of Tennessee

2024 BlueCross Preventive Drug List

When you fill a prescription of a drug on this list you'll only pay your share of the cost (copay or coinsurance) for preventive drugs—even if you haven't met your deductible. This makes it easier for you to buy the medications you and your family need to stay healthy today – and tomorrow.

Medications on this list help prevent and manage several health concerns. Please follow your doctor's treatment plan and take them as you're directed.

Asthma and Other Respiratory Conditions

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
albuterol	Asmanex HFA	Yupelri
arformoterol nebulizer soln	Asmanex	
Breyna	Breo Ellipta	
budesonide-formoterol	Breztri	
budesonide nebulizer soln	Combivent Respimat	
cromolyn nebulizer soln	Lonhala Magnair	
cromolyn oral concentrate	ProAir Respiclick	
fluticasone-salmeterol (100/50, 250/50, 500/50)	Qvar RediHaler	
formoterol nebulizer soln	Serevent Diskus	
ipratropium bromide	Spiriva Respimat	
ipratropium-albuterol	Stiolto Respimat	
levalbuterol	Striverdi Respimat	
montelukast	Trelegy Ellipta	
terbutaline sulfate	Ventolin HFA	
tiotropium 18 mcg capsule		
Wixela		
zafirlukast		

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. In most cases, generics will be the most affordable options. If you choose the brand name version instead of a generic equivalent, your copay may be higher. Some of the drugs listed may be subject to prior authorization, step therapy and/or quantity limits. Check your Evidence of Coverage or member handbook to see if this applies to your plan.

Conditions Related to Blood Clots

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
anagrelide	Brilinta	Fragmin
aspirin/dipyridamole	Eliquis	
cilostazol	Xarelto	
clopidogrel		
dipyridamole		
enoxaparin		
fondaparinux		
heparin		
Jantoven		
pentoxifylline		
prasugrel		
warfarin		

Diabetes

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
acarbose	Farxiga	Cycloset
glimepiride	Fiasp	SymlinPen
glipizide	Fiasp FlexTouch	
glipizide ext-rel	Glyxambi	
glipizide-metformin	Humulin R U-500	
glyburide	Janumet	
glyburide micronized	Janumet XR	
glyburide-metformin	Januvia	
metformin	Jardiance	
metformin ER #	Kerendia	
miglitol	Lantus	
nateglinide	Lantus SoloStar	
pioglitazone	Mounjaro	
pioglitazone-glimepiride	Novolin (pens & vials)	
pioglitazone-metformin	Novolog (pens & vials)	
repaglinide	Ozempic	
	Rybelsus	
	Soliqua	
	Synjardy	
	Synjardy XR	
	Toujeo Max SoloStar	
	Toujeo SoloStar	
	Tresiba	
	Tresiba FlexTouch	
	Trijardy XR	
	Trulicity	
	Victoza	
	Xigduo XR	

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

Diabetic Supplies

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
	Lifescan One Touch diabetic products	Dexcom products
	formulary alcohol swabs and lancets	
	formulary insulin syringes and pen needles	

Emotional Health

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
amitriptyline	Caplyta	Rexulti
amitriptyline-chlordiazepoxide	Trintellix	
amitriptyline-perphenazine	Vraylar	
amoxapine		
aripiprazole		
asenapine maleate		
bupropion		
bupropion ext-rel		
chlorpromazine		
citalopram		
clomipramine		
clozapine		
desipramine		
desvenlafaxine succinate ER		
doxepin		
duloxetine		
escitalopram		
fluoxetine capsules		
fluphenazine		
fluvoxamine		
haloperidol		
imipramine		
loxapine		
lurasidone		
mirtazapine		
nefazodone		
nortriptyline		
olanzapine		
olanzapine-fluoxetine		
paliperidone ext-rel		
paroxetine		
paroxetine ext-rel		
perphenazine		
phenelzine		
protriptyline		
quetiapine		
quetiapine ext-rel		
risperidone		
sertraline		
thioridazine		
thiothixene		

Emotional Health *continued*

Covered Generics

tranylcypromine
trazodone
trifluoperazine
trimipramine
venlafaxine immediate release tablets
venlafaxine extended release capsules
vilazodone
ziprasidone

High Blood Pressure and Other Heart Conditions

Covered Generics

acebutolol
acetazolamide
aliskiren
amiloride
amiloride-hctz
amiodarone
amlodipine
amlodipine-atorvastatin
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
atenolol
atenolol-chlorthalidone
benazepril
benazepril-hctz
betaxolol
bisoprolol
bisoprolol-hctz
bumetanide
candesartan
candesartan-hctz
captopril
captopril-hctz
cartia xt
carvedilol
carvedilol ext-rel
chlorthalidone
clonidine tablets
digitek
digox
digoxin
diltiazem
diltiazem 24 HR CD
diltiazem ext-rel
dilt-XR

