



Qualified High Deductible Health Plan

PREVENTIVE DRUG LIST

(by Therapy Class)

July 1, 2020

Capital **BLUE** 

Capital BlueCross is an Independent Licensee of the BlueCross BlueShield Association



Prescription drugs that can help keep you from developing a health condition are called preventive drugs.

Your Qualified High Deductible Health Plan (QHDHP) is suitable for pairing with a health savings account (HSA). An HSA can help you to pay for prescription medications, including prescribed preventive drugs.

With the QHDHP preventive drug option, your deductible is not applied to preventive prescription drugs, allowing healthcare dollars to go further.

The QHDHP preventive drug list includes four tiers¹ of medications: generic preferred (tier 1), generic nonpreferred (tier 2), brand preferred (tier 3), and brand nonpreferred (tier 4) drugs. For drugs on this preventive list, you pay only the generic or brand copayment or coinsurance described in your Certificate of Coverage. Your cost share for prescription drugs is based on the tier of the particular drug.

Generic drugs are typically the most affordable and offer a lower cost share than brand-name drugs. The active ingredient in a generic drug is chemically identical to the active ingredient in the brand-name version. To help lower your out-of-pocket costs, choose generic drugs whenever possible. Please note, not all strengths and formulations of generic drugs have the same tier status.

- **Generic preferred (tier 1)** drugs typically have the lowest cost share.
- **Generic nonpreferred (tier 2)** drugs usually cost less than brand-name drugs.

Brand-name drugs are marketed and sold under a specific trade name and are protected by a patent.

- **Brand preferred (tier 3)** drugs usually cost more than generics, but normally cost less than other brand drugs that treat the same condition.
- **Brand nonpreferred² (tier 4)** drugs usually have the highest cost share and receive their label because they have not been found to be more cost effective than available generic, over-the-counter, or preferred brand drugs.

¹All plans do not include a two-tier generic benefit. For plans that do not have a two-tier generic benefit, the generic copayment will be applied to both generic preferred and generic nonpreferred drugs. Refer to your Certificate of Coverage for specific information about your prescription benefit. You can visit your secure account at CapitalBlueCross.com to view the formulary and formulary status of your drugs.

²Nonpreferred brand drugs are not covered under a value formulary benefit plan.

You can easily identify generic preferred (tier 1), generic nonpreferred (tier 2), brand preferred (tier 3), and brand nonpreferred (tier 4) drugs as they will have the following symbols next to them:

Generic Preferred—listed in bold lower case print	GP
Generic Nonpreferred—listed in bold lower case print	GNP
Brand Preferred—listed in all UPPER CASE print	BP
Brand Nonpreferred—listed in all UPPER CASE print	BNP

Prior Authorization³

This process encourages medically appropriate and cost-effective use of certain drugs. You can easily find these drugs on your formulary by looking for the dot in the Prior Authorization column next to their names.

To help prevent possible delays in filling prescriptions that require prior authorization, you or your doctor should request prior authorization before your prescriptions are filled. Your benefits will not cover prescription drugs that require prior authorization until the authorization is secured.

Your in-network doctor will request prior authorization for you. You can also start a prior authorization request by calling the Member Services number on your member ID card or by logging in to your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com). You will need:

- Your name (as it appears on your member ID card)
- Your member number
- Your date of birth
- Name of the drug
- Name of the doctor who prescribed the drug
- Prescribing doctor's phone number
- Prescribing doctor's fax number (if available)

If your authorization is not approved, you can still get your prescription; however, you will be responsible for the entire cost of the drug. You may appeal the decision or you may ask your doctor to prescribe another drug that is covered by your benefits.

Note: If your prescribing doctor is not in Capital BlueCross' network, you are responsible for requesting prior authorization.

