



The BlueCross BlueShield of Tennessee *Preferred Drug List (PDL)* is a list of therapeutically sound, cost-effective drugs. The PDL does not indicate a limitation in drug coverage, but is provided to encourage use of certain drugs within the therapeutic drug classes listed. Please note that different copayment levels may apply to generic, preferred brand name and elective (non-preferred) brand name drugs.

Allergy/Asthma/Cough & Cold

Antihistamines

azelastine
 cyproheptadine
 diphenhydramine
 fexofenadine
 hydroxyzine
 • Astelin
 • Astepro
 • Epipen • Epipen Jr.

Asthma Drugs (oral)

albuterol
 budesonide nebulizer soln
 ipratropium
 theophylline
 • Pulmicort Respules

Beta-Agonist Inhalers

• ProAir HFA
 • Serevent Diskus
 • Ventolin HFA

Combination-Inhalers

• Advair Diskus
 • Combivent
 • Dulera
 • Symbicort

Corticosteroid-Inhalers

• Asmanex
 • Flovent HFA
 • QVAR

Corticosteroid-Nasal

flunisolide
 fluticasone
 • Nasacort AQ
 • Nasonex
 • Veramyst

Cough and Cold Preparations

benzonatate
 codeine/chlorpheniramine/
 pseudoephedrine
 codeine/guaifenesin

Anti-infectives

Antibiotics (oral)

amoxicillin

amoxicillin/potassium clavulanate
 ampicillin
 azithromycin
 cefaclor
 cefdinir
 cefuroxime
 cephalixin
 ciprofloxacin tabs
 clarithromycin
 clarithromycin ext-rel
 dicloxacillin
 doxycycline
 erythromycin
 metronidazole
 minocycline
 nitrofurantoin macrocrystals
 penicillin VK
 sulfamethoxazole/trimethoprim
 tetracycline

Antifungal

fluconazole (OL)
 ketoconazole
 nystatin

Antiviral (Herpes only)

acyclovir
 famciclovir
 valacyclovir

Vaginal Preparations

clindamycin cream
 nystatin vaginal tabs
 terconazole
 • Cleocin Ovules
 • Clindesse

Antineoplastics and Immunosuppressants

azathioprine
 cyclosporine
 methotrexate
 tamoxifen
 • Alkeran
 • Leukeran

Cardiovascular Drugs

Antiarrhythmics

amiodarone
 digoxin
 disopyramide
 propafenone

quinidine
 sotalol

• Multaq

Antihypertensives

ACE Inhibitors

benazepril	benazepril/hctz
captopril	captopril/hctz
enalapril	enalapril/hctz
fosinopril	fosinopril/hctz
lisinopril	lisinopril/hctz
quinapril	quinapril/hctz
ramipril	

Angiotensin II

losartan	losartan/hctz
• Avapro	• Avalide
• Benicar	• Benicar HCT
• Micardis	• Micardis HCT

Beta-Blockers

atenolol
 bisoprolol
 bisoprolol/hctz
 carvedilol
 metoprolol
 metoprolol ext-rel
 propranolol
 • Bystolic
 • Coreg CR

Calcium Channel Blockers

amlodipine
 diltiazem ext-rel
 nifedipine ext-rel
 verapamil ext-rel

Other Antihypertensives

amlodipine/benazepril
 clonidine
 guanfacine
 • Azor
 • Tribenzor
 • Twynsta

Antilipidemics and HMG-CoA Reductase Inhibitors

cholestyramine
 gemfibrozil
 lovastatin
 pravastatin
 simvastatin
 • Crestor
 • Niaspan

Bullet items are preferred brand drugs, all others are generics.

This list is subject to change throughout the year. Please call Customer Service at the phone number listed on your BlueCross BlueShield of Tennessee member ID card or visit our Web site at bcbst.com for the most up-to-date information. (11.10)

- Simcor
- Tricor
- Trilipix
- Vytorin

Diuretics

bumetanide
eplerenone
furosemide
hydrochlorothiazide
indapamide
spironolactone
triamterene/hctz

Central Nervous System (CNS)

Antianxiety

alprazolam
chloridiazepoxide
clorazepate
diazepam
lorazepam
oxazepam

Antidepressants

bupropion
bupropion ext-rel
citalopram
fluoxetine
mirtazapine
paroxetine
paroxetine ext-rel
sertraline
venlafaxine
venlafaxine ext-rel
• Cymbalta
• Lexapro
• Venlafaxine ER tab

Antiseizure Drugs

carbamazepine
clonazepam
divalproex
divalproex ext-rel
gabapentin
lamotrigine
levetiracetam
oxcarbazepine
phenobarbital
phenytoin
primidone
topiramate
valproic acid

Parkinson's Disease Drugs

amantadine
bentropine
carbidopa/levodopa
trihexyphenidyl

Psychostimulants

dextroamphetamine ext-rel
methylphenidate
methylphenidate ext-rel

Tranquilizers

chlorpromazine
clozapine
haloperidol
risperidone (PA<18 yrs)
thioridazine
thiothixene

