

BCBSM FlexRx Preventive Drug List

Large Group

Effective January 1, 2017

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 5 mg, 10 mg, 20 mg
 ISOSORBIDE DINITRATE 30 mg
isosorbide mononitrate
isosorbide mononitrate ext-release
 NITRO-BID
nitroglycerin ext-release
nitroglycerin patches
 NITROSTAT

ANTI-ARRHYTHMICS

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

**ANTI-COAGULANTS/
ANTI-PLATELETS**

AGGRENOX
anagrelide
 BRILINTA
cilostazol
clopidogrel
dipyridamole
 EFFIENT

**ANTI-COAGULANTS/
ANTI-PLATELETS (con't)**

PRADAXA
warfarin
 XARELTO

ANTI-MALARIAL (no longer available 1/1/18)

atovaquone/proguanil
chloroquine phosphate
 DARAPRIM
hydroxychloroquine
mefloquine

BREAST CANCER PRIMARY PREVENTION

raloxifene
 SOLTAMOX
tamoxifen

CONTRACEPTIVES

-Emergency Ella-
 ELLA
-Emergency Progestin-
levonorgestrel 1.5 mg
My Way
Next Choice One Dose
-Injectable Progestin-
 DEPO-PROVERA CONTRACEPTIVE**
medroxyprogesterone acetate
-Oral Combined-
Altavera
Alyacen

CONTRACEPTIVES (con't)

-Oral Combined-
Apri
Aranelle
Aubra
Aviane
Azurette
Balziva
Bekyree
Blisovi Fe
Briellyn
Caziant
Chateal
Cryelle
Cyclafem
Cyred
Dasetta
Delyla
desogestrel/ethinyl estradiol
drospirenone/ethinyl estradiol
Elinest
Emoquette
Enpresse
Enskyce
Estarylla
Falmina
Gianvi
Gildagia
Gildess
Gildess Fe
Juleber
Junel
Junel Fe
Kariva
Kelnor
Kimidess

CONTRACEPTIVES (con't)

-Oral Combined-

Kurvelo
Larin
Larin Fe
Larissia
Leena
Lessina
Levonest
levonorgestrel/ethinyl estradiol
Levora
Loryna
Low-Ogestrel
Lutera
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
Pimtrea
Pirmella
Portia
Previfem
Reclipsen
Sprintec
Sronyx
Syeda
Tarina Fe
Tilia Fe
Tri-Estarylla
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

CONTRACEPTIVES (con't)

-Oral Combined-

Zarah
Zenchent
Zovia 1/35E
ZOVIA 1/50E
-Oral Extended Continuous-
Amethia
Amethia Lo
Ashlyna
Camrese
Camrese Lo
Daysee
Introvale
Jolessa
levonorgestrel/ethinyl estradiol
Quasense
Setlakin
-Oral Progestin-
Camila
Deblitane
Errin
-Oral Progestin-
Heather
Jencycla
Jolivette
Lyza
-Oral Progestin-
Nora-Be
norethindrone
Norlyroc
Sharobel
-Transdermal Combined -
XULANE
-Vaginal Combined -
NUVARING

DIABETES Rx

acarbose
BYDUREON
BYETTA
glimepiride
glipizide
glipizide ext-release
glipizide/metformin
GLUCAGON EMERGENCY KIT
glyburide/metformin
INVOKAMET
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
KOMBIGLYZE XR
LANTUS
LEVEMIR
metformin

DIABETES Rx (con't)

metformin ext-release
nateglinide
NOVOLIN
NOVOLIN RELION
NOVOLOG
ONGLYZA
pioglitazone
pioglitazone/metformin
SYMLINPEN
SYNJARDY
TOUJEO SOLOSTAR
TRESIBA
TRULICITY
VICTOZA

DIABETIC SUPPLIES

Calibration liquids, lancets, and strips 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 SUPPLEMENTS

Fluoridex Daily Defense Sensitivity Relief paste
Fluoridex gel
FLURA-DROPS
Nafrinse chew tabs, drops
Phos Flur gel
Prevident Rinse
sodium fluoride chew tabs, crm, drops, gel, oral rinse, paste, soln
SODIUM FLUORIDE tabs

