

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: NOVOLOG. When brand-name drugs lose their patents and become available generically, only the generic equivalent will be eligible under this preventive benefit.

| ANTIDEPRESSANTS | | |
|---|---------------------------------------|---------------------------------------|
| citalopram tablets | fluoxetine capsules | sertraline tablets |
| escitalopram tablets | paroxetine immediate-release tablets | venlafaxine immediate-release tablets |
| ASTHMA | | |
| ADVAIR HFA | fluticasone propionate-salmeterol inh | SEREVENT |
| ARNUITY ELLIPTA | ipratropium soln | SPIRIVA RESPIMAT |
| budesonide-formoterol fumarate dihydrate | ipratropium-albuterol soln | terbutaline |
| budesonide susp | levalbuterol | theophylline |
| COMBIVENT RESPIMAT | montelukast | theophylline ER |
| cromolyn sodium soln | QVAR REDIHALER | tiotropium bromide |
| | | zafirlukast |
| BLOOD PRESSURE-LOWERING MEDICATIONS | | |
| ACE Inhibitors & Diuretic Combinations | | |
| benazepril | fosinopril | olmesartan medoxomil |
| benazepril-HCTZ | fosinopril-HCTZ | olmesartan medoxomil-HCTZ |
| captopril | lisinopril | quinapril |
| captopril-HCTZ | lisinopril-HCTZ | quinapril-HCTZ |
| enalapril | moexipril | ramipril |
| enalapril-HCTZ | moexipril-HCTZ | trandolapril |
| Angiotensin Receptor & Diuretic Combinations | | |
| candesartan | irbesartan-HCTZ | telmisartan-HCTZ |
| candesartan-HCTZ | losartan | valsartan |
| eprosartan | losartan-HCTZ | valsartan-HCTZ |
| irbesartan | telmisartan | |
| Beta Blockers & Diuretic Combinations | | |
| acebutolol | labetalol | propranolol SR |
| atenolol | metoprolol succinate ER | propranolol-HCTZ |
| atenolol-chlorthalidone | metoprolol tartrate | sotalol |
| betaxolol | metoprolol-HCTZ | sotalol AF |
| bisoprolol | nadolol | timolol |

THIS LIST IS SUBJECT TO CHANGE.

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.

| | | |
|---|---|-----------------------------|
| bisoprolol-HCTZ | pindolol | |
| carvedilol | propranolol | |
| Calcium Channel Blockers | | |
| afeditab CR | diltiazem SR | nifedipine osmotic |
| amlodipine | felodipine SR | verapamil |
| diltiazem | isradipine | verapamil CR |
| diltiazem CD | nicardipine | verapamil SR |
| diltiazem ER | nifedipine | |
| diltiazem LA | nifedipine ER | |
| Diuretics (water pills) | | |
| amiloride | eplerenone | spironolactone |
| amiloride-HCTZ | furosemide | spironolactone-HCTZ |
| bumetanide | hydrochlorothiazide (HCTZ) | torsemide |
| chlorthalidone | indapamide | triamterene-HCTZ |
| chlorothiazide | metolazone | |
| Other Blood Pressure-Lowering Medications & Combinations | | |
| amlodipine-atorvastatin | clonidine | methyldopa |
| amlodipine-benazepril | clonidine patches | minoxidil |
| amlodipine-valsartan | guanfacine | telmisartan-amlodipine |
| amlodipine-valsartan-HCTZ | hydralazine | trandolapril-verapamil |
| BLOOD THINNING AGENTS | | |
| anagrelide | clopidogrel | warfarin |
| cilostazol | pentoxifylline | |
| CHOLESTEROL-LOWERING MEDICATIONS | | |
| Statin/HMG CoA Reductase Inhibitors & Combinations | | |
| atorvastatin | lovastatin | rosuvastatin |
| fluvastatin | pravastatin | simvastatin |
| Other Cholesterol-Lowering Medications | | |
| cholestyramine | ezetimibe | fenofibrate |
| cholestyramine light | ezetimibe-simvastatin | fenofibrate, micronized |
| colestipol | fenofibric acid | gemfibrozil |
| DIABETES | | |
| acarbose | LANTUS | pioglitazone-metformin |
| FIASP | LEVEMIR | repaglinide |
| glimepiride | metformin | RYBELSUS (ST, QL) |
| glipizide | metformin ER | SYMLINPEN |
| glipizide extended release | nateglinide | TRESIBA |
| glipizide-metformin | NOVOLIN (Not including Novolin Relion Products carried at Walmart Pharmacies) | TOUJEO |
| glyburide | NOVOLOG | TRULICITY (ST, QL) |
| glyburide, micronized | OZEMPIC (ST, QL) | VICTOZA (ST, QL) |
| glyburide-metformin | pioglitazone | |
| HUMULIN-R 500 | pioglitazone-glimepiride | |
| Diabetic Supplies | | |
| BD Lancets | insulin syringes | ONETOUCH Lancets |
| insulin pen needles | NOVOFINE Lancets | ONETOUCH test strips (QL) |
| OSTEOPOROSIS | | |
| alendronate (QL) | ibandronate (QL) | risedronate (QL) |
| WOMENS HEALTH | | |
| Breast Cancer Prevention | | |
| raloxifene | tamoxifen | |
| Birth Control | | |
| All generic oral contraceptives | Medroxyprogesterone acetate (IM) (QL) | Xulane (generic Ortho-Evra) |
| DIAPHRAGMS (QL) | etonogestrel/ethinyl estradiol ring (QL) | |
| Birth Control (Emergency Contraception) | | |
| All generic emergency contraceptives | ELLA | |
| Thyroid | | |
| levothyroxine tablets | | |
| VACCINES | | |
| FLU | PNEUMONIA | SHINGLES (AL) |

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