³Prior authorization requests are processed as soon as possible once all information/documentation is received by Capital BlueCross. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If prior authorization is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. In-network physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Enhanced Prior Authorization³ (Step Therapy)

Your plan includes a process called enhanced prior authorization for certain prescription drugs, which means you may be asked to try a different drug first. Your doctor or pharmacist can call Capital BlueCross at the phone number listed on your member ID card to start enhanced prior authorization. You can also start the process by calling the Member Services number on your member ID card or through your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com).

Drug Quantity Management Program³

Your plan also includes quantity limits for certain prescription drugs to support safety. Prescription drugs that require quantity level limits will have a dot in the Quantity Level Limits column next to their name on your formulary. If your prescription is written for more than the allowed quantity, your pharmacy will only fill up to the allowed amount. Your doctor can request an exception to quantity limits by calling the number on your Capital BlueCross member ID card.

Generic Substitution Program

Your benefits may include a mandatory or restrictive generic substitution program to help control drug costs. Under the mandatory program, your pharmacy may replace a brand-name drug with a generic one. If you request the brand-name one, you will be charged the brand-name cost share plus the cost difference between the generic and brand-name medication.

Under the restrictive program, your doctor can write Brand Medically Necessary on your prescription. In this case, you will only be charged the brand-name cost share. However, if you request a brand-name drug when a generic is available, you will be charged the brand-name cost share plus the cost difference between the generic and brand-name medication.

Check your plan highlight sheet or Certificate of Coverage to see if either program applies to your plan.

90DayMyWay^{®4}

If your plan includes this program, you must get your maintenance drugs in 90-day supplies. Remember to ask your doctor to write a 90-day prescription. You can fill your 90-day prescriptions for maintenance drugs through home delivery or by picking them up at pharmacies that are part of the Extended Supply Network.

Extended Supply Network

This network includes pharmacies that are allowed to dispense prescriptions drugs in amounts up to 90 days. Most of the popular retail chain and grocery store pharmacies are part of the Extended Supply Network. You can find which pharmacies are part of the Extended Supply Network by logging in to your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) or calling the Member Services number on your member ID card.

⁴Drug quantity level limits apply to all applicable generic equivalents of the brand-name products. Applicable home delivery quantity levels are two to three times the retail quantity level limits, depending on the prescription drug benefit design chosen by the member or employer group.

Preventive Medication List†

Anticoagulation

Drug Name	Alternatives (please discuss with your physician)	
AGGRENOX	BNP	
AGRYLIN	BNP	
anagrelide	GNP	
aspirin/dipyridamole	GNP	
BRILINTA	BP	clopidogrel
cilostazol	GNP	
clopidogrel	GNP	
COUMADIN	BNP	
dipyridamole	GNP	
DURLAZA	BNP	
EFFIENT	BNP	
ELIQUIS	BP	
jantoven	GP	
PLAVIX	BNP	
PRADAXA	BNP	
prasugrel	GNP	
SAVAYSA	BNP	
warfarin	GP	
XARELTO	BP	
ZONTIVITY	BNP	

Arrhythmia or Angina (continued)

Drug Name	Alternatives (please discuss with your physician)	
NITRO-DUR	BP/ BNP	
nitroglycerin	GNP	
nitro-time cr	GP	
nitroglycerin sl / spray / caps	GNP	
NITROMIST	BNP	
NITROSTAT	BNP	
NORPACE	BNP/ BP	
pacerone	GNP	
propafenone	GNP	
quinidine gl	GNP	
QUINIDINE SL	BNP	
RANEXA	BP	
ranolazine	GNP	
RYTHMOL	BNP	
sorine	GP	
sotalol af	GNP	
sotalol	GP	
SOTYLIZE	BNP	
TIKOSYN	BNP	

