

**BCBSMN Small Group BasicRx
HSA Preventive Drug List**
Effective January 1, 2023



The following updated Preventive Drug list is available for all new and renewing Small Group HSA-compliant health plans. Members in these plans can receive the following eligible preventive drugs and supplies with no member cost-sharing at in-network pharmacies. This list will be reviewed at least annually and is subject to change at any time. The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic drugs are shown in lower-case **boldface** type and brand drugs are shown in CAPITAL LETTERS.

DEPRESSION – SELECTIVE SEROTONIN REUPTAKE
INHIBITORS

- citalopram hydrobromide tab 10 mg, 20 mg, and 40 mg (base equiv)**
- escitalopram oxalate tab 5 mg, 10 mg, and 20 mg (base equiv)**
- fluoxetine hcl cap 10 mg, 20 mg, and 40 mg**
- paroxetine hcl tab 10 mg, 20 mg, 30 mg, and 40 mg**
- sertraline hcl tab 25 mg, 50 mg, and 100 mg**

DIABETES Rx

- *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/0.1ml and 1 mg/0.2ml
- GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml and 1 mg/0.2ml
- GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml
- GVOKE PFS – glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml and 1 mg/0.2ml

- *Insulin only* -

- FIASP – insulin aspart (with niacinamide) inj 100 unit/ml
- FIASP FLEXTOUCH – insulin aspart (with niacinamide) soln pen-inj 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 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
- INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – 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

- *Insulin only- (continued)* -

- 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 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 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 FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml
- NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml
- NOVOLOG RELION – insulin aspart inj 100 unit/ml
- NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
- NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
- NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
- NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
- RELION R – insulin regular (human) inj 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

- **Insulin Combinations** -

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

- **Orals only** -

acarbose tab 25 mg, 50 mg, and 100 mg

FARXIGA – dapagliflozin propanediol tab 5 mg and 10 mg (base equivalent)

glimepiride tab 1 mg, 2 mg, and 4 mg

glipizide tab 5 mg and 10 mg

glipizide tab er 24hr 2.5 mg, 5 mg, and 10 mg

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

glyburide micronized tab 1.5 mg, 3 mg, and 6 mg

glyburide tab 1.25 mg, 2.5 mg, and 5 mg

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

GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg and 25-5 mg

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

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

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

JARDIANCE – empagliflozin tab 10 mg and 25 mg

metformin hcl tab 500 mg, 850 mg, and 1000 mg

metformin hcl tab er 24hr 500 mg and 750 mg

pioglitazone hcl tab 15 mg, 30 mg, and 45 mg (base equiv)

repaglinide tab 0.5 mg, 1 mg, and 2 mg

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

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

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

- **Other Diabetic Injectables** -

OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml), 1 mg/dose (2 mg/1.5ml), 1 mg/dose (4 mg/3ml), and 2 mg/dose (8 mg/3ml)

TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, and 4.5 mg/0.5ml

DIABETIC SUPPLIES

- **Basic Supplies** -

Calibration Liquid

Insulin Syringes

Lancets

Lancet Devices

Insulin Pen Needles

- **Basic Supplies** - *(continued)* -

Test Strips (blood glucose) associated with Bayer line of meters: Contour, Contour Next, Contour Next GEN, Contour Next One, Contour Next EZ, Contour Next Link

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg and 400 mg

amiloride hcl tab 5 mg

amiloride & hydrochlorothiazide tab 5-50 mg

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

amlodipine besylate-benazepril hcl cap 2.5-10 mg,

5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, and 10-40 mg

amlodipine besylate-olmesartan medoxomil tab

5-20 mg, 5-40 mg, and 10-20 mg

amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, and 10-320 mg

atenolol tab 25 mg, 50 mg, and 100 mg

atenolol & chlorthalidone tab 50-25 mg and 100-25 mg

benazepril hcl tab 5 mg, 10 mg, 20 mg, and 40 mg

BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE – benazepril & hydrochlorothiazide tab 5-6.25 mg

