

PV Core Plus Drug List

The drugs listed are covered in full on your pharmacy drug benefit with Premera Blue Cross.

LIST OF DRUGS

Ace Inhibitors (hypertension)

benazepril
 captopril
 enalapril
 fosinopril
 lisinopril
 moexipril
 perindopril
 quinapril
 ramipril
 trandolapril

Angiotensin II Receptor Blockers (hypertension)

candesartan
 candesartan/HCTZ
 eprosartan
 irbesartan
 irbesartan/HCTZ
 losartan
 losartan/HCTZ
 olmesartan
 olmesartan/HCTZ
 telmisartan
 telmisartan/HCTZ
 valsartan
 valsartan/HCTZ

Antiarrhythmic Agents

sotalol
 sotalol AF

Blood Thinning Agents

aspirin

aspirin/dipyridamole
 clopidogrel
 prasugrel
 warfarin

Beta Blockers (hypertension)

acebutolol
 atenolol
 betaxolol
 bisoprolol
 carvedilol
 labetalol
 metoprolol succinate
 metoprolol tartrate
 nadolol
 nebivolol
 pindolol
 propranolol
 timolol

Calcium Channel Blockers (hypertension)

amlodipine
 diltiazem
 felodipine
 isradipine
 nifedipine
 nifedipine
 nimodipine
 nisoldipine
 verapamil

Cholesterol Lowering Agents

atorvastatin

cholestyramine
 cholestyramine light
 colesevelam
 colestipol
 ezetimibe
 ezetimibe/simvastatin
 fenofibrate
 fenofibric acid
 fluvastatin
 fluvastatin ER
 gemfibrozil
 lovastatin
 niacin
 niacin ER
 omega-3 acid ethyl esters
 pravastatin
 rosuvastatin
 simvastatin

Antidiabetic Agents (diabetes)

Bydureon
 Byetta
 Farxiga
 glimepiride
 glipizide
 glipizide/metformin
 glyburide
 glyburide micronized
 glyburide/metformin
 Janumet
 Janumet XR
 Januvia
 Jardiance

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.

Jentadueto
Jentadueto XR
metformin
metformin ER
nateglinide
Ozempic
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
Qtern
repaglinide
repaglinide/metformin
Rybelsus
Symlin
Synjardy
Synjardy XR
Tradjenta
Trulicity
Xigduo XR

Other Antihypertensive Combinations (hypertension)

amlodipine/benazepril
amlodipine/olmesartan
amlodipine/valsartan
atenolol/chlorthalidone
benzapril/HCTZ
bisoprolol/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ
lisinopril/HCTZ
metoprolol/HCTZ
propranolol/HCTZ
quinapril/HCTZ
telmisartan/amlodipine
trandolapril/verapamil

Osteoporosis Therapy

alendronate
ibandronate
raloxifene
risedronate

Diuretics (hypertension)

amiloride
amiloride/HCTZ

bumetanide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide (HCTZ)
indapamide
metolazone
spironolactone
spironolactone/HCTZ
torsemide
triamterene
triamterene/HCTZ

Antidepressants

bupropion
bupropion ER
bupropion SR
bupropion XL
citalopram
desvenlafaxine ER
duloxetine DR
escitalopram
fluoxetine
fluvoxamine
mirtazapine
paroxetine
paroxetine CR
paroxetine ER
sertraline
venlafaxine
venlafaxine ER

Beta Agonists Inhalers (asthma)

albuterol sulfate HFA
Ventolin HFA

Inhaled Corticosteroids (asthma)

Alvesco
Armonair Digihaler
Arnuity Ellipta
Asmanex
Asmanex HFA
budesonide inhaled suspension
Flovent Diskus
Flovent HFA

fluticasone propionate HFA
Pulmicort Flexhaler
Qvar Redihaler

Insulin Therapy (diabetes)

Fiasp
insulin aspart
Lantus
Levemir
Novolin 70/30
Novolin N
Novolin R
Novolog
Novolog Mix 70-30
Toujeo
Tresiba

Vasodilators (hypertension)

hydralazine
minoxidil

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. 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>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.