

# 2020 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

### Covered Generics

(always your lowest copay)

albuterol  
 budesonide nebulizer soln  
 cromolyn oral concentrate  
 cromolyn nebulizer soln  
 fluticasone-salmeterol inhalation blister with device  
 ipratropium bromide  
 ipratropium-albuterol  
 levalbuterol  
 metaproterenol sulfate  
 montelukast  
 terbutaline sulfate  
 wixela inhub inhalation blister with device  
 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  
 Incruse Ellipta  
 Lonhala Magnair  
 Perforomist  
 ProAir HFA <sup>QL</sup>  
 ProAir Respiclick <sup>QL</sup>  
 Qvar RediHaler  
 Serevent Diskus  
 Spiriva  
 Spiriva Respimat  
 Stiolto Respimat  
 Striverdi Respimat  
 Symbicort  
 Trelegy Ellipta

### Non-Preferred Covered Brands

(always your highest copay)

Utibron Neohaler  
 Yupelri

## 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

glyburide

glyburide micronized

glipizide-metformin

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

Novolog FlexPen

Ozempic

Soliqua

Synjardy

Synjardy XR

### 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

Cycloset

Humalog (pens & vials) <sup>ST</sup>

Humulin (pens & vials) <sup>ST</sup>

Insulin Listro (pens & vials) <sup>ST</sup>

Riomet

SymlinPen

## Diabetes *continued*

### Covered Generics

(always your lowest copay)

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

Toujeo Max Solostar

Toujeo SoloStar

Tradjenta

Tresiba

Trulicity

Xigduo XR

## Diabetic Supplies

### Covered Generics

(always your lowest copay)

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

Ascensia Contour 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>

Dexcom products <sup>QL</sup>

Freestyle Libre Products <sup>QL</sup>

## Emotional Health

### Covered Generics

(always your lowest copay)

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

amitriptyline

amitriptyline-chlordiazepoxide

amitriptyline-perphenazine

amoxapine

aripiprazole <sup>PA</sup>

bupropion

bupropion ext-rel

chlorpromazine

citalopram

clomipramine

clozapine <sup>PA</sup>

desipramine

desvenlafaxine

desvenlafaxine succinate ER

doxepin

duloxetine

escitalopram

fluoxetine

fluphenazine

fluvoxamine

haloperidol

imipramine

loxapine

maprotiline

mirtazapine

nefazodone

nortriptyline

olanzapine <sup>PA</sup>

Latuda <sup>PA</sup>

Viibryd

Abilify Mycite <sup>PA</sup>

Rexulti <sup>PA</sup>

Trintellix

Vraylar <sup>PA</sup>

## Emotional Health *continued*

### Covered Generics

(always your lowest copay)

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

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

aliskiren

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

### Preferred Covered Brands

(may have a reduced copay)

Bystolic

Lanoxin

### Non-Preferred Covered Brands

(always your highest copay)

## High Blood Pressure and Other Heart Conditions *continued*

### Covered Generics

(always your lowest copay)

carvedilol ext rel

chlorothiazide

chlorthalidone

clonidine tablets

digoxin

diltiazem

diltiazem 24 HR CD

diltiazem ext-rel

Dilt-XR

disopyramide phosphate

doxazosin

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

methylothiazide

methyldopa

methyldopa-hctz

metolazone

metoprolol succinate ext-rel

metoprolol tartrate

metoprolol-hctz

mexiletine

minoxidil

### Preferred Covered Brands

(may have a reduced copay)

### Non-Preferred Covered Brands

(always your highest copay)

## High Blood Pressure and Other Heart Conditions *continued*

### Covered Generics

(always your lowest copay)

moexipril  
moexipril-hctz  
nadolol  
nadolol-bendroflumethiazide  
nicardipine  
nifedipine  
nifedipine ext-rel  
nimodipine  
nisoldipine ext-rel  
Nitro-Bid  
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<sup>PA/OL</sup>

lamotrigine

### 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

Briviact<sup>ST</sup>

Celontin

Diastat

Fycompa tablets

Onfi

Peganone

Sabril tablets

Spritam

## Seizure Conditions *continued*

### Covered Generics

(always your lowest copay)

lamotrigine ext-rel

lamotrigine ODT

levetiracetam

levetiracetam ext-rel

oxcarbazepine

phenobarbital

phenytoin sodium ext-rel

pregabalin <sup>PA/QA</sup>

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 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 1-800-565-9140 (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).

**විද්වතුන්:** ඉංග්‍රීසි භාෂාව භාවිතා කරමින් සේවා ලබා ගැනීමට අවශ්‍ය නම්, 1-800-565-9140 (TTY: 1-800-848-0298) දුරකථන අංකයට දුරකථන කථනානුකූල සේවාවන් ලබා ගන්න.

**ማስታወሻ:** 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).