Arrhythmia or Angina

Drug Name	Alternatives (please discuss with your physician)	
amiodarone	GNP	
BETAPACE / AF	BNP	
CORLANOR (PA, QLL)	BNP	RANEXA
digitek	GNP	
digoxin	GNP	
DIGOXIN SOL	BNP	
DILATRATE SR	BP	
disopyramide	GNP	
dofetilide	GNP	
flecainide	GNP	
GONITRO POW	BNP	
ISORDIL TAB (5MG)	BNP	
ISORDIL TAB (40MG)	BP	
isosorbide dinitrate/ -er	GNP	
isosorbide mononitrate/ -er	GNP	
LANOXIN	BNP	
MEXILENTINE	BNP	
minitran dis	GNP	
MULTAQ	BNP	
NITRO-BID OINT	BP	

Asthma and COPD

Drug Name	Alternatives (please discuss with your physician)	
advair diskus (QLL)	GP	
ADVAIR HFA (QLL)	BP	
AIRDUO	BNP	
ALVESCO (QLL)	BNP	
ANORO ELLIPTA	BP	
ARCAPTA	BNP	
ARNUITY ELLIPTA (QLL)	BP	
ASMANEX /-HFA (QLL)	BP	
ATROVENT HFA	BNP	
BEVESPI	BNP	
BREO ELLIPTA (QLL)	BP	
budesonide inhalation	GNP	
COMBIVENT	BP	
DALIRESP	BNP	
DULERA (QLL)	BP	
FLOVENT DISKUS/ -HFA (QLL)	BP	

Preventive Medication List[‡]

Asthma and COPD (continued)

Drug Name

Alternatives

(please discuss with your physician)

fluticasone/salmeterol aer (QLL)	GNP	ADVAIR DISKUS
FLUTICASONE/SALMETEROL INH	BP/BNP	
INCRUSE ELLIPTA	BP	
ipratropium bromide solution	GNP	
ipratropium/albuterol solution	GNP	
LONHALA MAGN	BNP	
PULMICORT	BNP	
QVAR REDIHALER (QLL)	BP	
SPIRIVA	BP	
STIOLTO	BP	
STRIVERDI	BNP	
TUDORZA	BNP	
UTIBRON	BNP	
wixela inhub	GNP	
YUPELRI	BNP	

Diabetes

Drug Name

Alternatives

(please discuss with your physician)

acarbose	GNP	
ACTOPLUS	BNP	
ACTOS	BNP	
ADLYXIN (QLL)	BNP	
ADMELOG (QLL)	BNP	
AFREZZA (PA, QLL)	BNP	
ALOGLIPTIN/PIOGLITAZONE (QLL)	BNP	
ALOGIPTIN (QLL)	BNP	
ALTOGLIPTIN/METFORMIN (QLL)	BNP	
AMARYL	BNP	
APIDRA (PA)	BNP	
AVANDIA	BP	
BAQSIMI	BNP	
BASAGLAR	BNP	
BYDUREON (EPA)	BNP	
BYETTA (EPA)	BNP	
CYCLOSET	BNP	
DUETACT	BNP	
FARXIGA	BNP	
FIASP	BNP	
FORTAMET (pa)	BNP	
glimepiride	GP	
glipizide	GP	

Diabetes (continued)

Drug Name

Alternatives

(please discuss with your physician)

glipizide er 10mg	GP	
glipizide xl	GP	
glipizide/metformin	GNP	
GLUCAGEN	BP	
GLUCAGON	BP	
GLUCOPHAGE	BNP	
GLUCOTROL / -XL	BNP	
GLUMETZA (PA)	BNP	
glyburide	GP	
glyburide/metformin	GP	
GLYNASE	BNP	
GLYSET	BNP	
GLYXAMBI	BP	
HUMALOG products (PA)	BNP	NOVOLOG
HUMULIN R (PA)	BP	NOVOLIN
INSULIN ASPART PRODUCTS	BP	
INSULIN LISIP 100/ML (PA)	BNP	
INVOKAMET	BP	
INVOKANA	BP	
JANUMET /-XR	BP	
JANUVIA	BP	
JARDIANCE	BP	
JENTADUETO (EPA)	BP	
KAZANO (EPA)	BNP	
KOMBIGLYZ XR (EPA)	BNP	
KORLYM (PA, QLL)	BP	
LANTUS / -SOLOSTAR	BP	
LEVEMIR	BP	
metformin ER (generic for GLUMETZA) (PA)	GNP	
metformin, metformin er	GP	
metformin osmotic er	GNP	
METFORMIN SOL	BNP	
migliitol	GNP	
nateglinide	GNP	
NESINA (EPA)	BNP	
NOVOLIN products	BP	
NOVOLOG products	BP	
ONGLYZA	BNP	
OSENI (EPA)	BNP	
OZEMPIC	BP	
pioglitazone and glimepiride	GNP	
pioglitazone	GNP	
pioglitazone and metformin	GNP	
repaglinide	GNP	