HEPARINS/LOW MOLECULAR WEIGHT HEPARIN

enoxaparin

HIGH BLOOD PRESSURE

acebutolol
amiloride
amiloride/hydrochlorothiazide
amlodipine
amlodipine/benazepril
amlodipine/valsartan
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hydrochlorothiazide
BENICAR
BENICAR HCT
bisoprolol
bisoprolol/hydrochlorothiazide
bumetanide
candesartan

HIGH BLOOD PRESSURE (con't)

candesartan/hydrochlorothiazide
captopril
CAPTOPRIL/HYDROCHLOROTHIAZIDE
CARDURA**
carvedilol
CHLOROTHIAZIDE 250 mg
chlorothiazide 500 mg
chlorthalidone 25 mg
CHLORTHALIDONE 50
clonidine
diltiazem
diltiazem ext-release
doxazosin
DUTOPROL
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
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
perindopril
phenoxybenzamine
pindolol
prazosin
PROPRANOLOL soln
propranolol tabs
propranolol ext-release
PROPRANOLOL/HYDROCHLORO-
THIAZIDE

HIGH BLOOD PRESSURE (con't)

quinapril
quinapril/hydrochlorothiazide
ramipril
spironolactone
**spironolactone/hydrochloro-
thiazide**
telmisartan
terazosin
TIMOLOL tabs
torsemide
trandolapril
triamterene/hydrochlorothiazide
caps, 37.5-25 mg; tabs
TRIAMTERENE/HYDROCHLORO-
THIAZIDE caps, 50-25 mg
valsartan
valsartan/hydrochlorothiazide
verapamil
verapamil ext-release

HIGH CHOLESTEROL

atorvastatin
cholestyramine
cholestyramine light
colestipol
fenofibrate tabs
fenofibrate micronized
fenofibric acid delayed-release
gemfibrozil
lovastatin
niacin ext-release
pravastatin
rosuvastatin
simvastatin
ZETIA

INFANT EYE OINTMENT

(for newborns)

erythromycin eye oint

OSTEOPOROSIS

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

PRENATAL VITAMINS

PRENATABS RX

PRENATAL VITAMINS (con't)

PRENATAL PLUS
PRENATAL U
PRENATAL VITAMINS PLUS LOW IRON
PRENATAL 19
TRINATE

RESPIRATORY

acetylcysteine
ADVAIR DISKUS
ADVAIR HFA
albuterol
albuterol ext-release
ANORO ELLIPTA
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
ATROVENT HFA
BREQ ELLIPTA
budesonide inhal susp
**0.25 mg/2 mL, 0.5 mg/2 mL,
1 mg/2 mL**
COMBIVENT RESPIMAT
CROMOLYN SODIUM inhal soln
DULERA
FLOVENT DISKUS
FLOVENT HFA
FORADIL AEROLIZER
INCRUSE ELLIPTA
ipratropium inhal soln
ipratropium/albuterol inhal soln
levalbuterol inhal soln
montelukast
PROAIR HFA
PROAIR RESPICLICK
QVAR
SEREVENT DISKUS
SPIRIVA HANDHALER
SPIRIVA RESPIMAT
SYMBICORT
terbutaline
theophylline ext-release
VENTOLIN HFA
zafirlukast

TOBACCO CESSATION

bupropion ext-release
(smoking cessation)
CHANTIX
nicotine gum, lozenge, kit, patch
NICOTROL INHALER
NICOTROL NS
ZYBAN**

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

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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>.

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.

နမူကတိကသီကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိန်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
ဆၢဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهااتف 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 ከሆነ፣ 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. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 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 អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Dinē k'ehjí yánílt'i'go saad bee yát'i' éi t'áájíjk'e bee níká'a'doowołgo éi ná'ahoot'i'. Kojí éi béésh bee hodílnih áqíęęqíóąqęqé. TTY biniyégo éi íáájí' béésh bee hodílnih.