

**Blue Cross FlexRx
Preventive Drug List**
Group Markets
Effective January 1, 2018



Your employer may have elected to include a Preventive Drug coverage feature with your prescription benefit plan. Below is the list of medications available under your Preventive Drug coverage. The actual cost of the medication will be applied toward the preventive benefit offered by your employer, allowing you to receive coverage even if you have not met your deductible.

This list only includes preferred generic and brand drugs.

This list will be reviewed at least annually and is subject to change at any time.

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic drugs are available for many of the brands noted on this list.

NOTE:

This list may not apply. Check your coverage or other plan information for benefit details.

Should this list apply to your benefit plan, your employer may not cover all categories included in this list.

Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement. Or, call the number on the back of your member ID card if you have questions about your coverage.

ANTI-ANGINA

- isosorbide dinitrate**
- isosorbide mononitrate**
- isosorbide mononitrate ext-release**
- NITRO-BID
- nitroglycerin ext-release**
- nitroglycerin lingual tabs**
- nitroglycerin patches**

ANTI-ARRHYTHMICS

- amiodarone**
- DIGOXIN soln
- digoxin tabs**
- disopyramide**
- flecainide**
- mexiletine**
- propafenone**
- propafenone ext-release**
- quinidine gluconate ext-release**
- QUINIDINE SULFATE
- sotalol**
- sotalol AF**

ANTI-COAGULANTS/

ANTI-PLATELETS

- AGGRENOX**
- anagrelide**
- aspirin/dipyridamole ext-release**
- BRILINTA
- cilostazol**
- clopidogrel**
- dipyridamole**
- EFFIENT
- PRADAXA
- warfarin**
- XARELTO

BREAST CANCER PRIMARY PREVENTION

- raloxifene**
- SOLTAMOX
- tamoxifen**

CONTRACEPTIVES

Emergency Method Types

- Emergency Ella**-
- ELLA

Hormonal Method Types

- Injectable Progestin**-
- medroxyprogesterone acetate**

Hormonal Method Types

- Oral Combined**-

- Altavera**
- Alyacen**
- Apri**
- Aranelle**
- Aubra**
- Aviane**
- Azurette**
- Balziva**
- Bekyree**
- Blisovi Fe**
- Briellyn**
- Caziant**
- Chateal**
- Cryselle**
- Cyclafem**
- Cyred**
- Dasetta**

CONTRACEPTIVES

Hormonal Method Types

- Oral Combined**-
- (*continued*)

- Delyla**
- desogestrel/ethinyl estradiol**
- drospirenone/ethinyl estradiol**
- Elinest**
- Emoquette**
- Enpresse**
- Enskyce**
- Estarylla**
- ethynodiol/ethinyl estradiol**
- Falmina**
- Femynor**
- Gianvi**
- Gildagia**
- Gildess**
- Gildess Fe**
- Juleber**
- Junel**
- Junel Fe**
- Kariva**
- Kelnor**
- Kimidess**
- Kurvelo**
- Larin**
- Larin Fe**
- Larissia**
- Leena**
- Lessina**
- Levonest**
- levonorgestrel/ethinyl estradiol**
- Levora**
- Loryna**

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS ** = generic available

Low-Ogestrel
Lutera

CONTRACEPTIVES

Hormonal Method Types

-Oral Combined-
(continued)

Marlissa
Microgestin
Microgestin Fe
Mono-Linyah
Mononessa
Myzilra
Necon 0.5/35, 1/35, 7/7/7
NECON 1/50, 10/11
Nikki
norethindrone/ethinyl estradiol
norethindrone/ethinyl
estradiol/fe
norgestimate/ethinyl estradiol
Nortrel
Ocella
OGESTREL
Orsythia
Philith
Pimtreea
Pirmella
Portia
Previfem
Reclipsen
Sprintec
Sronyx
Syeda
Tarina Fe
Tilia Fe
Tri-Estarylla
Tri Femynor
Tri-Legest Fe
Tri-Linyah
Tri-Lo-Estarylla
Tri-Lo-Marzia
Tri-Lo-Sprintec
Tri-Previfem
Tri-Sprintec
Trinessa
Trinessa Lo
Trivora
Velivet
Vestura
Vienva
Viorele
Vyfemla
Wera
Zarah
Zenchent
Zenchent Fe
Zovia
-Oral Extended Continuous-
Amethia
Amethia Lo