Preventive Medication List†

Diabetes (continued)

Drug Name	Alternatives (please discuss with your physician)	
RIOMET (PA)	BNP	
RYBELSUS	BNP	
SEGLUROMET (EPA)	BNP	
SOLIQUA	BNP	
STARLIX	BNP	
STEGLATRO (EPA)	BNP	
SYMLINPEN	BP	
SYNJARDY / -XR	BP	
TOLBUTAMIDE	BNP	
TOUJEO	BP	
TOUJEO MAX	BP	
TRADJENTA (EPA)	BNP	
TRESIBA products	BP	
TRULICITY	BP	
VICTOZA	BP	
XIGDUO XR (EPA)	BP	
XULTOPHY (EPA)	BNP	

Diabetic Supplies

Blood Glucose Meter Disposable Device with Test Strips		
Blood Glucose Monitoring Devices		
Blood Glucose Monitoring Kit		
Blood Glucose Monitoring Kit W/Device		

High Blood Pressure and Other Cardiovascular Conditions

Drug Name	Alternatives (please discuss with your physician)	
acebutolol	GP	
acetazolamide	GNP	
ACCUPRIL	BNP	
ACCURETIC	BNP	
ADALAT CC	BNP	
afeditab	GNP	
ALDALAT CC	BNP	
ALDACTAZIDE	BNP	
ALDACTONE	BNP	
aliskiren	GP	
ALTACE	BNP	
amiloride	GP	
amiloride/hctz	GNP	
amlodipine	GP	
AMLOD/ATORVA	GNP	
amlodipine/benazepril	GNP	
amlodipine/olmesartan	GNP	
amlodipine/valsartan	GNP	
ATACAND /-HCT (EPA)	BNP	
atenolol	GP	
atenolol/ -chlorthalidone	GNP	
AVALIDE (EPA)	BNP	
AVAPRO (EPA)	BNP	
AZOR (EPA)	BNP	
benazepril	GP	
benazepril/ hctz	GNP	
BENICAR /-HCT (EPA)	BNP	
betaxolol	GNP	
BIDIL	BNP	
bisoprolol	GNP	
bisoprolol fumerate	GNP	
bisoprolol/hctz	GP	
bumetanide	GNP	
BUMEX	BNP	
BYSTOLIC	BP	

Preventive Medication List[‡]

High Blood Pressure and Other Cardiovascular Conditions (continued)

Drug Name

Alternatives

(please discuss with your physician)

