

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 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. 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. 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. Check your Evidence of Coverage or member handbook to see if this applies to your plan.

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
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

Admelog ^{ST/QL}
Admelog SoloStar ^{ST/QL}
Afrezza*
Apidra ^{ST/QL}
Apidra SoloStar ^{ST/QL}
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}
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 ^{OL}

Dexcom products ^{OL}

Freestyle Libre products ^{OL}

Lifescan One Touch diabetic products ^{OL}

Alcohol preps and lancets ^{OL}

insulin syringes ^{OL}

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

Viibryd

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	
epplerenone	
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
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
toremide
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.

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 ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالامجان.
إذا كنت عضواً، فالتصل 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)。

CHỦ 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).

ປຶດຊາດ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ງານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች በነጻ ሊያገለግሉት ተዘጋጅተዋል:

አባል ከሆኑ: በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባልነት 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.

સુચના: જો તમે ગુજરાતી બોલતા છો, 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 ઓલો.

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.
در صورتیکه 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'anída'áwo'déé', t'áá jiiik'eh, éí ná hólq.

Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nitł'ízí bee nééhozinígíí bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anída'áwo'í bibéésh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóógo q TTY: 1-800-848-0298) bee hodílnih.