

You Make the Choices, We Make it Easy

If your Benefit Summary indicates specific coverage for preventive drugs, the Preventive Drug List provides the drugs you can obtain under this benefit. Plans that have specific preventive drug benefits are generally:

- High Deductible Health Plans (HDHPs) or Health Savings Account (HSA) plans
- Employer plans that have purchased an HDHP/HSA plan **OR**
- Employer plans that have purchased a preventive drug enhancement

Blue Cross of Idaho covers the drugs on this list at the preventive drug cost-sharing amount found in your plan documents, and you do not need to have met your deductible when you get these prescriptions filled at an in-network pharmacy.

### FOR OUR MEMBERS:

- Visit an in-network pharmacy to receive this benefit.
- Present your Blue Cross of Idaho member ID card to ensure you receive the complete benefit.
- You or your doctor may be asked to provide supporting documentation that the drug you are taking is being used for prevention.

### FOR OUR HEALTHCARE PROVIDERS:

- Please prescribe preventive drugs from this list and allow generic substitutions when medically appropriate

*NOTE:* A drug's appearance on this list does not guarantee coverage. Not all drugs listed are covered by all prescription drug plans. Certain drug plans may cover additional drugs at a preventive benefit that are not listed below. Check your benefit materials for the specific drugs covered and the cost-share information for your prescription-drug benefit program. This list may not include all prescription drugs intended for preventive purposes. This list is periodically reviewed by clinical experts. Medications may be added or removed from this list based on clinical review of the medication's intended purpose and its availability.

### HOW TO USE THIS LIST:

Generic drugs are listed in lower case letters, example: atenolol. Generic medications contain the same active ingredients as their corresponding brand-name counterparts; though they may look different in shape and color, they have been FDA-approved under the same strict standards.

Brand-name drugs are listed in CAPITAL letters, example: NOVLOG. When brand-name drugs lose their patents and become available generically, only the generic equivalent will be eligible under this preventive benefit.

<b>ASTHMA</b>		
ADVAIR DISKUS	fluticasone propionate-salmeterol inh	SPIRIVA
ADVAIR HFA	ipratropium soln	SPIRIVA RESPIMAT
ASMANEX	ipratropium-albuterol soln	SYMBICORT
ASMANEX HFA	levalbuterol	terbutaline
budesonide susp	metaproterenol	theophylline
COMBIVENT RESPIMAT	montelukast	theophylline ER
cromolyn sodium soln	PULMICORT INH	zafirlukast
FLOVENT DISKUS	QVAR	
FLOVENT HFA	SEREVENT	
<b>BLOOD PRESSURE-LOWERING MEDICATIONS</b>		
<i>ACE Inhibitors &amp; Diuretic Combinations</i>		
benazepril	fosinopril-HCTZ	quinapril
benazepril-HCTZ	lisinopril	quinapril-HCTZ
captopril	lisinopril-HCTZ	ramipril
captopril-HCTZ	moexipril	trandolapril
enalapril	moexipril-HCTZ	
enalapril-HCTZ	olmesartan medoxomil	
fosinopril	olmesartan medoxomil-HCTZ	
<i>Angiotensin Receptor &amp; Diuretic Combinations</i>		
candesartan	irbesartan-HCTZ	telmisartan-HCTZ
candesartan-HCTZ	losartan	valsartan
eprosartan	losartan-HCTZ	valsartan-HCTZ
irbesartan	telmisartan	

**THIS LIST IS SUBJECT TO CHANGE.**

**Effective Date 01/01/18**

**Check your benefit materials for cost-share information.**

**For specific questions regarding your coverage, please call the phone number printed on your member ID card.**

<b>Beta Blockers &amp; Diuretic Combinations</b>		
acebutolol	labetalol	propranolol
atenolol	metoprolol succinate ER	propranolol SR
atenolol-chlorthalidone	metoprolol tartrate	propranolol-HCTZ
betaxolol	metoprolol-HCTZ	sotalol
bisoprolol	nadolol	sotalol AF
bisoprolol-HCTZ	nadolol-bendroflumethiazide	timolol
carvedilol	pindolol	
<b>Calcium Channel Blockers</b>		
afeditab CR	diltiazem SR	nifedipine osmotic
amlodipine	felodipine SR	nisoldipine
diltiazem	isradipine	verapamil
diltiazem CD	nicardipine	verapamil CR
diltiazem ER	nifedipine	verapamil SR
diltiazem LA	nifedipine ER	
<b>Diuretics (water pills)</b>		
amiloride	eplerenone	metolazone
amiloride-HCTZ	furosemide	spironolactone
bumetanide	hydrochlorothiazide (HCTZ)	spironolactone-HCTZ
chlorthalidone	indapamide	torsemide
chlorothiazide	methyclothiazide	triamterene-HCTZ
<b>Other Blood Pressure-Lowering Medications &amp; Combinations</b>		
amlodipine-atorvastatin	clonidine patches	methyl dopa-HCTZ
amlodipine-benazepril	clonidine-chlorthalidone	minoxidil
amlodipine-valsartan	guanfacine	telmisartan-amlodipine
amlodipine-valsartan-HCTZ	hydralazine	trandolapril-verapamil
clonidine	methyl dopa	
<b>BLOOD THINNING AGENTS</b>		
anagrelide	clopidogrel	pentoxifylline
cilostazol	dipyridamole	warfarin
<b>CHOLESTEROL-LOWERING MEDICATIONS</b>		
<b>Statin/HMG CoA Reductase Inhibitors &amp; Combinations</b>		
atorvastatin	lovastatin	simvastatin
fluvastatin	pravastatin	rosuvastatin
<b>Other Cholesterol-Lowering Medications</b>		
cholestyramine	ezetimibe	fenofibrate
cholestyramine light	ezetimibe-simvastatin	fenofibrate, micronized
colestipol	fenofibric acid	gemfibrozil
<b>DIABETES</b>		
acarbose	LANTUS	repaglinide
chlorpropamide	LEVEMIR	SYMLINPEN
glimepiride	metformin	tolazamide
glipizide	metformin ER	TRESIBA
glipizide extended release	nateglinide	TOUJEO
glipizide-metformin	NOVOLIN <i>(Not including Novolin Relion Products carried at Walmart Pharmacies)</i>	TRULICITY
glyburide	NOVOLOG	VICTOZA
glyburide, micronized	pioglitazone	
glyburide-metformin	pioglitazone/glimepiride	
HUMULIN-R 500	pioglitazone/metformin	
<b>Diabetic Supplies</b>		
ACCU-CHEK Lancets	insulin pen needles	ONETOUCH Lancets
ACCU-CHEK test strips (QL)	insulin syringes	ONETOUCH test strips (QL)
BD Lancets	NOVOFINE Lancets	
<b>OSTEOPOROSIS</b>		
alendronate	etidronate	risedronate
calcitonin spray	ibandronate	
<b>WOMENS HEALTH</b>		
Breast Cancer Prevention	raloxifene	tamoxifen
<b>Birth Control</b>		
All generic oral contraceptives	Medroxyprogesterone acetate (IM)	Xulane (generic Ortho-Evra)
DIAPHRAGMS	NUVARING	
<b>Birth Control (Emergency Contraception)</b>		
All generic emergency contraceptives	ELLA	
<b>VACCINES</b>		
FLU	PNEUMONIA	SHINGLES

THIS LIST IS SUBJECT TO CHANGE.

Effective Date 01/01/18

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.