CADUET	BNP	
CALAN SR	BNP	
candesartan	GNP	
candesartan/hctz	GNP	
captopril	GNP	
CAPTOPRIL/HCTZ	BNP	
CARDIZEM /-CD,-LA	BNP	
CARDURA	BNP	
CAROSPIR SUS	BNP	
cartia xt	GNP	
carvedilol	GP	
CATAPRES /-TTS,-DIS	BNP	
CHLOROTHIAZIDE	BNP	
chlorothiazide 500mg	GNP	
chlorthalidone	GNP	
clonidine tab	GP	
COREG /-CR	BNP	
CORGARD	BNP	
COZAAR (EPA)	BNP	
DIBENZYLIN	BNP	
dilt-xr	GNP	
diltiazem	GNP	
DIOVAN /-HCT (EPA)	BNP	
diltiazem -er	GNP	
DIURIL	BNP	
doxazosin	GNP	
DUTOPROL	BP	
DYAZIDE	BNP	
DYRENIUM	BNP	amiloride, spironolactone
EDARBI (EPA)	BNP	
EDARBYCLOR (EPA)	BNP	
enalapril (EPA)	GNP	
enalapril/ -hctz (EPA)	GP	
ENTRESTO	BP	
EPANED	BNP	
eplerenone	GNP	
EPROSARTAN	BNP	
ethacrynic acid	GNP	
EXFORGE	BNP	
felodipine	GNP	

High Blood Pressure and Other Cardiovascular Conditions (continued)

Drug Name

Alternatives

(please discuss with your physician)

fosinopril	GP	
fosinopril/hctz	GNP	
furosemide	GP	
furosemide sol	GP	
guanfacine	GP	
hydralazine	GP	
hydrochlorothiazide	GP	
hydrochlorothiazide cap	GP	
HYZAAR (EPA)	BNP	
indapamide	GP	
INDERAL /-LA, -XL	BNP	
INNOPRAN XL	BNP	
INSPRA	BNP	
irbesartan	GNP	
irbesartan/ hctz	GNP	
ISOPTIN SR	BNP	
isradipine	GNP	
KAPSPARGO	BNP	
KEVEYIS (PA, QLL)	BNP	
labetalol	GNP	
LASIX	BNP	
lisinopril	GP	
lisinopril/hctz	GP	
LOPRESSOR	BNP	
losartan	GP	
losartan/hctz	GP	
LOTENSIN /-HCT	BNP	
LOTREL	BNP	
matzim la	GNP	
MAXZIDE	BNP	
methazolamide	GNP	
METHYLD/HCTZ	BNP	
methyldopa	GP	
metolazone	GNP	
metoprolol er	GNP	
metoprolol/hctz	GNP	
METOPROLOL/HCTZ 100/50	BNP	
metoprolol suc	GNP	
metoprolol tartrate	GP	
MICARDIS /-HCT (EPA)	BNP	

GP = Generic Preferred GNP = Generic Nonpreferred BP = Brand Preferred BNP = Brand Nonpreferred

Preventive Medication List[‡]

High Blood Pressure and Other Cardiovascular Conditions (continued)

Drug Name **Alternatives**
(please discuss with your physician)

MINIPRESS	BNP	
minoxidil tab 10mg	GNP	
minoxidil tab 2.5 mg	GP	
moexipril	GNP	
nadolol	GNP	
nicardipine	GNP	
nifedical xl	GNP	
nifedipine	GNP	
nifedipine er	GP	
nislodopine	GNP	
nisoldipine er 8.5 mg, 17mg, 34MG mg	GNP	
NISLODOPINE ER 20, 25.5, 30, 40mg	BNP	
NORVASC	BNP	
olm med/amlo	GNP	
olmesartan	GNP	
olmesartan/hctz	GNP	
perindopril	GNP	
phenoxbenza	GNP	
pindolol	GNP	
prazosin	GNP	
PRESTALIA	BNP	
PRINIVIL	BNP	
PROCARDIA /-XL	BNP	
propranolol	GNP	
propranolol er	GP	
PROPRANOLOL SOL	BNP	
PROPRANOLOL/HCTZ	BNP	
QBRELIS SOL	BNP	
quinapril	GP	
quinapril/hctz	GNP	
ramipril	GP	
spironolactone	GP	
spironolactone/hctz	GNP	
TARKA	BNP	
taztia xt	GNP	
TEKTRUNA/ -HCT	BP	
telmisartan	GNP	
telmisartan/-hctz	GNP	
telmis/amlod	GNP	
TENORETIC	BNP	

High Blood Pressure and Other Cardiovascular Conditions (continued)

