

**BCBSMN Small Group BasicRx  
HSA Preventive Drug List**  
Effective January 1, 2024



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 MEDICATIONS

- *Hypoglycemic Agents* -

BAQSIMI ONE PACK – glucagon nasal powder 3 mg/ dose

BAQSIMI TWO PACK – glucagon nasal powder 3 mg/ dose

GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR –  
glucagon hcl for inj 1 mg

GVOKE HYOPEN 1-PACK – glucagon subcutaneous solution  
auto-injector 0.5 mg/0.1ml and 1 mg/0.2ml

GVOKE HYOPEN 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

ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj  
0.6 mg/0.6ml and pref syringe 0.6 mg/0.6ml

- *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

- *Insulin only- (continued)* -

LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100  
unit/ml

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  
unit/ml and 200 unit/ml

- **Insulin only- (continued)** -

TRESIBA FLEXTOUCH – insulin degludec soln pen-inj 100 unit/ml and 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** -

MOUNJARO – tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml

OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 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

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

Lancet Devices

Pen Needles

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/HYDROCHLOROTHIA - 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 & 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**

**DIABETIC SUPPLIES**

- **Basic Supplies** -

Calibration Liquid

Insulin Syringes

Lancets

## 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  
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, and 4 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  
propranolol hcl cap er 24hr 60 mg, 80 mg, and 120 mg  
quinapril hcl tab 5 mg, 10 mg, 20 mg, and 40 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)  
toremide 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  
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

**NOTICE OF NONDISCRIMINATION PRACTICES**  
*Effective July 18, 2016*

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

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.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto: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.

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بصنلا فتاهلل 1-866-569-9123 مقرلاب لصتا. فيناجملا تيوجللا ةدعاسملا تامدخ كل رفوتت، فييرعلا ثنحتت تنك اذا  
مقرلاب لصتا 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.

ຖາວອນພາສາລາວໄດ, ມາກາບລາກາມຊວຍເຫຼອພາສາໃຫວາວຣ. ໃຫໂທຫາ 1-866-356-2423 ສາລ. TTY, ໃຫໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng 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.

បេសនេបអកសយាយភាសាខ្មែរមន អកអាចរកបានសេវាជនយភាសាភីតតតែថ្មី។ ទសពមកេលខ 1-855-906-2583។ សម្រាប់ TTY សមទសពមកេលខ 711។

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