Ashlyna
Camrese

CONTRACEPTIVES

Hormonal Method Types

-Oral Extended Continuous-
(continued)

Camrese Lo
Daysee
Introvale
Jolessa
levonorgestrel/ethinyl estradiol
0.1-0.02 mg (84) & ethinyl
estradiol 0.01 mg (7)
levonorgestrel/ethinyl estradiol
0.15-0.03 mg (84) & ethinyl
estradiol 0.01 mg (7)
levonorgestrel/ethinyl estradiol
0.15-0.03 mg (91)
Quasense
Setlakin
-Oral Progestin-
Camila
Deblitane
Errin
Heather
Jencycla
Jolivette
Lyza
Nora-Be
norethindrone
Norlyda
Norlyroc
Sharobel

Hormonal Method Types

-Transdermal Combined-

XULANE

-Vaginal Combined-

NUVARING

DIABETES Rx

- Hypoglycemic Agents -
GLUCAGON EMERGENCY KIT

DIABETES Rx

-Insulin only-

LANTUS
LEVEMIR
NOVOLIN
NOVOLIN RELION
NOVOLOG
TOUJEO SOLOSTAR
TRESIBA

-Orals only-

acarbose
glimepiride
glipizide

glipizide ext-release
glipizide/metformin

DIABETES Rx

-Orals only-
(continued)

glyburide/metformin
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
KOMBIGLYZE XR
metformin
metformin ext-release
nateglinide
ONGLYZA
pioglitazone
pioglitazone/metformin
repaglinide
SYNJARDY
SYNJARDY XR

-Other Diabetic Injectables-

BYDUREON
BYETTA
SYMLINPEN
VICTOZA

DIABETIC SUPPLIES

-Basic Supplies-

Calibration Liquid
Insulin Syringes
Lancets
Lancet Devices
Pen Needles
Test Strips and Disks (blood glucose)
associated with Bayer line of meters
(the meters not covered under
pharmacy benefit):
Bayer Ascensia, Autodisc, Breeze 2,
Contour, Contour Next, Contour
Normal, Contour USB, Didget

FLUORIDE

-Dental Products &
Combinations-

Fluoridex Daily Defense Sensitivity
Relief paste
Naftrinse chew tabs, drops
Phos-Flur gel
Prevident rinse
sodium fluoride crm, gel, oral rinse,
paste
sodium fluoride/potassium nitrate

-Supplements & Combinations-

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS ** = generic available

FLUORIDE

-Supplements & Combinations- (continued)
 FLURA-DROPS
sodium fluoride chew tabs, drops, soln
 SODIUM FLUORIDE tabs

HEPARINS/LOW MOLECULAR WEIGHT HEPARIN
enoxaparin

HIGH BLOOD PRESSURE

acebutolol
amiloride
amiloride/hydrochlorothiazide
amlodipine
amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/valsartan
amlodipine/valsartan/hydrochlorothiazide
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hydrochlorothiazide
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
bumetanide
candesartan
candesartan/hydrochlorothiazide
captopril
carvedilol
 CHLOROTHIAZIDE 250 mg
chlorothiazide 500 mg
chlorthalidone
clonidine
diltiazem
diltiazem ext-release
doxazosin
enalapril
enalapril/hydrochlorothiazide
eplerenone
felodipine ext-release
fosinopril
fosinopril/hydrochlorothiazide
furosemide soln, 10 mg/mL; tabs
guanfacine
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan/hydrochlorothiazide
labetalol
lisinopril

lisinopril/hydrochlorothiazide

HIGH BLOOD PRESSURE (continued)

