PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

PV Lite Drug List

These drugs are covered in full for HSA qualifying plans and some large group commercial PPO plans. Please contact customer service at the number on the back of your ID card to see if your plan qualifies.

List of Drugs

Antiasthmatics

FLUTICASONE PROPIONATE

Antihyperglycemics

glimepiride
glipizide
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
metformin
nateglinide
NOVOLIN 70/30 U-100 INSULIN
NOVOLIN 70-30 FLEXPEN U-100
NOVOLIN N FLEXPEN
NOVOLIN N NPH U-100 INSULIN
NOVOLIN R FLEXPEN
NOVOLIN R REGULAR U100 INSULIN
NOVOLOG MIX 70-30 U-100 INSULN
NOVOLOG MIX 70-30FLEXPEN U-100
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide

Cardiovascular

acebutolol
atenolol
atorvastatin
benazepril
betaxolol
bisoprolol fumarate
candesartan
captopril
carvedilol
carvedilol phosphate
enalapril maleate
eprosartan
fluvastatin
fosinopril
irbesartan
labetalol
lisinopril
losartan
lovastatin
metoprolol succinate
metoprolol tartrate
moexipril
nadolol
nebivolol
olmesartan
perindopril erbumine
pindolol
pravastatin
propranolol
quinapril
ramipril
rosuvastatin
simvastatin
sotalol
sotalol af
telmisartan
timolol maleate
trandolapril
valsartan

Psychotherapeutic Drugs

citalopram
escitalopram oxalate
fluoxetine
fluvoxamine
paroxetine hcl
sertraline

Unclassified Drug Products

alendronate
ibandronate
raloxifene
risedronate

This is not a complete list of medications covered under your plan. This list represents certain generic and brand medications that are covered in full for HSA-qualified and some larger commercial PPO plans and is subject to change without prior notification. If you have questions about your pharmacy benefit, please visit Premera.com/MyPharmacyPlus. If you don't have access to our website, please call the customer service number listed on the back of your ID card.