Preferred Covered Brands

Non-Preferred Covered Brands

Nitro-Bid

High Blood Pressure and Other Heart Conditions *continued*

Covered Generics

disopyramide phosphate
doxazosin
enalapril
enalapril-hctz
eplerenone
felodipine ext-rel
flecainide
fosinopril
fosinopril-hctz
furosemide
guanfacine
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan-hctz
isosorbide dinitrate (5 mg, 10 mg, 20 mg, 30mg)
isosorbide mononitrate
isradipine
K-Prime
Klor-Con/EF
Klor-Con M
Klor-Con
labetalol
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim LA
methazolamide
methyldopa
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metoprolol-hctz
mexiletine
minitran
minoxidil
nadolol
nebivolol
nicardipine
nifedipine
nifedipine ext-rel
nimodipine
nisoldipine ext-rel
nitroglycerin
olmesartan
olmesartan-hctz
olmesartan-amlodipine-hctz
pacerone

High Blood Pressure and Other Heart Conditions *continued*

Covered Generics

pindolol
potassium chloride
prazosin
propafenone
propafenone ext-rel
propranolol
quinapril
quinapril-hctz
quinidine gluconate
quinidine sulfate
ramipril
sorine
sotalol
sotalol af
spironolactone
spironolactone-hctz
taztia xt
telmisartan
telmisartan-amlodipine
telmisartan-hctz
terazosin
tiadylt
timolol maleate
torsemide
trandolapril
trandolapril-verapamil ext-rel
triamterene-hctz
valsartan
valsartan-hctz
valsartan-amlodipine-hctz
verapamil
verapamil ext-rel

High Cholesterol

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
atorvastatin	Vascepa	
cholestyramine		
ezetimibe		
fenofibrate		
fenofibric acid		
fluvastatin		
fluvastatin ext-rel		
gemfibrozil		
lovastatin		
niacin		
niacin ext-rel		
omega-3 acid ethyl esters		
pitavastatin calcium		
pravastatin		
prevalite		
rosuvastatin		
simvastatin		

Osteoporosis (a bone disease)

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
alendronate		
calcitonin (salmon)		
ibandronate		
raloxifene		
risedronate		

Prenatal Vitamins

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
formulary generic prenatal vitamins		

Seizure Conditions

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
carbamazepine	Dilantin (30mg)	Aptiom
carbamazepine ext-rel	Oxtellar XR	Briviact
clobazam		Fycompa tablets
clonazepam		Valtoco
clonazepam ODT		Zonisade oral suspension
diazepam rectal		
divalproex delayed-rel		
divalproex ext-rel		
epitol		
ethosuximide		
felbamate		
gabapentin		
lacosamide		
lamotrigine		
lamotrigine ext-rel		
lamotrigine ODT		
levetiracetam		
levetiracetam ext-rel		
methsuximide		
oxcarbazepine		
phenobarbital		
phenytoin		
phenytoin sodium ext-rel		
pregabalin		
primidone		
roweepra		
rufinamide		
subvenite		
tiagabine		
topiramate		
valproic acid		
zonisamide		

Thyroid Modifiers

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
euthyrox	Armour Thyroid	Synthroid
levo-t	NP Thyroid	
levothyroxine tablets		
levoxyl		
liothyronine		
methimazole		
propylthiouracil		
unithroid		

This list is subject to change throughout the year. Please call the Member Service number listed on your Member ID card or visit **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.
Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلامجان.
إذا كنت عضوًا، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 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。
若您是會員，請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140（聽障專線 (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.
Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)
번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ ານພາສາ, ໂດຍບໍ່ເສັ ງຄ່າ, ແມ່ນມີພ້ ອມໃຫ້ ທ່ານ.
ຖ້ າທ່ ານເປັ ນສະມາຊິ ກ, ໃຫ້ ໄປຫາເບິ ຂອງຝ່ ายບໍ ລິ ການສະມາຊິ ກທີ ມີ ຢູ່ ດ ້ ານຫຼັ ງບັ ດ ID ສະມາຊິ ກຂອງທ ່ ານ ຫຼື 1-800-565-9140
(TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡
አባል ከሆኑ፣ በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፣
TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર
કૉલ કરો.

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。
会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは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.
Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o 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।
अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298)
पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140
(TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 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.
Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140
(TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou 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.
Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure 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'dęę', t'áá jiik'eh, éí ná hóló.
Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nitł'ízí bee nééhozinígíí bine'dęę' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anída'awo'í bibéésh bee hane'í biká'ígíí bee hodílnih doodago 1-800 -565-9140 (Doo Adinits'agóógo o TTY: 1-800-848-0298) bee hodíilnih.