benazepril & hydrochlorothiazide tab 5-6.25 mg,

10-12.5 mg, 20-12.5 mg, and 20-25 mg

bisoprolol fumarate tab 5 mg and 10 mg

bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,

5-6.25 mg, and 10-6.25 mg

bumetanide tab 0.5 mg, 1 mg, and 2 mg

carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, and 25 mg

chlorthalidone tab 25 mg and 50 mg

clonidine hcl tab 0.1 mg, 0.2 mg, and 0.3 mg

diltiazem hcl tab 30 mg, 60 mg, 90 mg, and 120 mg

diltiazem hcl cap er 24hr 120 mg, 180 mg, and 240 mg

diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, and 300 mg

diltiazem hcl extended-release beads cap er 24hr 120

mg, 180 mg, 240 mg, 300 mg, and 420 mg

doxazosin mesylate tab 1 mg, 2 mg, 4 mg, and 8 mg

enalapril maleate tab 2.5 mg, 5 mg, 10 mg, and 20 mg

enalapril maleate & hydrochlorothiazide tab 5-12.5 mg and 10-25 mg

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

fosinopril sodium tab 10 mg, 20 mg, and 40 mg

fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg

furosemide oral soln 10 mg/ml

furosemide tab 20 mg, 40 mg, and 80 mg

guanfacine hcl tab 1 mg and 2 mg

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

hydrochlorothiazide cap 12.5 mg

hydrochlorothiazide tab 12.5 mg, 25 mg, and 50 mg

indapamide tab 1.25 mg and 2.5 mg

irbesartan tab 75 mg, 150 mg, and 300 mg

irbesartan-hydrochlorothiazide tab 150-12.5 mg and 300-12.5 mg

labetalol hcl tab 100 mg, 200 mg, and 300 mg

lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, and 40 mg

lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, and 20-25 mg

losartan potassium tab 25 mg, 50 mg, and 100 mg

HIGH BLOOD PRESSURE (continued)

losartan potassium & hydrochlorothiazide tab
50-12.5 mg, 100-12.5 mg, and 100-25 mg
METHYLDOPA- methyl dopa tab 250 mg and 500 mg
methyl dopa tab 250 mg and 500 mg
metolazone tab 2.5 mg, 5 mg, and 10 mg
metoprolol succinate tab er 24hr 25 mg, 50 mg,
100 mg, and 200 mg (tartrate equiv)
metoprolol tartrate tab 25 mg, 50 mg, and 100 mg
metoprolol & hydrochlorothiazide tab 50-25 mg,
100-25 mg, and 100-50 mg
minoxidil tab 2.5 mg and 10 mg
moexipril hcl tab 7.5 mg and 15 mg
nadolol tab 20 mg, 40 mg, and 80 mg
nifedipine tab er 24hr 30 mg, 60 mg, and 90 mg
nifedipine tab er 24hr osmotic release 30 mg,
60 mg, and 90 mg
olmesartan medoxomil tab 5 mg, 20 mg, and 40 mg
olmesartan medoxomil-hydrochlorothiazide tab
20-12.5 mg, 40-12.5 mg, and 40-25 mg
perindopril erbumine tab 2 mg, 4 mg, and 8 mg
phenoxybenzamine hcl cap 10 mg
prazosin hcl cap 1 mg, 2 mg, and 5 mg
propranolol hcl oral soln 20 mg/5ml
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, and
80 mg
quinapril hcl tab 5 mg, 10 mg, 20 mg, and 40 mg
quinapril-hydrochlorothiazide tab 10-12.5 mg,
20-12.5 mg, and 20-25 mg
ramipril cap 1.25 mg, 2.5 mg, 5 mg, and 10 mg
spironolactone tab 25 mg, 50 mg, and 100 mg
spironolactone & hydrochlorothiazide tab 25-25 mg
telmisartan tab 20 mg, 40 mg, and 80 mg
terazosin hcl cap 1 mg, 2 mg, 5 mg, and
10 mg (base equivalent)
torsemide tab 5 mg, 10 mg, 20 mg, and 100 mg
trandolapril tab 1 mg, 2 mg, and 4 mg
triamterene & hydrochlorothiazide cap 37.5-25 mg
triamterene & hydrochlorothiazide tab 37.5-25 mg
and 75-50 mg
valsartan tab 40 mg, 80 mg, 160 mg, and 320 mg
valsartan-hydrochlorothiazide tab 80-12.5 mg,
160-12.5 mg, 160-25 mg, 320-12.5 mg,
and 320-25 mg
verapamil hcl cap er 24hr 120 mg, 180 mg, and 240 mg
verapamil hcl tab 40 mg, 80 mg, and 120 mg
verapamil hcl tab er 120 mg, 180 mg, and 240 mg

HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg, 20 mg, 40 mg, and
80 mg (base equivalent)
ezetimibe tab 10 mg
fenofibrate micronized cap 67 mg and 134 mg
fenofibrate tab 48 mg, 54 mg, 145 mg, and 160 mg
gemfibrozil tab 600 mg
lovastatin tab 10 mg, 20 mg, and 40 mg
omega-3-acid ethyl esters cap 1 gm
pravastatin sodium tab 10 mg, 20 mg, 40 mg, and 80 mg
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, and 40 mg
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, and 80 mg
VASCEPA – icosapent ethyl cap 0.5 gm and 1 gm

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If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

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- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူကတိကပီကိရိဒီး, တၢ်ကဟ့ၣ်နၢကိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للاتصال بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libheng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béésh bee hodíílnih.

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