

High Deductible Health Plan Preventive Medications

Open Drug List

This benefit may be offered to high deductible health plans (HDHPs) designed for use with a health savings account (HSA). It applies only for specific large groups with the Open Drug List that have elected this benefit.

If you are not certain whether your group has this benefit option, please contact Blue Cross® Blue Shield® of Arizona (AZ Blue). The list is subject to change at any time, without prior notice. Some medications are available at a retail copay but will still require specialty distribution limited to a maximum of a 30-day supply.

HSA-compatible HDHPs generally require members to satisfy a deductible before the plan begins to pay for any benefits. The only permitted exception to that rule is for preventive care. The plan can pay for covered preventive care benefits before the member has met the high deductible.

The medications noted as HDHP have been identified as those most likely to qualify as preventive, based on U.S. Treasury Department guidance. This list does not include every medication that might possibly be considered preventive or every condition for which a preventive medication may be prescribed.

Neither AZ Blue nor your plan sponsor can guarantee that the U.S. Treasury Department will agree that all of these medications qualify as preventative, particularly when applied to a member's specific medical circumstances. You or your provider may be asked to demonstrate that you are taking a specific medication for purposes regarded as preventive under Treasury Department guidance.

If your plan covers AZ Blue designated prevention medications as a preventive benefit and you have your prescription filled at an in-network pharmacy, your plan will treat these designated medications as preventive. This means you will pay only your applicable copay or coinsurance amount, regardless of whether you have met your deductible. The AZ Blue prevention medication benefit applies only at in-network pharmacies. If you obtain AZ Blue designated preventative medications from an out-of-network pharmacy, your standard prescription benefits, with applicable deductible, coinsurance and copays, will apply. Your cost share payments for preventive medications will count towards your deductible.

If you want any of these listed medications to process under your standard pharmacy benefit instead of your preventive care benefit, please [click here](#). If your medications process under your standard prescription benefit, your costs for applicable coverage will apply.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

HSA Preventive Drug List

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Drug	Notes
Antiasthmatic And Bronchodilator Agents	
*Adrenergic Combinations***	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	HDHP
ADVAIR HFA	HDHP
AIRDUO DIGIHALER	HDHP
AIRDUO RESPICLICK 113/14	HDHP
AIRDUO RESPICLICK 232/14	HDHP
AIRDUO RESPICLICK 55/14	HDHP
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	HDHP
BEVESPI AEROSPHERE	HDHP
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	HDHP
BREYNA	HDHP
<i>budesonide-formoterol fumarate</i>	HDHP
DUAKLIR PRESSAIR	HDHP
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	HDHP
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	HDHP
<i>fluticasone-salmeterol inhalation aerosol</i>	HDHP
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	HDHP
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	HDHP
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	HDHP
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	HDHP
SYMBICORT	HDHP
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	HDHP
*Beta Adrenergics***	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	HDHP
<i>albuterol sulfate inhalation</i>	HDHP
<i>formoterol fumarate inhalation</i>	HDHP
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	HDHP
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	HDHP
PROAIR RESPICLICK	HDHP
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	HDHP
STRIVERDI RESPIMAT	HDHP

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Drug	Notes
VENTOLIN HFA	HDHP
*Bronchodilators - Anticholinergics***	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	HDHP
<i>ipratropium bromide inhalation</i>	HDHP
<i>tiotropium bromide</i>	HDHP
<i>tiotropium bromide monohydrate</i>	HDHP
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	HDHP
YUPELRI INHALATION NEBULIZATION SOLUTION	PA; HDHP
YUPELRI INHALATION SOLUTION	HDHP
*Leukotriene Receptor Antagonists***	
<i>montelukast sodium oral</i>	HDHP
<i>zafirlukast</i>	HDHP
*Steroid Inhalants***	
ALVESCO	HDHP
ARMONAIR DIGIHALER	HDHP
ARNUITY ELLIPTA	HDHP
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	HDHP
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	HDHP
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	HDHP
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	HDHP
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	HDHP
<i>budesonide inhalation</i>	HDHP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	HDHP
FLOVENT HFA	HDHP
<i>fluticasone propionate diskus</i>	HDHP
<i>fluticasone propionate hfa</i>	HDHP
PULMICORT	HDHP
PULMICORT FLEXHALER	HDHP
QVAR REDIHALER	HDHP
Anticoagulants	
*Coumarin Anticoagulants***	
JANTOVEN	HDHP
<i>warfarin sodium oral</i>	HDHP

