



Qualified High Deductible Health Plan

PREVENTIVE DRUG LIST

(by Therapy Class)

Capital **BLUE** 

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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 capbluecross.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 [capbluecross.com](https://www.capbluecross.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 [capbluecross.com](https://www.capbluecross.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 prescription 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 member account at [capbluecross.com](https://www.capbluecross.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

Drug Name	Alternatives
	(please discuss with your physician)
amiodarone	GNP
BETAPACE / AF	BNP
CORLANOR	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

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

Asthma and COPD

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

Preventive Medication List[†]

Asthma and COPD (continued)

Drug Name	Alternatives (please discuss with your physician)
fluticasone/salmeterol aer	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	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	BNP
ADMELOG	BNP
AFREZZA	BNP
ALOGLIPTIN/PIOGLITAZONE	BNP
ALOGIPTIN	BNP
ALTOGLIPTIN/METFORMIN	BNP
AMARYL	BNP
APIRDIA	BNP
AVANDIA	BP
BAQSIMI	BNP
BASAGLAR	BNP
BYDUREON	BNP
BYETTA	BNP
CYCLOSET	BNP
DUETACT	BNP
FARXIGA	BNP
FIASP	BNP
FORTAMET	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	BNP
glyburide	GP
glyburide/metformin	GP
GLYNASE	BNP
GLYSET	BNP
GLYXAMBI	BP
HUMALOG products	BNP NOVOLOG
HUMULIN R	BP NOVOLIN
INSULIN ASPART PRODUCTS	BP
INSULIN LISIP 100/ML	BNP
INVOKAMET	BP
INVOKANA	BP
JANUMET /-XR	BP
JANUVIA	BP
JARDIANCE	BP
JENTADUETO	BP
KAZANO	BNP
KOMBIGLYZ XR	BNP
KORLYM	BP
LANTUS / -SOLOSTAR	BP
LEVEMIR	BP
metformin ER (generic for GLUMETZA)	GNP
metformin, metformin er	GP
metformin osmotic er	GNP
METFORMIN SOL	BNP
miglitol	GNP
nateglinide	GNP
NESINA	BNP
NOVOLIN products	BP
NOVOLOG products	BP
ONGLYZA	BNP
OSENI	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	BNP
RYBELSUS	BNP
SEGLUROMET	BNP
SOLIQUA	BNP
STARLIX	BNP
STEGLATRO	BNP
SYMLINPEN	BP
SYNJARDY / -XR	BP
TOLBUTAMIDE	BNP
TOUJEO	BP
TOUJEO MAX	BP
TRADJENTA	BNP
TRESIBA products	BP
TRULICITY	BP
VICTOZA	BP
XIGDUO XR	BP
XULTOPHY	BNP
INVOKAMET	BP
INVOKANA	BP
JANUMET /-XR	BP

High Blood Pressure and Other Cardiovascular Conditions (continued)

Drug Name	Alternatives (please discuss with your physician)
amlodipine/valsartan	GNP
ATACAND /-HCT	BNP
atenolol	GP
atenolol/ -chlorthalidone	GNP
AVALIDE	BNP
AVAPRO	BNP
AZOR	BNP
benazepril	GP
benazepril/ hctz	GNP
BENICAR /-HCT	BNP
betaxolol	GNP
BIDIL	BNP
bisoprolol	GNP
bisoprolol fum	GNP
bisoprolol/hctz	GP
bumetanide	GNP
BUMEX	BNP
BYSTOLIC	BP
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	BNP
DIBENZYLINE	BNP
dilt-xr	GNP
diltiazem	GNP

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

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

Preventive Medication List[‡]

High Blood Pressure and Other Cardiovascular Conditions

Drug Name

Alternatives

(please discuss with your physician)

Drug Name	Alternatives	
DIOVAN /-HCT	BNP	
diltiazem -er	GNP	
DIURIL	BNP	
doxazosin	GNP	
DUTOPROL	BP	
DYAZIDE	BNP	
DYRENIUM	BNP	amiloride, spironolactone
EDARBI	BNP	
EDARBYCLOR	BNP	
enalapril	GNP	
enalapril/ -hctz	GP	
ENTRESTO	BP	
EPANED	BNP	
eperenone	GNP	
EPROSARTAN	BNP	
ethacrynic acid	GNP	
EXFORGE	BNP	
felodipine	GNP	
fosinopril	GP	
fosinopril/hctz	GNP	
furosemide	GP	
furosemide sol	GP	
guanfacine	GP	
hydralazine	GP	
hydrochlorothiazide	GP	
hydrochlorothiazide cap	GP	
HYZAAR	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	BNP	
labetalol	GNP	
LASIX	BNP	
lisinopril	GP	

High Blood Pressure and Other Cardiovascular Conditions (continued)

Drug Name

Alternatives

(please discuss with your physician)

Drug Name	Alternatives	
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	
metoprol suc	GNP	
metoprolol tartrate	GP	
MICARDIS /-HCT	BNP	
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	

