

# 2025 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

<b>Covered Generics</b>	<b>Preferred Covered Brands</b>	<b>Non-Preferred Covered Brands</b>
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

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

### Preferred Covered Brands

Brilinta  
 Eliquis  
 Xarelto

### Non-Preferred Covered Brands

Fragmin

## 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

### Preferred Covered Brands

Farxiga  
 Fiasp  
 Fiasp FlexTouch  
 Glyxambi  
 Humulin R U-500  
 Janumet  
 Janumet XR  
 Januvia  
 Jardiance  
 Kerendia  
 Lantus  
 Lantus SoloStar  
 Mounjaro  
 Novolin (pens & vials)  
 Novolog (pens & vials)  
 Ozempic  
 Rybelsus  
 Soliqua  
 Synjardy  
 Synjardy XR  
 Toujeo Max SoloStar  
 Toujeo SoloStar  
 Tresiba  
 Tresiba FlexTouch  
 Trijardy XR  
 Trulicity  
 Xigduo XR

### Non-Preferred Covered Brands

Cycloset  
 SymlinPen

# – 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  
formulary alcohol swabs and lancets  
formulary insulin syringes and pen needles

Dexcom products

## Emotional Health

### Covered Generics

### Preferred Covered Brands

### Non-Preferred Covered Brands

amitriptyline  
amitriptyline-chlordiazepoxide  
amitriptyline-perphenazine  
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

Caplyta  
Trintellix  
Vraylar

Rexulti

## Emotional Health *continued*

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### Covered Generics

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

## High Blood Pressure and Other Heart Conditions

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### 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

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### Non-Preferred Covered Brands

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Nitro-Bid

## High Blood Pressure and Other Heart Conditions *continued*

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### 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*

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### 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

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### Covered Generics

atorvastatin

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

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### Preferred Covered Brands

Vascepa

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### Non-Preferred Covered Brands

## Osteoporosis (a bone disease)

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### Covered Generics

alendronate

calcitonin (salmon)

ibandronate

raloxifene

risedronate

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### Preferred Covered Brands

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### Non-Preferred Covered Brands

## Prenatal Vitamins

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### Covered Generics

formulary generic prenatal vitamins

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### Preferred Covered Brands

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### Non-Preferred 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

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

### Preferred Covered Brands

Dilantin (30mg)

Oxtellar XR

### Non-Preferred Covered Brands

Aptiom

Briviact

Fycompa tablets

Valtoco

Zonisade oral suspension

## Thyroid Modifiers

### Covered Generics

euthyrox

levo-t

levothyroxine tablets

levoxyl

liothyronine

methimazole

propylthiouracil

unithroid

### Preferred Covered Brands

Armour Thyroid

NP Thyroid

### Non-Preferred Covered Brands

Synthroid

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<sup>1</sup>. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 Grievance; 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.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination\_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

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.

<sup>1</sup> Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

اتباه: إذا كنت تتحدث العربية، فستوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم (1-800-848-0298) (الهاتف النصي: 1-800-565-9140)

注意: 如果您說中文，我們提供免費的語言協助服務，以及適當的輔助協助和服務。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)。

LUU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 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 gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ເໝາະສົມໃຫ້ທ່ານ. ກະລຸນາໃບໜ້າເມັດຂອງເຈົ້າຍັບລິການສະມາຊິກ ທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማሰገንዘቢያ:- አማርኛ የሚናገሩ ከሆኑ የአ ቀንቋ እርዳታ አገልግሎቶች እና ተገቢ ረዳት መርጫዎች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአገልገሎት መተዋደድዎ ደርገዎ ላይ በሚገኘው የአገልግሎት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ध्यान आपो: जे तमे जुलसती भोवो छी, तो तमारा माटे निःशुल्क भाषा सहाय सेवायां अनं योग्य सहायक साधनां अनं सेवायां उपलब्ध छी. कृपया कृपया तमारा सलम ID कार्डनी पाछयना सलम सेवईस नंबर उपर अथवा 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करी.

お知らせ：日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。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。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyong tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong 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 निःशुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. 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 صحبت می کنید، خدمات کمک زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا (TTY: 1-800-848-0298) 1-800-565-9140 تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de 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: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. 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).

BAA'áKOHWIINDZIN: Diné bizaad bee yáanii'go, t'áá jiik'éh saad bee áka'aná'awo' bee áka'anida'awo'í dóó t'áadoole'é binahjí' bee adahodoonhígíí diné bich'í' anidahazt'í'í bee bika'aanida'awo'í ná dahólo'. T'áá shóódí Bił Ha'dít'éhí Bika'aná'awo' Bił Ha'dít'éhí ID naaltsoos nit'ízi bine'déé' binámáboo bee hodíilnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDICH: Wann du Deutsch schwetzschst un brauchschst Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zell. Mir kenne differnti Sadde Schprooch-Hilf beigrige aa fer nix. Ruf der Member Service Nummer uff die hinnerscht Seit vun dei Member ID Card uff odder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auauanaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auauanaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auauanaga mo Tagata Auai) o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelug liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hágu yanggen fifino' CHamorú hao, dibátde na setbision inayudon fumino' CHamorú yan propriu na inasisten trástes yan setbisio siha. Put fabot ágang i numiron Setbision Membro gi santatten i kattá-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).