Drug Name **Alternatives**
(please discuss with your physician)

TENORMIN	BNP	
terazosin	GP	
tiadylt er	GNP	
TIAZAC	BNP	
timolol tab	GNP	
TIMOLOL	BNP	
TOPROL XL	BNP	
torsemide	GNP	
trandolapril	GNP	
TRANDOLAPRIL/VERAPAMIL	BNP	
trandolapril/verapamil	GNP	
triamterene/hctz	GP	
triamterene	GNP	
TRIBENZOR (EPA)	BNP	
TWYNSTA (EPA)	BNP	
valsartan	GNP	
valsartan/hctz	GNP	
VASOTEC	BNP	
verapamil	GP	
verapamil cr/er/sa/sr	GNP	
VERELAN /-PM	BNP	
ZESTORETIC	BNP	
ZESTRIL	BNP	
ZIAC	BNP	

High Cholesterol

Drug Name **Alternatives**
(please discuss with your physician)

ALTOPREV (EPA, QLL)	BNP	
ANTARA	BNP	
atorvastatin (QLL)	GNP	
cholestyramine	GNP	
colesevelam	GNP	
COLESTID	BNP	
colestipol	GNP	
CRESTOR (EPA, QLL)	BNP	
ezetimibe	GNP	
ezetimibe/simvastatin	GNP	
fenofibrate	GNP	
fenofibric dr	GNP	
FENOGLIDE	BNP	
FIBRICOR	BNP	

Preventive Medication List†

High Cholesterol (continued)

Drug Name	Alternatives (please discuss with your physician)
FLOLIPID (EPA)	BNP
fluvastatin / ER (QLL)	GNP
gemfibrozil	GNP
LESCOL XL (EPA, QLL)	BNP
LIPITOR (EPA, QLL)	BNP
LIPOFEN	BNP
LIVALO (EPA, QLL)	BNP atorvastatin, simvastatin
LOPID	BNP
lovastatin (QLL)	GP
LOVAZA	BNP
niacin /-er	GNP
NIACOR	BNP
NIASPAN ER	BNP
omega-3 acid ethyl esters	GNP
PRAVACHOL (PA, EPA)	BNP pravastatin
pravastatin (QLL)	GNP
prevalite pow	GNP
QUESTRAN	BNP
rosuvastatin (QLL)	GNP
simvastatin (QLL)	GP
SIMVASTATIN SOL	BNP
TRICOR	BNP
TRIGLIDE	BNP
TRILPIX	BNP
VASCEPA	BNP omega-3 acids er
VYTORIN (EPA, QLL)	BNP
WELCHOL	BP
ZETIA	BNP
ZOCOR (EPA, QLL)	BNP

Mental Health

Drug Name	Alternatives (please discuss with your physician)
amitriptyline	GP
AMOXAPINE	BNP
ANAFRANIL (PA)	BNP
APLENZIN (PA)	BNP

Mental Health (continued)

Drug Name	Alternatives (please discuss with your physician)
aripiprazole	GNP
aripiprazole soln	GNP
bupropion	GNP
bupropion er,xl	GNP
CELEXA (PA)	BNP
chlorpromazine	GNP
citalopram solution	GNP
citalopram tab	GP
Clomipramine (PA)	GNP
clozapine	GNP
CLOZARIL (PA)	BNP
compro	GNP
CYMBALTA (PA)	BNP
desipramine	GNP
desvenlafaxine SR 24 HR	GNP venlafaxine ER
doxepin	GP
doxepin 150mg	BNP
doxepin soln	GNP
duloxetine	GNP
EFFEXOR XR (PA)	BNP
EMSAM PATCH (PA)	BNP citalopram paroxetine
EQUETRO	BNP
escitalopram	GP
escitalopram soln	GNP
FANAPT (EPA)	BP aripiprazole, quetiapine, risperidone, ziprasidone
FETZIMA (PA)	BNP
fluoxetine capsules 10mg, 20mg, 40mg caps, solution	GP
fluphenazine	GNP
FLUPHENAZINE SOLN	BNP
fluvoxamine	GNP
FORFIVO XL (PA)	BNP
GEODON (EPA)	BNP
haloperidol tablets	GNP
imipramine	GP
INVEGA (EPA, QLL)	BNP
KHEDEZLA	BNP
LATUDA	BP
LEXAPRO (PA)	BNP
LITHIUM SOL	BP