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)
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
TEKTURNA /-HCT	BP
telmisartan	GNP
telmisartan/-hctz	GNP
telmis/amlod	GNP
TENORETIC	BNP
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	BNP
TWYNSTA	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	BNP
ANTARA	BNP
atorvastatin	GNP
cholestyramine	GNP
colesevelam	GNP
COLESTID	BNP
colestipol	GNP
CRESTOR	BNP
ezetimibe	GNP
ezetimibe/simvastatin	GNP
fenofibrate	GNP
fenofibric dr	GNP
FENOGLIDE	BNP
FIBRICOR	BNP
FLOLIPID	BNP
fluvastatin / ER	GNP
gemfibrozil	GNP
LESCOL XL	BNP
LIPITOR	BNP
LIPOFEN	BNP
LIVALO	BNP
LOPID	BNP
lovastatin	GP
LOVAZA	BNP
niacin /-er	GNP
NIACOR	BNP
NIASPAN ER	BNP
omega-3 acid ethyl esters	GNP
PRAVACHOL	BNP
pravastatin	GNP
prevalite pow	GNP
QUESTRAN	BNP
rosuvastatin	GNP
simvastatin	GP
SIMVASTATIN SOL	BNP
TRICOR	BNP
TRIGLIDE	BNP
TRILPIX	BNP
VASCEPA	BNP
VYTORIN	BNP
WELCHOL	BP
ZETIA	BNP
ZOCOR	BNP

Preventive Medication List†

Mental Health

Drug Name

Alternatives

(please discuss with your physician)

amitriptyline	GP	
AMOXAPINE	BNP	
ANAFRANIL	BNP	
APLENZIN	BNP	
aripiprazole	GNP	
aripiprazole soln	GNP	
bupropion	GNP	
bupropion er,xl	GNP	
CELEXA	BNP	
chlorpromazine	GNP	
citalopram solution	GNP	
citalopram tab	GP	
clomipramine	GNP	
clozapine	GNP	
CLOZARIL	BNP	
compro	GNP	
CYMBALTA	BNP	
desipramine	GNP	
desvenlafaxine SR 24 HR	GNP	venlafaxine ER
doxepin	GP	
doxepin 150mg	BNP	
doxepin soln	GNP	
duloxetine	GNP	
EFFEXOR XR	BNP	
EMSAM PATCH	BNP	citalopram paroxetine
EQUETRO	BNP	
escitalopram	GP	
escitalopram soln	GNP	
FANAPT	BP	aripiprazole, quetiapine, risperidone, ziprasidone
FETZIMA	BNP	
fluoxetine capsules 10mg, 20mg, 40mg caps, solution	GP	
fluphenazine	GNP	
FLUPHENAZINE SOLN	BNP	
fluvoxamine	GNP	
FORFIVO XL	BNP	
GEODON	BNP	
haloperidol tablets	GNP	
imipramine	GP	
INVEGA	BNP	
KHEDEZLA	BNP	

Mental Health (continued)

Drug Name

Alternatives

(please discuss with your physician)

LATUDA	BP	
LEXAPRO	BNP	
LITHIUM SOL	BP	
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	GNP	
paliperidone	GNP	
PAMELOR	BNP	
PARNATE	BNP	
paroxetine	GP	
paroxetin er	GNP	
PAXIL	BNP	
PAXIL CR	BNP	
PAXIL SUS	BNP	
perphenazine	GNP	
phenelzine	GNP	
PRISTIQ	BNP	
prochlorperazine sup	GNP	
prochlorperazine	GP	
protriptyline	GNP	
PROZAC	BNP	
quetiapine	GNP	
quetiapine er	GNP	
REMERON	BNP	
REXULTI	BNP	
RISPERDAL	BNP	
risperidone	GP	
risperidone soln	GNP	
SAPHRIS	BNP	
SEROQUEL / -XR	BNP	
sertraline	GP	
sertraline oral concentrate	GNP	

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)	
thioridazine	GNP	
thiothixene	GNP	
tranylcypromine	GNP	
trazodone	GNP	
trifluoperazine	GNP	
trimipramine	GNP	
venlafaxine	GNP	
venlafaxine er	GNP	
VERSACLOZ SUS	BNP	
VIIBRYD	BNP	citalopram fluoxetine
VRAYLAR	BP	aripiprazole
WELLBUTRIN	BNP	
WELLBUTRIN TAB XL	BNP	
ziprasidone	GNP	
ZOLOFT	BNP	
ZOLOFT CONC	BNP	
ZYPREXA	BNP	
ZYPREXA ZYDIS	BNP	

Osteoporosis

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

ACTONEL	BNP	
alendronate	GP	
ALENDRONATE SOLN	BNP	
BINOSTO	BNP	
BONIVA	BNP	
calcitonin nasal spray	GNP	
EVISTA	BP	
FOSAMAX-D	BP	
ibrandronate	GNP	
raloxifene	GNP	
risedronate	GNP	

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 capbluecross.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.

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