



BlueCross BlueShield of Illinois



Preventive Drug Benefit Program

Member Guide

Effective January 1, 2021

Preventive Drug Benefit Program

Introduction

Blue Cross and Blue Shield of Illinois (BCBSIL) administers the preventive drug benefit for your “metallic” high deductible health plan (“HDHP”), which has been designed for use with Health Savings Accounts (“HSAs”). If you bought your health plan on your own or get health coverage through your job, your plan has this preventive drug benefit program. It includes categories of prescription drugs that are often used for preventive purposes. If your doctor has prescribed any of them to you or to your HDHP-covered dependents for preventive purposes, your HDHP may pay for the drugs at a \$0 copay before you meet your HDHP deductible.

This guide lists some examples of drugs that are commonly prescribed for preventive purposes. Coverage of all medications is still subject to your HDHP limits, exclusions and out-of-pocket requirements (for example, your prescription drug payment levels). Coverage of some medications or drug products may be covered under your medical benefit.

IMPORTANT REMINDER: These drugs could also at times be prescribed for treatment purposes. As a result, the listing of a drug in the Guide does not mean that it will be covered by your benefit before your HDHP deductible is satisfied. If your doctor has prescribed a listed drug for treatment purposes (and not preventive purposes) then your plan does not provide coverage for that drug before your HDHP deductible is satisfied.

As each individual’s medical circumstances are different, and because proper classification is necessary for you to ensure you are complying with applicable HDHP tax regulations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on your member ID card when your doctor confirms for you that he or she prescribed one of the listed drugs for treatment purposes so your claims can be processed correctly. **Unless you provide us with this information, claims for the drugs listed in the Guide will be processed as “preventive,” and you or your doctor may be asked by us to provide medical records showing that the drug you’re taking is being used for prevention. Remember, if you improperly classify the drug, it may result in adverse tax consequences so please be sure to take the confirming step to properly classify your claim.**

REMEMBER: Just because a drug is on the preventive drug benefit list, doesn’t always mean it is covered.

Follow these steps:

1. Find your drug in the Guide.
2. Talk to your doctor about whether your drug is in fact being prescribed for preventive purposes (and not treatment purposes).
3. If prescribed for treatment purposes, call the number on your ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

2021 HDHP-HSA \$0 Preventive Drug List

This Guide lists some, but not all, examples of drugs that are commonly prescribed for preventive purposes. It is being provided to you as a resource to help you in managing your prescription drug benefits under your HDHP plan.

This list does not include all drugs that may be prescribed as preventive. It will be reviewed periodically and is subject to change. Coverage of all medications is still subject to your HDHP limits, exclusions and out-of-pocket requirements (for example, your prescription drug payment levels). Coverage of some medications or drug products may be covered under your medical benefit. Please verify with your plan if there are any additional requirements before a drug may be covered.

It is important to note, for the reasons described in the Introduction to this Guide, that the listing of a drug in the Guide does not mean that it will be covered by your benefit before your HDHP deductible is satisfied. Please follow the steps outlined in the Introduction to ensure you are properly directing the processing of your claims.

The preventive drug program currently includes prescription drugs in the following categories:

- Anticoagulants/antiplatelets
- Depression
- Diabetes medications
- Diabetic supplies
- High blood pressure
- High cholesterol
- Osteoporosis

The drugs in each category are listed alphabetically on the following pages.

- Generic drugs are listed in **bold**.
- Brand drugs are listed in all CAPITAL letters.
- Some strengths and/or formulations may not be covered.
- Brand names in parenthesis are listed for reference and are not covered under the benefit.



This drug/drug category may also be included under the Affordable Care Act (ACA) coverage of preventive services. These products have limited or \$0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation and when you use a pharmacy or doctor in your health plan's network. Not all products covered under the ACA are shown. Coverage can vary based on your benefit plan and/or prescription drug list. Call the number on your member ID card if you have any questions and to find out what you may pay.

