of Tennessee

2026 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.

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

- albuterol
- arformoterol nebulizer soln
- Asmanex
- Asmanex HFA
- Breo Ellipta
- breyna
- Breztri
- budesonide-formoterol
- budesonide nebulizer soln
- Combivent Respimat
- cromolyn nebulizer soln
- cromolyn oral concentrate
- fluticasone-salmeterol (100/50, 250/50, 500/50)
- formoterol nebulizer soln
- ipratropium bromide
- ipratropium-albuterol
- levalbuterol
- montelukast
- ProAir Respiclick
- Qvar RediHaler
- Serevent Diskus
- Spiriva Respimat
- Stiolto Respimat
- Striverdi Respimat
- terbutaline sulfate
- tiotropium 18 mcg capsule
- Trelegy Ellipta
- Ventolin HFA
- 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.

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Conditions Related to Blood Clots

- anagrelide
- aspirin/dipyridamole
- cilostazol
- clopidogrel
- dipyridamole
- Eliquis
- enoxaparin
- fondaparinux
- heparin
- jantoven
- pentoxifylline
- prasugrel
- rivaroxaban
- ticagrelor
- warfarin
- Xarelto

Diabetes

- acarbose
- Fiasp
- Fiasp FlexTouch
- glimepiride
- glipizide
- glipizide ext-rel
- glipizide-metformin
- glyburide
- glyburide micronized
- glyburide-metformin
- Humulin R U-500
- Insulin Glargine YGFN
- Lantus
- Lantus SoloStar
- metformin
- metformin ER*
- miglitol
- nateglinide
- Novolin (pens & vials)
- Novolog (pens & vials)
- pioglitazone
- pioglitazone-glimepiride
- pioglitazone-metformin
- repaglinide
- Toujeo Max SoloStar
- Toujeo SoloStar
- Tresiba
- Tresiba FlexTouch

Diabetic Supplies

- formulary alcohol swabs and lancets
- formulary insulin syringes and pen needles
- Accu-Chek diabetic products

* Applies to metformin ER products which are generic equivalents for Glucophage XR only.

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Mental Health

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

High Blood Pressure and Other Heart Conditions

- 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

Continued on next page

High Blood Pressure and Other Heart Conditions (cont.)

- diltiazem ext-rel
- dilt-XR
- 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
- 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

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High Cholesterol

- 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
- Vascepa

Osteoporosis (a bone disease)

- alendronate
- calcitonin (salmon)
- ibandronate
- raloxifene
- risedronate

Prenatal Vitamins

- formulary generic prenatal vitamins

Seizure Conditions

- 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
- oxcarbazepine ext-rel
- perampanel
- phenobarbital
- phenytoin
- phenytoin sodium ext-rel
- pregabalin
- primidone
- roweepra
- rufinamide
- subvenite
- tiagabine
- topiramate
- valproic acid
- zonisamide

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Thyroid Modifiers

- Armour Thyroid
- euthyrox
- levo-t
- levothyroxine tablets
- levoxyl
- liothyronine
- methimazole
- NP Thyroid
- propylthiouracil
- unithroid

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[1]. 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.

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BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

[1] 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).

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

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）。

LƯU 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).

เอาใจใส่: ถ้าท่านเว้าพาสา พาสาลาว, มีการบໍລิการ ช่วยเหຼือด้านพาสา และ การช่วยเหຼือ และ การบໍລิการที่ เหมาะสົมให้ท่าน. กะลุนาโทหาเบิ่ดของฝ่ายบໍລิการสะมาซิก ที่มีຢู่ด้านหຼังบัด ID สะมาซิกของท่าน ซຶ่ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስገንዘቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste 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.

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો અને સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય ID કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

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 नि:शुल्क 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. درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا 1-800-565-9140 (TTY: 1-800-848-0298) 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'áKOHWIINIDZIN: Diné bizaad bee yáníłti'go, t'áá jiik'eh saad bee áka'anáwo' bee áka'anída'awo'í dóó t'áadoole'é binahjí' bee adahodooníłígíí diné bich'į' anídahazt'i'í bee bika'aanída'awo'í ná dahóló. T'áá shóódí Bił Ha'dít'éhí Bika'aná'awo' Bił Ha'dít'éhí ID naaltsoos nitł'izí bine'dęę' binámboo bee hodíilnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDICH: Wann du Deitsch schwetzscht un brauchscht Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf der Member Service Number 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 auaunaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auaunaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auaunaga 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 yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hågu yanggen fifino' CHamoru hao, dibåtde na setbision inayudon fumino' CHamoru yan propriu na inasisten tråstes yan setbisio siha. Put fabot ågang i numiron Setbision Membro gi santatten i kattå-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).