

2019 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 deductible up front. This makes it easier for you to buy the medications you and your family need to stay healthy.

We've organized the drugs on this list by the conditions they're designed to prevent and manage. 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 isn't all-inclusive. This list doesn't guarantee coverage for preventive care drugs that aren't listed.

Asthma and Other Respiratory Conditions

Covered Generics

(always your lowest copay)

albuterol
 budesonide nebulizer soln
 cromolyn oral concentrate
 cromolyn nebulizer soln
 ipratropium bromide
 ipratropium-albuterol
 levalbuterol
 metaproterenol sulfate
 montelukast
 terbutaline sulfate
 zafirlukast

Preferred Covered Brands

(may have a reduced copay)

Advair Diskus
 Advair HFA
 Anoro Ellipta
 Arcapta Neohaler
 Arnuity Ellipta
 Asmanex
 Asmanex HFA
 Bevespi
 Breo Ellipta
 Brovana
 Combivent Respimat
 Dulera
 Flovent Diskus
 Flovent HFA
 Lonhala Magnair
 Perforomist
 ProAir HFA^{QL}
 ProAir Respiclick^{QL}
 Qvar RediHaler
 Serevent Diskus
 Spiriva
 Spiriva Respimat
 Stiolto Respimat
 Striverdi Respimat
 Symbicort
 Trelegy Ellipta
 Tudorza Pressair

Non-Preferred Covered Brands

(always your highest copay)

Pulmicort Flexhaler
 Utibron Neohaler
 Yupelri

Conditions Related to Blood Clots

Covered Generics

(always your lowest copay)

anagrelide
aspirin/dipyridamole
cilostazol
clopidogrel
dipyridamole
enoxaparin^{OL}
fondaparinux^{OL}
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^{OL}
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
Jardiance
Jentadueto
Jentadueto XR
Lantus SoloStar
Levemir FlexTouch
Novolin 70-30 Flexpen
Novolog FlexPen
Soliqua
Synjardy
Synjardy XR
Toujeo Max SoloStar
Toujeo SoloStar
Tradjenta
Tresiba
Trulicity
Xigduo XR

Non-Preferred Covered Brands

(always your highest copay)

Actoplus Met XR
AdmelogST
Admelog SoloStarST
Afrezza
ApidraST
Apidra SoloStarST
Avandia
Cycloset
Humalog (pens & vials)ST
Humulin (pens & vials)ST
Riomet
SymlinPen

Diabetic Supplies

Covered Generics

(always your lowest copay)

Preferred Covered Brands

(may have a reduced copay)

Ascensia Contour diabetic products^{QL}

Lifescan One Touch diabetic products^{QL}

Alcohol preps and lancets^{QL}

Insulin syringes^{QL}

Non-Preferred Covered Brands

(always your highest copay)

Emotional Health

Covered Generics

(always your lowest copay)

amitriptyline

amitriptyline-chlordiazepoxide

amitriptyline-perphenazine

amoxapine

aripiprazole^{PA}

bupropion

bupropion ext-rel

chlorpromazine

citalopram

clomipramine

clozapine^{PA}

desipramine

desvenlafaxine

desvenlafaxine succinate ER

doxepin

duloxetine

escitalopram

fluoxetine

fluphenazine

fluvoxamine

haloperidol

imipramine

loxapine

maprotiline

mirtazapine

nefazodone

nortriptyline

olanzapine^{PA}

olanzapine-fluoxetine^{PA}

paliperidone ext-rel^{PA}

paroxetine

paroxetine ext-rel

perphenazine

phenelzine

pimozide

protriptyline

quetiapine^{PA}

quetiapine ext-rel^{PA}

risperidone^{PA}

sertraline

thioridazine

Preferred Covered Brands

(may have a reduced copay)

Latuda^{PA}

Viibryd

Non-Preferred Covered Brands

(always your highest copay)

Abilify Mycite^{PA}

Rexulti^{PA}

Trintellix

Vraylar^{PA}

Covered Generics

(always your lowest copay)

thiothixene

tranylcypromine

trazodone

trifluoperazine

trimipramine

venlafaxine

venlafaxine ext-rel

ziprasidone^{PA}

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

Afeditab 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

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

omega-3 acid ethyl esters

pravastatin

Prevalite

rosuvastatin

simvastatin

Triklo

Preferred Covered Brands

(may have a reduced copay)

Vascepa

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

clobazam

clonazepam

diazepam rectal

divalproex delayed-rel

divalproex ext-rel

Epitol

ethosuximide

felbamate

gabapentin^{PA/OL}

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

BriviactST

Celontin

Diastat

Fycompa tablets

Onfi

Peganone

Sabril tablets

Spritam

Covered Generics

(always your lowest copay)

levetiracetam

levetiracetam ext-rel

oxcarbazepine

phenobarbital

phenytoin sodium ext-rel

primidone

Roweepra

Roweepra XR

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 us at the phone number listed on your Member ID card or visit bcbst.com for the most up-to-date information.