Drug	Notes
Antidepressants	
*Selective Serotonin Reuptake Inhibitors (Ssris)***	
CELEXA ORAL TABLET	HDHP
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	HDHP
<i>citalopram hydrobromide oral tablet</i>	HDHP
<i>escitalopram oxalate oral solution</i>	HDHP
<i>escitalopram oxalate oral tablet</i>	HDHP
<i>fluoxetine hcl oral capsule</i>	HDHP
<i>fluoxetine hcl oral solution</i>	HDHP
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	HDHP
<i>fluvoxamine maleate</i>	HDHP
<i>fluvoxamine maleate er</i>	HDHP
LEXAPRO ORAL TABLET	HDHP
<i>paroxetine hcl er</i>	HDHP
<i>paroxetine hcl oral suspension</i>	HDHP
<i>paroxetine hcl oral tablet</i>	HDHP
PAXIL CR	HDHP
PAXIL ORAL SUSPENSION	HDHP
PAXIL ORAL TABLET	HDHP
PROZAC ORAL CAPSULE 10 MG, 20 MG	HDHP
<i>sertraline hcl oral concentrate</i>	HDHP
<i>sertraline hcl oral tablet</i>	HDHP
ZOLOFT ORAL CONCENTRATE	HDHP
ZOLOFT ORAL TABLET	HDHP
Antidiabetics	
*Alpha-Glucosidase Inhibitors***	
<i>acarbose oral</i>	HDHP
<i>miglitol</i>	HDHP
*Biguanides***	
<i>metformin hcl er</i>	HDHP
<i>metformin hcl oral solution</i>	HDHP
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	HDHP
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***	
<i>alogliptin benzoate</i>	HDHP
JANUVIA	HDHP
NESINA	HDHP
<i>saxagliptin hcl</i>	HDHP
TRADJENTA	HDHP
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***	
<i>alogliptin-metformin hcl</i>	HDHP

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Drug	Notes
JENTADUETO	HDHP
JENTADUETO XR	HDHP
KAZANO	HDHP
<i>saxagliptin-metformin er</i>	HDHP
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	HDHP
*Human Insulin***	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	PA; HDHP
APIDRA	PA; HDHP
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; HDHP
FIASP FLEXTOUCH	HDHP
FIASP INJECTION	HDHP
FIASP PENFILL	HDHP
FIASP PUMPCART	HDHP
HUMALOG INJECTION	HDHP
HUMALOG JUNIOR KWIKPEN	HDHP
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	HDHP
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	PA; HDHP
HUMALOG MIX 50/50	HDHP
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	HDHP
HUMALOG MIX 75/25	HDHP
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	HDHP
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	HDHP
HUMALOG TEMPO PEN	HDHP
HUMULIN 70/30	HDHP
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	HDHP
HUMULIN N	HDHP
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	HDHP
HUMULIN R	HDHP
HUMULIN R U-500 (CONCENTRATED)	PA; HDHP
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; HDHP
<i>insulin asp prot & asp flexpen</i>	HDHP
<i>insulin aspart flexpen</i>	HDHP
<i>insulin aspart injection</i>	HDHP
<i>insulin aspart penfill</i>	HDHP

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Drug	Notes
<i>insulin aspart prot & aspart</i>	HDHP
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	HDHP
<i>insulin lispro (1 unit dial)</i>	HDHP
<i>insulin lispro injection</i>	HDHP
<i>insulin lispro junior kwikpen</i>	HDHP
<i>insulin lispro prot & lispro</i>	HDHP
KIRSTY	HDHP
MERILOG	HDHP
MERILOG SOLOSTAR	HDHP
NOVOLIN 70/30	HDHP
NOVOLIN 70/30 FLEXPEN	HDHP
NOVOLIN 70/30 FLEXPEN RELION	HDHP
NOVOLIN 70/30 RELION	HDHP
NOVOLIN N	HDHP
NOVOLIN N FLEXPEN	HDHP
NOVOLIN N FLEXPEN RELION	HDHP
NOVOLIN N RELION	HDHP
NOVOLIN R	HDHP
NOVOLIN R FLEXPEN	HDHP
NOVOLIN R FLEXPEN RELION	HDHP
NOVOLIN R RELION	HDHP
NOVOLOG 70/30 FLEXPEN RELION	HDHP
NOVOLOG FLEXPEN RELION	HDHP
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	HDHP
NOVOLOG INJECTION	HDHP
NOVOLOG MIX 70/30	HDHP
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	HDHP
NOVOLOG MIX 70/30 RELION	HDHP
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	HDHP
NOVOLOG RELION INJECTION	HDHP
*Meglitinide Analogues***	
<i>nateglinide</i>	HDHP
<i>repaglinide</i>	HDHP
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***	
TRIJARDY XR	HDHP
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***	
STEGLUJAN	HDHP
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***	
<i>dapagliflozin propanediol</i>	HDHP

