

2022 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

albuterol
 arformoterol nebulizer soln
 budesonide nebulizer soln
 cromolyn oral concentrate
 cromolyn nebulizer soln
 fluticasone-salmeterol inhalation blister with device
 formoterol nebulizer soln
 ipratropium bromide
 ipratropium-albuterol
 levalbuterol
 montelukast
 terbutaline sulfate
 wixela inhub inhalation blister with device
 zafirlukast
 zileuton ER

Covered Brands

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

Conditions Related to Blood Clots

Covered Generics

anagrelide
aspirin/dipyridamole
cilostazol
clopidogrel
dipyridamole
enoxaparin
fondaparinux
heparin
Jantoven
pentoxifylline
prasugrel
ticlopidine
warfarin

Covered Brands

Brilinta
Effient
Eliquis
Fragmin
Pradaxa
Xarelto

Diabetes

Covered Generics

acarbose
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
metformin
metformin ER #
miglitol
nateglinide
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide- metformin
tolbutamide

Covered Brands

AdmelogST
Admelog SoloStarST
Afrezza*
ApidraST
Apidra SoloStarST
Avandia
Bydureon^{PA/QL}
Bydureon Bcise^{PA/QL}
Byetta^{PA/QL}
Cycloset
Farxiga
Fiasp^{QL}
Fiasp FlexTouch^{QL}
Glyxambi
Humalog (pens & vials)^{ST/QL}
Humulin (pens & vials)^{ST/QL}
Insulin Lispro (pens & vials)^{ST/QL}
Invokamet*
Invokamet XR*
Invokana*
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Lantus^{QL}
Lantus SoloStar^{QL}

Levemir^{QL}
Levemir FlexTouch^{QL}
Lyumjev (pens & vials)^{ST/QL}
Novolin (pens & vials)^{QL}
Novolog (pens & vials)^{QL}
Ozempic^{PA/QL}
Riomet ER
Rybelsus^{PA/QL}
Soliqua^{QL}
SymlinPen
Synjardy
Synjardy XR
Toujeo Max SoloStar^{QL}
Toujeo SoloStar^{QL}
Trajenta
Tresiba^{QL}
Tresiba FlexTouch^{QL}
Trijardy XR
Trulicity^{PA/QL}
Xigduo XR

Diabetic Supplies

Covered Generics

Covered Brands

Ascensia Contour diabetic products ^{QL}

Dexcom products ^{QL}

Freestyle Libre products ^{QL}

Lifescan One Touch diabetic products ^{QL}

Alcohol preps and lancets ^{QL}

insulin syringes ^{QL}

Emotional Health

Covered Generics

amitriptyline

amitriptyline-chlordiazepoxide

amitriptyline-perphenazine

amoxapine

aripiprazole ^{PA}

asenapine maleate ^{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

molindone

nefazodone

nortriptyline

olanzapine ^{PA}

Covered Brands

Abilify Mycite ^{PA}

Latuda ^{PA}

Rexulti ^{PA}

Trintellix

Viiibryd

Vraylar ^{PA}

Emotional Health *continued*

Covered Generics

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

thiothixene

tranylcypromine

trazodone

trifluoperazine

trimipramine

venlafaxine

venlafaxine ext-rel

ziprasidone ^{PA}

Covered Brands

High Blood Pressure and Other Heart Conditions

Covered Generics

acebutolol

acetazolamide

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

Covered Brands

Bystolic

Nitro-Bid

High Blood Pressure and Other Heart Conditions *continued*

Covered Generics

Covered Brands

chlorthalidone
clonidine tablets
digitek
digox
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
K-Prime
Klor-Con/EF
Klor-Con M
Klor-Con
labetalol
lanoxin
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim LA
methazolamide
methyldopa
methyldopa-hctz
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metoprolol-hctz
mexiletine
minoxidil
minitran

High Blood Pressure and Other Heart Conditions *continued*

Covered Generics

Covered Brands

moexipril
nadolol
nicardipine
nifedipine
nifedipine ext-rel
nimodipine
nisoldipine ext-rel
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
tiadylt
timolol maleate
torsemide
trandolapril
trandolapril-verapamil ext-rel
triamterene-hctz
valsartan
valsartan-hctz
verapamil
verapamil ext-rel

High Cholesterol

Covered Generics

atorvastatin
cholestyramine
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibrate
fenofibric acid
fluvastatin
gemfibrozil
icosapent ethyl
lovastatin
niacin
niacin ext-rel
omega-3 acid ethyl esters
pravastatin
prevalite
rosuvastatin
simvastatin

Covered Brands

Livalo
Vascepa

Osteoporosis (a bone disease)

Covered Generics

alendronate
calcitonin (salmon)
ibandronate
raloxifene
risedronate

Covered Brands

Fosamax Plus D
Miacalcin injection

Prenatal Vitamins

Covered Generics

Formulary generic prenatal vitamins

Covered Brands

Seizure Conditions

Covered Generics

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
clonazepam ODT
diazepam rectal
divalproex delayed-rel
divalproex ext-rel
epitol
ethosuximide
felbamate
gabapentin ^{PA/QL}
lamotrigine

Covered Brands

Aptiom
Banzel
Briviact ST
Celontin
Dilantin
Fycompa tablets
Oxtellar XR
Peganone
Spritam
Valtoco
Vimpat

Seizure Conditions *continued*

Covered Generics

lamotrigine ext-rel
lamotrigine ODT
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium ext-rel
pregabalin ^{PA/QL}
primidone
roweepra
roweepra XR
rufinamide
subvenite
tiagabine
topiramate
valproic acid
vigabatrin
vigadrone
zonisamide

Covered Brands

Thyroid Modifiers

Covered Generics

euthyrox
levo-t
levothyroxine
levoxyl
liothyronine
methimazole
NP Thyroid
propylthiouracil
unithroid
westhroid
WP Thyroid

Covered Brands

Nature Throid

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 drug is not on the Essential and Essential Plus formularies.

This list is subject to change throughout the year. Please call the Member Service number listed on your BlueCross 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 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 භාෂාවෙන් කතා කරන්නේ නම්, නිවැරදි භාෂා සේවාවන් ඔබට නොමිලේ ලබාදීමට සූදානම්ව ඇවිත් ඇත. 1-800-565-9140 (TTY: 1-800-848-0298) දුරකථන අංකයෙන් සම්බන්ධ වන්න.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያገዛዎት 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 hóló, koji' hódíilnih 1-800-565-9140 (TTY: 1-800-848-0298).