Please be reminded that Health Savings Accounts (HSAs) have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

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Anticoagulants/ Antiplatelets

anagrelide hcl cap 0.5 mg (Agrylin),
1 mg
aspirin-dipyridamole cap er 12hr
25-200 mg (Aggrenox)
cilostazol tab 50 mg, 100 mg
clopidogrel bisulfate tab
75 mg (Plavix), 300 mg
(base equivalent)
dipyridamole tab 25 mg, 50 mg,
75 mg
prasugrel hcl tab 5 mg, 10 mg
(base equivalent) (Effient)
warfarin sodium tab 1 mg, 2 mg,
2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,
7.5 mg, 10 mg (Coumadin)

Depression

Selective Serotonin Reuptake Inhibitors (SSRI)

citalopram hydrobromide
oral soln 10 mg/5 mL
citalopram hydrobromide tab
10 mg, 20 mg, 40 mg
(base equivalent) (Celexa)
escitalopram oxalate soln
5 mg/5 mL (base equivalent)
escitalopram oxalate tab 5 mg,
10 mg, 20 mg (base equivalent)
(Lexapro)
fluoxetine hcl cap 10 mg, 20 mg,
40 mg (Prozac)
fluoxetine hcl solution 20 mg/
5 mL
paroxetine hcl tab 10 mg, 20 mg,
30 mg, 40 mg (Paxil)
sertraline hcl oral concentrate for
solution 20 mg/mL (Zoloft)
sertraline hcl tab 25 mg, 50 mg,
100 mg (Zoloft)

Diabetes Medications

Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal
powder 3 mg/dose

BAQSIMI TWO PACK – glucagon nasal
powder 3 mg/dose
GLUCAGON EMERGENCY KIT –
glucagon hcl for inj 1 mg
GLUCAGON EMERGENCY KIT –
glucagon (rdna) for inj kit 1 mg
GVOKE HYPOPEN – glucagon
subcutaneous solution
auto-injector 0.5 mg/0.1 mL,
1 mg/0.2 mL
GVOKE PFS – glucagon subcutaneous
soln pref syringe 0.5 mg/0.1 mL,
1 mg/0.2 mL

Insulin Only

FIASP – insulin aspart (with
niacinamide) inj 100 unit/mL
FIASP FLEXTOUCH – insulin aspart
(with niacinamide) soln
pen-injector 100 unit/mL
FIASP PENFILL – insulin aspart
(with niacinamide) soln cartridge
100 unit/mL
HUMULIN R U-500 (CONCENTRATED)
– insulin regular (human) inj
500 unit/mL
HUMULIN R U-500 KWIKPEN – insulin
regular (human) soln pen-injector
500 unit/mL
INSULIN ASPART – insulin aspart inj
100 unit/mL
INSULIN ASPART FLEXPEN – insulin
aspart soln pen-injector
100 unit/mL
INSULIN ASPART PENFILL – insulin
aspart soln cartridge 100 unit/mL
INSULIN ASPART PROTAMINE/ –
insulin aspart prot & aspart
(human) inj 100 unit/mL (70-30)
INSULIN ASPART PROTAMINE/ –
insulin aspart prot & aspart sus
pen-inj 100 unit/mL (70-30)
LANTUS – insulin glargine inj
100 unit/mL
LANTUS SOLOSTAR – insulin glargine
soln pen-injector 100 unit/mL
LEVEMIR – insulin detemir inj
100 unit/mL
LEVEMIR FLEXTOUCH – insulin
detemir soln pen-injector
100 unit/mL
NOVOLIN 70/30 FLEXPEN – insulin
nph & regular susp pen-inj
100 unit/mL (70-30)
NOVOLIN 70/30 FLEXPEN RELION –
insulin nph & regular susp pen-inj
100 unit/mL (70-30)
NOVOLIN N – insulin nph (human)
(isophane) inj 100 unit/mL
NOVOLIN N FLEXPEN – insulin nph
(human) (isophane) susp
pen-injector 100 unit/mL
NOVOLIN N FLEXPEN RELION –
insulin nph (human) (isophane)
susp pen-injector 100 unit/mL
NOVOLIN N RELION – insulin nph
(human) (isophane) inj 100 unit/mL
NOVOLIN R – insulin regular (human)
inj 100 unit/mL
NOVOLIN R FLEXPEN – insulin regular
(human) soln pen-injector
100 unit/mL
NOVOLIN R FLEXPEN RELION –
insulin regular (human) soln
pen-injector 100 unit/mL
NOVOLIN R RELION – insulin regular
(human) inj 100 unit/mL
NOVOLIN 70/30 – insulin nph
isophane & regular human inj
100 unit/mL (70-30)
NOVOLIN 70/30 RELION – insulin
nph isophane & regular human inj
100 unit/mL (70-30)
NOVOLOG – insulin aspart inj
100 unit/mL
NOVOLOG FLEXPEN – insulin aspart
soln pen-injector 100 unit/mL
NOVOLOG MIX 70/30 – insulin aspart
prot & aspart (human) inj
100 unit/mL (70-30)
NOVOLOG MIX 70/30 PREFILL –
insulin aspart prot & aspart sus
pen-inj 100 unit/mL (70-30)
NOVOLOG PENFILL – insulin aspart
soln cartridge 100 unit/mL

