### Preferred Covered Brands

(may have a reduced copay)

Brilinta  
Eliquis  
Xarelto

### Non-Preferred Covered Brands

(always your highest copay)

Coumadin  
Fragmin <sup>QL</sup>  
Pradaxa

## Contraception

### Covered Generics

(always your lowest copay)

All generic oral contraceptives

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

## Diabetes

### Covered Generics

(always your lowest copay)

acarbose  
chlorpropamide  
glimepiride  
glipizide  
glipizide ext-rel  
glipizide-metformin  
glyburide  
glyburide micronized  
glyburide-metformin  
Lantus (vials)  
Levemir (vials)  
metformin  
metformin ER #  
miglitol  
nateglinide  
Novolin (vials)  
Novolog (vials)  
pioglitazone  
pioglitazone-glimepiride  
pioglitazone-metformin  
repaglinide  
repaglinide- metformin  
tolazamide  
tolbutamide

### Preferred Covered Brands

(may have a reduced copay)

Bydureon (pens & vials)  
Bydureon Bcise  
Byetta  
Farxiga  
Fiasp  
Fiasp FlexTouch  
Glyxambi  
Humulin R U-500  
Invokamet  
Invokamet XR  
Invokana  
Janumet  
Janumet XR  
Januvia  
Jentadueto  
Jentadueto XR  
Lantus SoloStar  
Levemir FlexTouch  
Novolog FlexPen  
Soliqua  
Toujeo Max Solostar  
Toujeo SoloStar  
Tradjenta  
Tresiba Trulicity  
Xigduo XR  
Xultophy

### Non-Preferred Covered Brands

(always your highest copay)

Actoplus Met XR  
Admelog <sup>ST</sup>  
Admelog SoloStar <sup>ST</sup>  
Afrezza  
Apidra <sup>ST</sup>  
Apidra SoloStar <sup>ST</sup>  
Avandia  
Humalog (pens & vials) <sup>ST</sup>  
Humulin (pens & vials) <sup>ST</sup>  
Riomet  
SymlinPen

## Diabetic Supplies

### Covered Generics

(always your lowest copay)

### Preferred Covered Brands

(may have a reduced copay)

Ascensia Contour/Breeze2 diabetic products <sup>QL</sup>

Lifescan One Touch diabetic products <sup>QL</sup>

Alcohol preps and lancets <sup>QL</sup>

insulin syringes <sup>QL</sup>

### Non-Preferred Covered Brands

(always your highest copay)

## Emotional Health

### Covered Generics

(always your lowest copay)

amitriptyline

amitriptyline-chlordiazepoxide

amitriptyline-perphenazine

amoxapine

aripiprazole <sup>PA</sup>

bupropion

bupropion ext-rel

chlorpromazine

citalopram

clomipramine

clozapine <sup>PA</sup>

desipramine

desvenlafaxine

doxepin

duloxetine

escitalopram

fluoxetine

fluphenazine

fluvoxamine

haloperidol

imipramine

loxapine

maprotiline

mirtazapine

nefazodone

nortriptyline

olanzapine <sup>PA</sup>

olanzapine-fluoxetine <sup>PA</sup>

paliperidone ext-rel <sup>PA</sup>

paroxetine

paroxetine ext-rel

perphenazine

phenelzine

pimozide

protriptyline

quetiapine <sup>PA</sup>

quetiapine ext-rel <sup>PA</sup>

risperidone <sup>PA</sup>

sertraline

thioridazine

### Preferred Covered Brands

(may have a reduced copay)

Latuda <sup>PA</sup>

Viibryd

### Non-Preferred Covered Brands

(always your highest copay)

Trintellix

Vraylar <sup>PA</sup>

## Covered Generics

(always your lowest copay)

thiothixene

tranylcypromine

trazodone

trifluoperazine

trimipramine

venlafaxine

venlafaxine ext-rel

ziprasidone <sup>PA</sup>

## Preferred Covered Brands

(may have a reduced copay)

## Non-Preferred Covered Brands

(always your highest copay)

## High Blood Pressure and Other Heart Conditions

### Covered Generics

(always your lowest copay)

acebutolol

acetazolamide

Afedtab CR

amiloride

amiloride-hctz

amiodarone

amlodipine

amlodipine-atorvastatin

amlodipine-benazepril

amlodipine-olmesartan

atenolol

atenolol-chlorthalidone

benazepril

benazepril-hctz

betaxolol

bisoprolol

bisoprolol-hctz

bumetanide

candesartan

candesartan-hctz

captopril

captopril-hctz

Cartia XT

carvedilol

carvedilol ext rel

chlorothiazide

chlorthalidone

clonidine tablets

digoxin

diltiazem

diltiazem 24 HR CD

diltiazem ext-rel

Dilt-XR

disopyramide phosphate

doxazosin

### Preferred Covered Brands

(may have a reduced copay)

Bystolic

Coreg CR

Lanoxin

### Non-Preferred Covered Brands

(always your highest copay)

