of Tennessee

2021 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
Arnuity Ellipta
Asmanex HFA
Asmanex Twisthaler
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

Non-Preferred Covered Brands

(always your highest copay)

Yupelri

Conditions Related to Blood Clots

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
anagrelide	Brilinta	Coumadin
aspirin/dipyridamole	Eliquis	Fragmin
cilostazol	Xarelto	Pradaxa
clopidogrel		
dipyridamole		
enoxaparin		
fondaparinux		
Jantoven		
pentoxifylline		
prasugrel		
ticlopidine		
warfarin		

Contraception

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
All generic oral contraceptives		

Diabetes

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
acarbose	Bydureon (pens & vials)	Actoplus Met XR
chlorpropamide	Bydureon Bcise	Admelog ST
glimepiride	Byetta	Admelog SoloStar ST
glipizide	Farxiga	Afrezza
glipizide ext-rel	Fiasp	Apidra ST
glyburide	Fiasp FlexTouch	Apidra SoloStar ST
glyburide micronized	Glyxambi	Avandia
glipizide-metformin	Humulin R U-500	Cycloset
glyburide-metformin	Invokamet	Humalog (pens & vials) ST
Lantus (vials)	Invokamet XR	Humulin (pens & vials) ST
Levemir (vials)	Invokana	Insulin Lispro (pens & vials) ST
metformin	Janumet	Lyumjev (pens & vials) ST
metformin ER #	Janumet XR	Riomet
miglitol	Januvia	SymlinPen
nateglinide	Jardiance	
Novolin (vials)	Jentadueto	
Novolog (vials)	Jentadueto XR	
pioglitazone	Lantus SoloStar	
pioglitazone-glimepiride	Levemir FlexTouch	
pioglitazone-metformin	Novolog FlexPen	
repaglinide	Ozempic	
repaglinide- metformin	Rybelsus	
tolazamide	Soliqua	
tolbutamide	Synjardy	

Diabetes *continued*

Covered Generics
(always your lowest copay)

Preferred Covered Brands
(may have a reduced copay)

- Synjardy XR
- Toujeo Max Solostar
- Toujeo SoloStar
- Tradjenta
- Tresiba
- Trijardy XR
- Trulicity
- Xigduo XR

Non-Preferred Covered Brands
(always your highest copay)

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

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

Emotional Health *continued*

Covered Generics (always your lowest copy)	Preferred Covered Brands (may have a reduced copy)	Non-Preferred Covered Brands (always your highest copy)
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		

High Blood Pressure and Other Heart Conditions

Covered Generics (always your lowest copy)	Preferred Covered Brands (may have a reduced copy)	Non-Preferred Covered Brands (always your highest copy)
acebutolol	Bystolic	
acetazolamide	Lanoxin	
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		

High Blood Pressure and Other Heart Conditions *continued*

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest 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		
methyclothiazide		
methyldopa		
methyldopa-hctz		
metolazone		
metoprolol succinate ext-rel		
metoprolol tartrate		
metoprolol-hctz		
mexiletine		
minoxidil		

High Blood Pressure and Other Heart Conditions *continued*

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest 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		

High Cholesterol

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
atorvastatin	Livalo	
cholestyramine	Vascepa	
colestipol		
ezetimibe		
ezetimibe/simvastatin		
fenofibrate		
fenofibric acid		
fluvastatin		
gemfibrozil		
lovastatin		
niacin ext-rel		
omega-3 acid ethyl esters		
pravastatin		
Prevalite		
rosuvastatin		
simvastatin		
Triklo		

Osteoporosis (a bone disease)

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
alendronate	Miacalcin injection	Fosamax Plus D
calcitonin-salmon nasal spray		
ibandronate		
raloxifene		
risedronate		

Prenatal Vitamins

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
All generic prenatal vitamins		

Seizure Conditions

Covered Generics (always your lowest copay)	Preferred Covered Brands **(may have a reduced copay)**	Non-Preferred Covered Brands **(always your highest copay)**
carbamazepine	Dilantin	Aptiom
carbamazepine ext-rel	Oxtellar XR	Banzel
clobazam	Qudexy XR	Briviact [ST]
clonazepam	Trokendi XR	Celontin
diazepam rectal	Vimpat	Diastat
divalproex delayed-rel		Fycompa tablets
divalproex ext-rel		Onfi
Epitol		Peganone
ethosuximide		Sabril tablets
felbamate		Spritam
gabapentin [PA/QL]		Valtoco
lamotrigine		

Seizure Conditions *continued*

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
lamotrigine ext-rel		
lamotrigine ODT		
levetiracetam		
levetiracetam ext-rel		
oxcarbazepine		
phenobarbital		
phenytoin sodium ext-rel		
pregabalin PA/QA		
primidone		
Roweepra		
Roweepra XR		
Subvenite		
tiagabine		
topiramate		
valproic acid		
vigabatrin		
vigadrone		
zonisamide		

Thyroid Modifiers

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
levothyroxine		
Levoxyl		
liothyronine		
methimazole		
Nature Throid		
NP Thyroid		
propylthiouracil		
Thyroid		
Unithroid		
Westhroid		

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 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 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).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ 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 به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 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'dę́ę́', t'áá jiik'eh, éí ná hólǫ́, kojį' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).