Dermatologicals

betamethasone
clindamycin topical
clobetasol
clotrimazole/betamethasone
desoximetasone
erythromycin topical
fluocinonide
hydrocortisone
ketoconazole
lindane
mupirocin
nystatin
nystatin/triamcinolone
silver sulfadiazine
tretinoin (PA>30 yrs)
triamcinolone
• Duac CS
• Noritate

Diabetes

Blood Glucose Strips

LifeScan OneTouch products
Roche ACCU-CHEK products

Diabetic Drugs

glimepiride
glipizide
glipizide ext-rel
glyburide
glyburide/metformin
metformin
metformin ext-rel
• ACTOplus met
• Actos
• Avandamet
• Avandaryl
• Avandia
• Glucagon emergency kit
• Janumet
• Januvia

Insulin

• Humulin
• Lantus vials
• Levemir vials
• Novolin

- Novolog
- Novolog Mix
- BD syringes

Eye/Ear

Glaucoma

brimonidine
carteolol solution
timolol maleate
• Azopt
• Betimol
• Xalatan

Miscellaneous Eye or Ear

diclofenac sodium ophthalmic
gentamicin ophthalmic
ofloxacin
polymyxin B/bacitracin/neomycin ophthalmic
polymyxin B/neomycin/hydrocortisone otic
polymyxin B/trimethoprim ophthalmic
tobramycin ophthalmic

Gastrointestinal Agents

H₂ Antagonists

cimetidine
famotidine
nizatidine
ranitidine

Other GI Agents

diphenoxylate/atropine
hydrocortisone enema
lactulose
metoclopramide
ondansetron (QL)
promethazine
sulfasalazine

Proton Pump Inhibitors

lansoprazole
omeprazole
pantoprazole
• Nexium

Hepatitis C

ribavirin (QL)
• Pegasys (QL)

Hormone Replacement

Androgen

• Androderm (PA<31 yrs)
• Androgel (PA<31 yrs)

Estrogens (oral)

estradiol
estropipate
• Premarin

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Estrogens (patch)

- estradiol
- Climara
- Vivelle-Dot

Estrogen Combinations

- Premphase
- Prempro

Estrogen (vaginal)

- Premarin

Progesterone

- medroxyprogesterone

Oral Contraceptives*

Monophasic

- Apri
- Aviane
- Gianvi
- Junel
- Junel Fe
- Levora
- Low-Ogestrel
- Microgestin
- Microgestin Fe
- Necon 1/35, 1/50
- Ocella
- Loestrin 24 FE
- Yaz

Biphasic

- Kariva
- Necon 10/11

Triphasic

- Aranelle
- Enpresse
- Leena
- Necon 7/7/7
- Tilia FE
- Tri-Legest FE
- Trinessa
- Tri-Sprintec
- Trivora
- Cyclessa

Progestin

- Camila
- Errin
- Jolivette

Other Contraceptives*

- NuvaRing

Migraine / Pain

Migraine Drugs

- butalbital compound
- naratriptan ^(QL)
- sumatriptan ^(QL)
- Maxalt ^(QL)
- Zomig ^(QL)
- Maxalt-MLT ^(QL)
- Zomig-ZMT ^(QL)

Miscellaneous

- Savella

Moderate to Severe Pain

- codeine
- codeine/acetaminophen
- fentanyl citrate ^(QL)
- hydrocodone/
acetaminophen
- hydromorphone
- morphine
- morphine ext-rel
- oxycodone/acetaminophen
- oxycodone/aspirin
- Avinza
- Opana ER
- OxyContin ^(QL)

Rheumatology

- methotrexate

NSAIDs

- diclofenac
- etodolac
- fenoprofen
- ibuprofen
- indomethacin
- ketoprofen
- meloxicam
- nabumetone
- naproxen
- naproxen sodium
- piroxicam
- sulindac

Osteoporosis/Bone Diseases

- alendronate
- alendronate plus OTC Vitamin D
- calcitonin-salmon
- Actonel
- Boniva

Platelet Aggregation Inhibitors

- dipyridamole
- ticlopidine

Thyroid Medications

- levothyroxine

Urologic Disorders

- doxazosin
- finasteride
- oxybutynin
- oxybutynin ext-rel
- prazosin
- tamsulosin
- terazosin
- Enablex
- Gelnique
- Vesicare

Vitamins (prescription only)

- all generics

Legend

- * If covered by the plan and medically necessary and appropriate
- indicates branded product
- PA: requires prior authorization
- QL: drug has quantity limitation
- ST: Step Therapy
- Note:** members may have a differential copay for generic vs. Preferred Brand vs. Elective (nonpreferred) Brand. Generics will always be paid at the lowest copay level.
- Disclaimer:** Changes in drug lists may occur during the year.