2021 HDHP-HSA \$0 Preventive Drug List

TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (2 unit dial)

TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (1 unit dial)

TRESIBA – insulin degludec inj 100 unit/mL

TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/mL, 200 unit/mL

Orals Only

acarbose tab 25 mg, 50 mg, 100 mg (Precose)

glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)

glipizide tab 5 mg, 10 mg (Glucotrol)

glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)

glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg

glyburide tab 1.25 mg, 2.5 mg, 5 mg

glyburide micronized tab 1.5 mg, 3 mg, 6 mg (Glynase)

glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg

metformin hcl tab 500 mg, 850 mg, 1000 mg

metformin hcl tab er 24hr 500 mg, 750 mg

miglitol tab 25 mg, 50 mg, 100 mg (Glyset)

nateglinide tab 60 mg, 120 mg (Starlix)

pioglitazone hcl tab 15 mg, 30 mg, 45 mg (base equivalent) (Actos)

pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)

repaglinide tab 0.5 mg, 1 mg, 2 mg

Diabetic Supplies

Calibration Liquid

CONTOUR LOW CONTROL

CONTOUR NORMAL CONTROL

CONTOUR HIGH CONTROL

CONTOUR NEXT CONTROL LEVEL 1

CONTOUR NEXT CONTROL LEVEL 2

Insulin Syringes

Lancets

Lancet Devices

Pen Needles

Test Strips & Discs

CONTOUR BLOOD GLUCOSE

TEST STRIPS

CONTOUR NEXT BLOOD

GLUCOSE TEST

High Blood Pressure

acebutolol hcl cap 200 mg, 400 mg

amiloride hcl tab 5 mg

amiloride & hydrochlorothiazide tab 5-50 mg

amlodipine besylate tab 2.5 mg, 5 mg, 10 mg (base equivalent)

(Norvasc)

amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg

amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)

amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg

(Azor)

amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)

amlodipine-valsartan-

hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)

atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)

atenolol & chlorthalidone tab 50-25 mg, (Tenoretic 50)

100-25 mg (Tenoretic 100)

benazepril hcl tab 5 mg

benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)

benazepril & hydrochlorothiazide tab 5-6.25 mg

benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)

betaxolol hcl tab 10 mg, 20 mg

bisoprolol fumarate tab 5 mg, 10 mg

bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)

bumetanide tab 0.5 mg, 1 mg, 2 mg (Bumex)

candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)

candesartan cilexetil - hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)

captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg

carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)

chlorthalidone tab 25 mg, 50 mg

clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)

clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1), 0.2 mg/24hr (Catapres-tts-2), 0.3 mg/24hr (Catapres-tts-3)

diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg

diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)

diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem la)

diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)

diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)

diltiazem hcl tab 90 mg

doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)

enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)

