



BlueCross BlueShield of Texas



Preventive Drug Benefit Program

Employee Guide

Effective January 1, 2021

Preventive Drug Benefit Program for The City of Dallas

Introduction

Blue Cross and Blue Shield of Texas (BCBSTX) administers the preventive drug benefit for your group's health plan.

Coverage for these medications is subject to your prescription drug benefit plan.

This guide lists some examples of drugs that are commonly prescribed for preventive purposes.

Coverage of all medications is still subject to your plan 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 under the preventive drug benefit program.

As each individual's medical circumstances are different. 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: 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 Non-HSA Preventive Drug List for The City of Dallas

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 employer's 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 plan 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.

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 plan's preventive benefit program. 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:

- Diabetes medications
- High blood pressure

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.

2021 Non-HSA Preventive Drug List for The City of Dallas

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
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)
FARXIGA – dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent)
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
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg, 25-5 mg
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg
INVOKANA – canagliflozin tab 100 mg, 300 mg

2021 Non-HSA Preventive Drug List for The City of Dallas

JANUMET – sitagliptin-metformin hcl
tab 50-500 mg, 50-1000 mg

JANUMET XR – sitagliptin-metformin
hcl tab er 24hr 50-500 mg, 50-
1000 mg, 100-1000 mg

JANUVIA – sitagliptin phosphate tab
25 mg, 50 mg, 100 mg (base
equivalent)

JARDIANCE – empagliflozin tab 10
mg, 25 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

SYNJARDY – empagliflozin-metformin
hcl tab 5-500 mg, 5-1000 mg,
12.5-500 mg, 12.5-1000 mg

SYNJARDY XR – empagliflozin-
metformin hcl tab er 24hr 5-1000
mg, 10-1000 mg, 12.5-1000 mg,
25-1000 mg

TRIJARDY XR – empagliflozin-
linagliptin-metformin tab er 24hr
5-2.5-1000 mg, 10-5-1000 mg,
12.5-2.5-1000 mg, 25-5-1000 mg

XIGDUO XR – dapagliflozin-metformin
hcl tab er 24hr 2.5-1000 mg, 5-500
mg, 5-1000 mg, 10-500 mg,
10-1000 mg

GLP1 Oral/Injectables

OZEMPIC – semaglutide soln pen-inj
0.25 mg/dose, 0.5 mg/dose, 1 mg/
dose (2 mg/1.5 mL)

RYBELSUS – semaglutide tab 3 mg, 7
mg, 14 mg

TRULICITY – dulaglutide soln pen-
injector 0.75 mg/0.5 mL, 1.5
mg/0.5 mL

VICTOZA – liraglutide soln pen-
injector 18 mg/3 mL (6 mg/mL)

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)**

**enalapril maleate &
hydrochlorothiazide tab
5-12.5 mg**

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

2021 Non-HSA Preventive Drug List for The City of Dallas

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