GP = Generic Preferred GNP = Generic Nonpreferred BP = Brand Preferred BNP = Brand Nonpreferred

Preventive Medication List[‡]

Mental Health (continued)

Drug Name	Alternatives (please discuss with your physician)
LITHIM CARB CAP 150, 600 MG	BNP
lithium carb 300 cap/tab	GP
loxapine	GNP
MAPROTILINE	BNP
MARPLAN	BP
mirtazapine	GNP
MOLINDONE	BNP
NARDIL	BNP
NEFAZODONE	BNP
nortriptyline cap	GP
NORTRIPTYLINE SUSPENSION	BNP
olanzapine (QLL)	GNP
paliperidone (QLL)	GNP
PAMELOR	BNP
PARNATE	BNP
paroxetine	GP
paroxetin er	GNP
PAXIL (PA)	BNP
PAXIL CR (PA)	BNP
PAXIL SUS	BNP
perphenazine	GNP
phenelzine	GNP
PRISTIQ (PA)	BNP
prochlorperazine sup	GNP
prochlorperazine	GP
protriptyline	GNP
PROZAC (PA)	BNP
quetiapine (QLL)	GNP
quetiapine er (QLL)	GNP
REMERON	BNP
REXULTI (EPA)	BNP
RISPERDAL (EPA)	BNP
risperidone	GP
risperidone soln	GNP
SAPHRIS (EPA)	BNP
SEROQUEL / -XR (EPA, QLL)	BNP

Mental Health (continued)

Drug Name	Alternatives (please discuss with your physician)
sertraline	GP
sertraline oral concentrate	GNP
thioridazine	GNP
thiothixene	GNP
tranylcypromine	GNP
trazodone	GNP
trifluoperazine	GNP
trimipramine	GNP
venlafaxine	GNP
venlafaxine er	GNP
VERSACLOZ SUS (EPA)	BNP
VIIBRYD (PA)	BNP
VRAYLAR	BP
WELLBUTRIN (PA)	BNP
WELLBUTRIN TAB XL (PA)	BNP
ziprasidone	GNP
ZOLOFT (PA)	BNP
ZOLOFT CONC (PA)	BNP
ZYPREXA (EPA, QLL)	BNP
ZYPREXA ZYDIS (EPA, QLL)	BNP
	citalopram fluoxetine
	aripiprazole

Osteoporosis

Drug Name	Alternatives (please discuss with your physician)
ACTONEL (QLL)	BNP
alendronate (QLL)	GP
ALENDRONATE SOLN	BNP
BINOSTO (QLL)	BNP
BONIVA (QLL)	BNP
calcitonin nasal spray	GNP
EVISTA	BP
FOSAMAX-D (QLL)	BP
ibandronate (QLL)	GNP
raloxifene	GNP
risedronate (QLL)	GNP

GP = Generic Preferred GNP = Generic Nonpreferred BP = Brand Preferred BNP = Brand Nonpreferred

Preventive Medication List†

Prenatal Vitamins (continued)

Drug Name

Alternatives (please discuss with your physician)

