



BlueCross BlueShield of Illinois



# Preventive Drug Benefit Program

## Member Guide

Effective January 1, 2022

# 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 is being provided as a resource to help you manage your HDHP plan’s prescription drug benefits. It includes some commonly, but not all, drugs that are prescribed for preventive purposes.

The drugs listed in this guide will be reviewed from time to time and are 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 under your medical benefit. Please verify with your benefit plan if there are any additional requirements before a drug may be covered.

**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 plan 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 they 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.**

**Please follow these steps to make sure you are properly classifying the purpose of your prescription:**

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 member ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

# 2022 HDHP-HSA \$0 Preventive Drug List

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.

**REMEMBER: Just because a drug is on the preventive drug benefit list, doesn't always mean it is covered. It also doesn't mean that it may be covered by your benefit plan before your HDHP deductible is satisfied. Coverage of all medications is still subject to your plan benefits. Please see your benefit plan materials for coverage details, or call the number on your member ID card.**

**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.**

# 2022 HDHP-HSA \$0 Preventive Drug List

## Anticoagulants/ Antiplatelets

anagrelide hcl cap 0.5 mg (Agrylin),  
1 mg  
aspirin-dipyridamole cap er 12hr  
25-200 mg  
cilostazol tab 50 mg, 100 mg  
clopidogrel bisulfate tab  
75 mg (Plavix), 300 mg  
(base equivalent)  
dipyridamole tab 25 mg, 50 mg,  
75 mg (Persantine)  
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

## 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 (rdna) for inj kit 1 mg (Glucagon emergency kit)

GLUCAGON EMERGENCY KIT FOR  
LOW BLOOD SUGAR – glucagon  
hcl for inj 1 mg  
GVOKE HYPOPEN 1-PACK –  
glucagon subcutaneous solution  
auto-injector 0.5 mg/0.1 mL,  
1 mg/0.2 mL  
GVOKE HYPOPEN 2-PACK –  
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  
ZEGALOGUE – dasiglucagon hcl  
subcutaneous soln auto-inj  
0.6 mg/0.6 mL  
ZEGALOGUE – dasiglucagon hcl  
subcutaneous soln pref syringe  
0.6 mg/0.6 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)  
INSULIN GLARGINE – insulin glargine-  
yfgn inj 100 unit/mL  
INSULIN GLARGINE – insulin glargine-  
yfgn 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



# 2022 HDHP-HSA \$0 Preventive Drug List

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  
SEMGLEE – insulin glargine-yfgn inj 100 unit/mL  
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/mL  
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  
glipizide tab 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

migliitol tab 25 mg, 50 mg, 100 mg  
nateglinide tab 60 mg, 120 mg  
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 & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)  
bisoprolol fumarate tab 5 mg, 10 mg  
bumetanide tab 0.5 mg (Bumex)  
bumetanide tab 1 mg, 2 mg  
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  
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 cap er 24hr 120 mg, 180 mg, 240 mg

## 2022 HDHP-HSA \$0 Preventive Drug List

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)

enalapril maleate & hydrochlorothiazide tab 5-12.5 mg

enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)

epplerenone tab 25 mg, 50 mg (Inspra)

felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg

fosinopril sodium tab 10 mg, 20 mg, 40 mg

fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg

furosemide oral soln 10 mg/mL

furosemide tab 20 mg, 40 mg, 80 mg (Lasix)

guanfacine hcl tab 1 mg, 2 mg (Tenex)

hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg

hydrochlorothiazide cap 12.5 mg

hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg

indapamide tab 1.25 mg, 2.5 mg

irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)

irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)

isradipine cap 2.5 mg, 5 mg

labetalol hcl tab 100 mg, 200 mg, 300 mg

lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)

lisinopril tab 20 mg (Prinivil)

lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)

losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)

losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)

methyldopa tab 250 mg, 500 mg

metolazone tab 2.5 mg, 5 mg, 10 mg

metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg (tartrate equivalent) (Toprol xl)

metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg

metoprolol tartrate tab 50 mg, 100 mg (Lopressor)

metoprolol & hydrochlorothiazide tab 50-25 mg

metoprolol & hydrochlorothiazide tab 100-25 mg

minoxidil tab 2.5 mg, 10 mg

moexipril hcl tab 7.5 mg, 15 mg

nadolol tab 20 mg, 40 mg, 80 mg (Corgard)

nicardipine hcl cap 20 mg, 30 mg

nifedipine cap 10 mg (Procardia)

nifedipine cap 20 mg

nifedipine tab er 24hr 30 mg, 60 mg, 90 mg

nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)

olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)

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)

perindopril erbumine tab 2 mg, 4 mg, 8 mg

phenoxybenzamine hcl cap 10 mg (Dibenzyline)

pindolol tab 5 mg, 10 mg

prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)

propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)

propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg

quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)

quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)

ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)

spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)

spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)

telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)

telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg (Twynta)

telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)

terazosin hcl cap 1 mg, 2 mg, 5 mg, 10 mg (base equivalent)

torseamide tab 5 mg, 10 mg, 20 mg, 100 mg

trandolapril tab 1 mg, 2 mg, 4 mg

trandolapril-verapamil hcl tab er 2-180 mg, 2-240 mg, 4-240 mg (Tarka)


triamterene cap 50 mg, 100 mg (Dyrenium)



triamterene & hydrochlorothiazide cap 37.5-25 mg

# 2022 HDHP-HSA \$0 Preventive Drug List



triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25), 75-50 mg (Maxzide)  
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)  
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)  
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)  
verapamil hcl tab 40 mg, 80 mg, 120 mg  
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)

## High Cholesterol

atorvastatin calcium tab 10 mg, 20 mg (base equivalent) (Lipitor)   
atorvastatin calcium tab 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)  
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 flavored)  
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 67 mg, 134 mg, 200 mg  
gemfibrozil tab 600 mg (Lopid)  
icosapent ethyl cap 1 gm (Vascepa)  
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, 20 mg, 40 mg, 80 mg   
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)  
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (Zocor)

## Osteoporosis

alendronate sodium oral soln 70 mg/75 mL  
alendronate sodium tab 10 mg, 35 mg  
alendronate sodium tab 70 mg (Fosamax)  
calcitonin (salmon) nasal soln 200 unit/act  
ibandronate sodium tab 150 mg (base equivalent) (Boniva)   
raloxifene hcl tab 60 mg (Evista)   
risedronate sodium tab 5 mg, 30 mg  
risedronate sodium tab 35 mg, 150 mg (Actonel)  
risedronate sodium tab delayed release 35 mg (Atelvia)