

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 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)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
albuterol	Advair Diskus	Utibron Neohaler
budesonide nebulizer soln	Advair HFA	Yupelri
cromolyn oral concentrate	Anoro Ellipta	
cromolyn nebulizer soln	Arcapta Neohaler	
fluticasone-salmeterol inhalation blister with device	Arnuity Ellipta	
ipratropium bromide	Asmanex	
ipratropium-albuterol	Asmanex HFA	
levalbuterol	Bevespi	
metaproterenol sulfate	Breo Ellipta	
montelukast	Brovana	
terbutaline sulfate	Combivent Respimat	
Wixela Inhub inhalation blister with device	Dulera	
zafirlukast	Flovent Diskus	
	Flovent HFA	
	Incruse Ellipta	
	Lonhala Magnair	
	Perforomist	
	ProAir HFA ^{QL}	
	ProAir Respiclick ^{QL}	
	Qvar RediHaler	
	Serevent Diskus	
	Spiriva	
	Spiriva Respimat	
	Stiolto Respimat	
	Striverdi Respimat	
	Symbicort	
	Trelegy Ellipta	

Conditions Related to Blood Clots

Covered Generics

(always your lowest copay)

anagrelide
aspirin/dipyridamole
cilostazol
clopidogrel
dipyridamole
enoxaparin^{QL}
fondaparinux^{QL}
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^{QL}
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
Ozempic
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
Insulin Lispro (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)

Dexcom products^{QL}

Freestyle Libre Products^{QL}

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

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

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
methylothiazide
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

pregabalin^{PA/QL}

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.

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).

වැදගත්: ඉංග්‍රීසි භාෂාවෙන් කතා කරන්නේ නම්, ඔබට නොමිලේ භාෂා සහාය සේවාවක් ලබාගත හැකිය. 1-800-565-9140 (TTY: 1-800-848-0298) දුරකථන අංකයට කථනාන්විතව කතා කරන්න.

ማስታዎት: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያገዝዙት ተዘጋጅተዋል: ወደ ሚከተለው 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 નિ:શુલ્ક 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. با تماس بگیرد. 1-800-565-9140 (TTY:1-800-848-0298)

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).