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|--|--|---|
| enalapril maleate & hydrochlorothiazide tab 5-12.5 mg | metolazone tab 2.5 mg, 5 mg, 10 mg | quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril) |
| enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic) | metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg (tartrate equivalent) (Toprol xl) | quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic) |
| eplerenone tab 25 mg, 50 mg (Inspra) | metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg | ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace) |
| felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg | metoprolol tartrate tab 50 mg, 100 mg (Lopressor) | spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone) |
| fosinopril sodium tab 10 mg, 20 mg, 40 mg | metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct) | spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide) |
| fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg | metoprolol & hydrochlorothiazide tab 100-25 mg | telmisartan tab 20 mg, 40 mg, 80 mg (Micardis) |
| furosemide oral soln 10 mg/mL | minoxidil tab 2.5 mg, 10 mg | telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg (Twynsta) |
| furosemide tab 20 mg, 40 mg, 80 mg (Lasix) | moexipril hcl tab 7.5 mg, 15 mg | telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct) |
| guanfacine hcl tab 1 mg, 2 mg | nadolol tab 20 mg, 40 mg, 80 mg (Corgard) | terazosin hcl cap 1 mg, 2 mg, 5 mg, 10 mg (base equivalent) |
| hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg | nicardipine hcl cap 20 mg, 30 mg | toremide tab 5 mg, 10 mg, 20 mg, 100 mg |
| hydrochlorothiazide cap 12.5 mg | nifedipine cap 10 mg (Procardia) | trandolapril tab 1 mg, 2 mg, 4 mg |
| hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg | nifedipine cap 20 mg | trandolapril-verapamil hcl tab er 2-180 mg, 2-240 mg, 4-240 mg (Tarka) |
| indapamide tab 1.25 mg, 2.5 mg | nifedipine tab er 24hr 30 mg, 60 mg, 90 mg | triamterene cap 50 mg, 100 mg (Dyrenium) |
| irbesartan tab 75 mg, 150 mg, 300 mg (Avapro) | nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl) | triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide) |
| irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide) | olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar) | triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25), 75-50 mg (Maxzide) |
| isradipine cap 2.5 mg, 5 mg | olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct) | valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan) |
| labetalol hcl tab 100 mg, 200 mg, 300 mg | olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor) | valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct) |
| lisinopril tab 2.5 mg, 5 mg, 30 mg, 40 mg (Zestril) | perindopril erbumine tab 2 mg, 4 mg, 8 mg | verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan) |
| lisinopril tab 10 mg, 20 mg (Prinivil) | phenoxybenzamine hcl cap 10 mg (Dibenzyline) | verapamil hcl tab 40 mg, 80 mg, 120 mg |
| lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic) | pindolol tab 5 mg, 10 mg | verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr) |
| losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar) | prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress) | |
| losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar) | propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la) | |
| methyldopa tab 250 mg, 500 mg | propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | |

2021 HDHP-HSA \$0 Preventive Drug List

High Cholesterol

atorvastatin calcium tab
10 mg, 20 mg, 40 mg, 80 mg
(base equivalent) (Lipitor)

cholestyramine light powder
4 gm/dose (Questran Light)

cholestyramine light powder
packets 4 gm

cholestyramine powder 4 gm/
dose, packets 4 gm (Questran)

choline fenofibrate cap dr 45 mg
(fenofibric acid equiv) (Trilipix)

colesevelam hcl packet for susp
3.75 gm (Welchol)

colesevelam hcl tab 625 mg
(Welchol)

colestipol hcl granules 5 gm,
granule packets 5 gm (Colestid)

colestipol hcl tab 1 gm (Colestid)

ezetimibe tab 10 mg (Zetia)

ezetimibe-simvastatin tab
10-10 mg, 10-20 mg, 10-40 mg,
10-80 mg (Vytorin)


fenofibrate tab 48 mg, 145 mg
(Tricor)

fenofibrate tab 54 mg, 160 mg


fenofibrate micronized cap 43 mg,
67 mg, 134 mg, 200 mg


gemfibrozil tab 600 mg (Lopid)

lovastatin tab 10 mg

lovastatin tab 20 mg, 40 mg 

niacin tab er 500 mg, 750 mg,
1000 mg (antihyperlipidemic)
(Niaspan)

pravastatin sodium tab 10 mg,
80 mg 

pravastatin sodium tab 20 mg,
40 mg (Pravachol) 

rosuvastatin calcium tab 5 mg,
10 mg, 20 mg, 40 mg (Crestor)

simvastatin tab 5 mg

simvastatin tab 10 mg, 20 mg,
40 mg, 80 mg (Zocor)


Osteoporosis

alendronate sodium tab 10 mg,
35 mg

alendronate sodium tab 70 mg
(Fosamax)

calcitonin (salmon) nasal soln
200 unit/act (Miacalcin)

ibandronate sodium tab 150 mg
(base equivalent) (Boniva)

raloxifene hcl tab 60 mg (Evista) 

risedronate sodium tab 5 mg,
30 mg, 35 mg, 150 mg (Actonel)

risedronate sodium tab delayed
release 35 mg (Atelvia)