ATABEX EC	BNP	generic
CITRANATAL	BNP	generic
C-NATE DHA	BNP	generic
COMPLETE NAT PAK	BNP	generic
CO-NATAL FA	BNP	generic
CONCEPT	BNP	generic
DUET DHA	BNP	generic
ELITE-OB	BNP	generic
ENBRACE HR	BNP	generic
FOLET DHA/ONE	BNP	generic
INATAL GT	BP	generic
KOSHR PRENATAL	BNP	generic
MARANATAL-F	BNP	generic
M-NATAL PLUS	BNP	generic
M-VIT	BNP	generic
MYNATAL, Z TABLETS	BP	generic
MYNATAL CAPSULES	BNP	generic
MYNATAL 90 TABLETS	BNP	generic
NATACHEW	BNP	generic
NATALVIT	BNP	generic
NEEVO DHA	BNP	generic
NEONATAL, PLS	BNP	generic
NESTABLS DHA, ONE	BNP	generic
NIVA-PLUS	BNP	generic
OB COMPLETE	BNP	generic
OBSTETRIX	BNP	generic
O-CAL	BNP	generic
PNV FOLIC ACID + IRON	BNP	generic
PNV TABS	BNP	generic
PR NATAL	BNP	generic
PREGENNA	BNP	generic
PREMESISRX	BNP	generic
PRENA 1	BNP	generic
PRENAISSANCE	BNP	generic

Prenatal Vitamins (continued)

Drug Name

Alternatives (please discuss with your physician)

PRENATAL: LOW IRON, PLUS FE, 19, U	BNP	generics
PRENATE: AM, DHA, MINI	BNP	generics
PREPLUS	BNP	generics
PRETAB	BNP	generics
PRIMACARE	BNP	generics
PROVIDA OB	BNP	generics
REDICHEW	BNP	generics
RELNATE DHA	BNP	generics
R-NATAL OB	BNP	generics
SELECT-OB	BNP	generics
SE-NATAL 19 CHEWABLE	BNP	generics
SE-NATAL 19 TABLETS	BP	generics
TARON-C DHA, PREX	BNP	generics
THRIVITE 19, RX	BP	generics
TRICARE	BNP	generics
TRINATAL RX	BNP	generics
TRINATE	BNP	generics
TRINAZ	BNP	generics
TRISTART DHA	BNP	generics
TRI-TABS	BNP	generics
TRIVEEN-DUO	BNP	generics
VINATE: DHA, II, M, ONE	BNP	generics
VIRT: -C DHA, NATE, PN DHA, PNPLUS	BNP	generics
VITAFOL: FE, STRP, NANO, OB, ONE	BNP	generics
VITAMED	BNP	generics
VITAPERAL	BNP	generics
VITATHELY	BNP	generics
VITATRUE	BNP	generics
VIVA DHA	BNP	generics
VOL: PLUS, TAB	BNP	generics
VP-HEME OB	BNP	generics

† This list does not indicate coverage and is not all-inclusive. The coverage of these services depends on the terms of your benefit plan. Please refer to your Certificate of Coverage for specific details, or call the Customer Service number listed on your member ID card. This list does not include all conditions that may be prevented with preventive prescription drugs or all preventive drugs available. Capital BlueCross believes that these drugs satisfy the requirements for preventive care as outlined by the U.S. Treasury Department (see IRS notice 2004-50 Comprehensive HSA Guidance and IRS notice 2004-23 Health Savings Accounts – Preventive Care) but cannot guarantee that the Treasury Department would agree that all of these drugs satisfy the definition of preventive care.

GP = Generic Preferred GNP = Generic Nonpreferred BP = Brand Preferred BNP = Brand Nonpreferred

Contact Us

Log in to your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) to manage your prescription drug benefits. See which drugs are covered by your plan (your formulary), find pharmacies, and learn more about your plan's prescription drug programs in this one-stop shop.

Also, your Member Services team is available 24 hours a day, seven days a week to answer your pharmacy benefit questions. You can call them at the number on your member ID card.



The information contained in this document was current at the time of printing and is subject to change. It is not intended to substitute your physician's independent medical judgment based on your specific needs. Please call the Member Services number on your member ID card for the most current formulary information and your expected out-of-pocket costs.

Healthcare benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.