losartan
losartan/hydrochlorothiazide
methyldopa
metolazone
metoprolol succinate ext-release
metoprolol tartrate 25, 50, 100 mg
metoprolol/hydrochlorothiazide
minoxidil
moexipril
moexipril/hydrochlorothiazide
nadolol
nifedipine ext-release
olmesartan
olmesartan/hydrochlorothiazide
perindopril
phenoxybenzamine
pindolol
prazosin
 PROPRANOLOL soln
propranolol tabs
propranolol ext-release
 PROPRANOLOL/HYDROCHLOROTHIAZIDE
quinapril
quinapril/hydrochlorothiazide
ramipril
spironolactone
spironolactone/hydrochlorothiazide
telmisartan
terazosin
 TIMOLOL tabs
torseamide
trandolapril
triamterene/hydrochlorothiazide caps, 37.5-25 mg; tabs
 TRIAMTERENE/HYDROCHLOROTHIAZIDE caps, 50-25 mg
valsartan
valsartan/hydrochlorothiazide
verapamil
verapamil ext-release

HIGH CHOLESTEROL

atorvastatin
cholestyramine
cholestyramine light
colestipol
ezetimibe
fenofibrate tabs
fenofibrate micronized
fenofibric acid delayed-release
gemfibrozil
lovastatin
niacin ext-release
omega-3-acid ethyl esters

pravastatin

HIGH CHOLESTEROL (continued)

rosuvastatin
simvastatin
 WELCHOL

INFANT EYE OINTMENT (for newborns)

erythromycin eye oint

OSTEOPOROSIS

alendronate 5, 10, 35, 70 mg
 ALENDRONATE 40 mg
calcitonin-salmon
ibandronate
raloxifene

PRENATAL VITAMINS

KOSHER PRENATAL PLUS IRON
 PRENATABS RX
 PRENATAL PLUS
 PRENATAL U
 PRENATAL VITAMINS PLUS LOW IRON
 PRENATAL 19
 TRINATE

RESPIRATORY

acetylcysteine
 ADVAIR DISKUS
 ADVAIR HFA
albuterol
 ANORO ELLIPTA
 ARNUITY ELLIPTA
 ASMANEX HFA
 ASMANEX TWISTHALER
 ATROVENT HFA
 BREO ELLIPTA
budesonide inhal susp
 COMBIVENT RESPIMAT
 CROMOLYN SODIUM inhal soln
 DULERA
 FLOVENT DISKUS
 FLOVENT HFA
 FLUTICASONE PROPIONATE/SALMETEROL
 INCRUSE ELLIPTA
ipratropium inhal soln
ipratropium/albuterol inhal soln
levalbuterol hcl inhal soln
montelukast
 PROAIR HFA
 PROAIR RESPICLICK
 QVAR
 SEREVENT DISKUS
 SPIRIVA HANDIHALER
 SPIRIVA RESPIMAT
 STIOLTO RESPIMAT

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS ** = generic available

SYMBICORT

RESPIRATORY

(continued)

theophylline ext-release

VENTOLIN HFA

zafirlukast

TOBACCO CESSATION

bupropion ext-release

(smoking cessation)

CHANTIX

nicotine gum, kits, lozenges,

patches

NICOTROL INHALER

NICOTROL NS

ZYBAN**

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS ** = generic available

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Image_0006_NDL_Portrait (09/16)

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.
F1073R01 (1/17)

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူနာတိကျသောအချက်အလက်များအား, တစ်ကမ္ဘာလုံးဆိုင်ရာအချက်အလက်များကိုဖော်ပြရန်အတွက်, ဂရိ: 1-866-251-6744 သို့ TTY အား, ဂရိ: 711 ကို ခေါ်ဆိုပါ။

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للتلف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໃບໜາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໃບໜາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចទាក់ទងនឹងជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583 ។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711 ។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíik'e bee níká'a'doowolgo éí ná'ahoot'i'. Kojí éí bécésh bee hodiílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' bécésh bee hodiílnih.

Image_00021002_General_Protect (01/17)