## Covered Generics

(always your lowest copay)

enalapril  
enalapril-hctz  
eplerenone  
eprosartan  
felodipine ext-rel  
flecainide  
fosinopril  
fosinopril-hctz  
furosemide  
guanfacine  
hydralazine  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan-hctz  
isosorbide dinitrate/mononitrate  
isradipine  
K-Effervescent  
Klor-Con/EF  
Klor-Con M  
Klor-Con 8mEq  
Klor-Con 10mEq  
Klor-Con 20mEq  
labetalol  
lisinopril  
lisinopril-hctz  
losartan  
losartan-hctz  
Matzim LA  
methazolamide  
methyclothiazide  
methyldopa  
methyldopa-hctz  
metolazone  
metoprolol succinate ext-rel  
metoprolol tartrate  
metoprolol-hctz  
mexiletine  
minoxidil  
moexipril  
moexipril-hctz  
nadolol  
nadolol-bendroflumethiazide  
nicardipine  
nifedipine  
nifedipine ext-rel  
nimodipine  
nisoldipine ext-rel  
Nitro-Bid

## Preferred Covered Brands

(may have a reduced copay)

## Non-Preferred Covered Brands

(always your highest copay)

## Covered Generics

(always your lowest copay)

nitroglycerin  
Nitro-Time  
olmesartan  
olmesartan-hctz  
olmesartan-amlodipine-hctz  
Pacerone  
perindopril  
pindolol  
potassium bicarbonate  
potassium chloride  
prazosin  
propafenone  
propafenone ext rel  
propranolol  
propranolol ext-rel  
propranolol-hctz  
quinapril  
quinapril-hctz  
quinidine gluconate  
quinidine sulfate  
ramipril  
Sorine  
sotalol  
sotalol af  
spironolactone  
spironolactone-hctz  
Taztia XT  
telmisartan  
telmisartan-amlodipine  
telmisartan-hctz  
terazosin  
timolol maleate  
trandolapril  
trandolapril-verapamil ext-rel  
triamterene-hctz  
valsartan  
valsartan-hctz  
verapamil  
verapamil ER PM  
verapamil ext-rel

## Preferred Covered Brands

(may have a reduced copay)

## Non-Preferred Covered Brands

(always your highest copay)

## High Cholesterol

### Covered Generics

(always your lowest copay)

atorvastatin  
cholestyramine  
colestipol  
ezetimibe  
ezetimibe/simvastatin  
fenofibrate  
fenofibric acid  
fluvastatin  
gemfibrozil  
lovastatin  
niacin ext-rel  
pravastatin  
Prevalite  
rosuvastatin  
simvastatin

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

## Osteoporosis (a bone disease)

### Covered Generics

(always your lowest copay)

alendronate  
calcitonin-salmon nasal spray  
ibandronate  
raloxifene  
risedronate

### Preferred Covered Brands

(may have a reduced copay)

Miacalcin injection

### Non-Preferred Covered Brands

(always your highest copay)

Fosamax Plus D

## Prenatal Vitamins

### Covered Generics

(always your lowest copay)

All generic prenatal vitamins

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

## Seizure Conditions

### Covered Generics

(always your lowest copay)

carbamazepine  
carbamazepine ext-rel  
clonazepam  
diazepam rectal  
divalproex delayed-rel  
divalproex ext-rel  
Epitol  
ethosuximide  
felbamate  
gabapentin  
lamotrigine  
lamotrigine ext-rel  
lamotrigine ODT

### Preferred Covered Brands

(may have a reduced copay)

Dilantin  
Oxtellar XR  
Qudexy XR  
Trokendi XR  
Vimpat

### Non-Preferred Covered Brands

(always your highest copay)

Aptiom  
Banzel  
Celontin  
Diastat  
Fycompa tablets  
Onfi  
Peganone  
Sabril  
Spritam

## Covered Generics

(always your lowest copay)

levetiracetam

levetiracetam ext-rel

oxcarbazepine

phenobarbital

phenytoin sodium ext-rel

primidone

Roweepra

Roweepra ER

Subvenite

tiagabine

topiramate

valproic acid

vigabatrin

vigadrone

zonisamide

## Preferred Covered Brands

(may have a reduced copay)

## Non-Preferred Covered Brands

(always your highest copay)

## Thyroid Modifiers

### Covered Generics

(always your lowest copay)

levothyroxine

Levoxyl

liothyronine

methimazole

Nature Throid

NP Thyroid

propylthiouracil

Thyroid

Unithroid

Westhroid

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

## Legend

**PA** – This drug requires Prior Authorization.

**ST** – This drug requires other selected drug(s) to be tried first.

**QL** – This drug has quantity limits on amount covered.

**#** – Applies to metformin ER products which are generic equivalents for Glucophage XR only.

This list is subject to change throughout the year. Please call Member Service at the phone number listed on your BlueCross Member ID card or visit our website at [bcbst.com](http://bcbst.com) for the most up-to-date information.



BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination\_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

විද්‍යා: ඉංග්‍රීසි භාෂාව භාවිතයෙන් භාෂා සහතික කිරීමේ සේවාවන් නොමිලේ ලබාදීමට සූදානම්ව සිටිමු. 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዙዎት ተዘጋጅተዋል: ወደ ሚክላው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید .

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hółó, koji' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).