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Drug	Notes
FARXIGA	HDHP
INVOKANA	HDHP
JARDIANCE	HDHP
STEGLATRO	HDHP
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***	
SYNJARDY	HDHP
*Sulfonylurea-Biguanide Combinations***	
<i>glipizide-metformin hcl</i>	HDHP
<i>glyburide-metformin</i>	HDHP
*Sulfonylureas***	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	HDHP
<i>glipizide er</i>	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	HDHP
<i>glipizide xl</i>	HDHP
<i>glyburide micronized</i>	HDHP
<i>glyburide oral</i>	HDHP
*Thiazolidinedione-Biguanide Combinations***	
<i>pioglitazone hcl-metformin hcl</i>	HDHP
*Thiazolidinediones***	
<i>pioglitazone hcl</i>	HDHP
Antihyperlipidemics	
*Antihyperlipidemics - Misc.***	
<i>icosapent ethyl</i>	HDHP
<i>omega-3-acid ethyl esters</i>	HDHP
*Bile Acid Sequestrants***	
<i>cholestyramine light</i>	HDHP
<i>cholestyramine oral</i>	HDHP
<i>colesevelam hcl</i>	HDHP
<i>colestipol hcl</i>	HDHP
PREVALITE	HDHP
*Fibric Acid Derivatives***	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	HDHP
<i>fenofibric acid oral capsule delayed release</i>	HDHP
<i>gemfibrozil oral</i>	HDHP
*Hmg Coa Reductase Inhibitors***	
ALTOPREV	HDHP
<i>atorvastatin calcium oral</i>	HDHP
EZALLOR SPRINKLE	HDHP
<i>fluvastatin sodium</i>	HDHP
<i>fluvastatin sodium er</i>	HDHP

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Drug	Notes
<i>lovastatin oral</i>	HDHP
<i>pitavastatin calcium</i>	HDHP
<i>pravastatin sodium</i>	HDHP
<i>rosuvastatin calcium oral</i>	HDHP
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	HDHP
<i>simvastatin oral tablet 80 mg</i>	PA; HDHP
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	HDHP
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***	
<i>ezetimibe-rosuvastatin</i>	HDHP
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	HDHP
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	PA; HDHP
*Intestinal Cholesterol Absorption Inhibitors***	
<i>ezetimibe</i>	HDHP
*Nicotinic Acid Derivatives***	
<i>niacin (antihyperlipidemic)</i>	HDHP
<i>niacin er (antihyperlipidemic)</i>	HDHP
NIACOR	HDHP
Antihypertensives	
*Ace Inhibitor & Calcium Channel Blocker Combinations***	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	HDHP
<i>trandolapril-verapamil hcl er</i>	HDHP
*Ace Inhibitors & Thiazide/Thiazide-Like***	
<i>benazepril-hydrochlorothiazide</i>	HDHP
<i>enalapril-hydrochlorothiazide</i>	HDHP
<i>fosinopril sodium-hctz</i>	HDHP
<i>lisinopril-hydrochlorothiazide</i>	HDHP
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	HDHP
*Ace Inhibitors***	
<i>benazepril hcl oral</i>	HDHP
<i>captopril oral</i>	HDHP
<i>enalapril maleate oral tablet</i>	HDHP
<i>fosinopril sodium</i>	HDHP
<i>lisinopril oral</i>	HDHP
<i>moexipril hcl</i>	HDHP
<i>perindopril erbumine</i>	HDHP
QBRELIS	HDHP
<i>quinapril hcl</i>	HDHP
<i>ramipril</i>	HDHP
<i>trandolapril</i>	HDHP

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Drug	Notes
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***	
<i>amlodipine besylate-valsartan</i>	HDHP
<i>amlodipine-olmesartan</i>	HDHP
<i>telmisartan-amlodipine</i>	HDHP
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***	
<i>candesartan cilexetil-hctz</i>	HDHP
<i>irbesartan-hydrochlorothiazide</i>	HDHP
<i>losartan potassium-hctz</i>	HDHP
<i>olmesartan medoxomil-hctz</i>	HDHP
<i>telmisartan-hctz</i>	HDHP
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 80-12.5 mg</i>	HDHP
*Angiotensin li Receptor Antagonists***	
<i>candesartan cilexetil</i>	HDHP
<i>irbesartan</i>	HDHP
<i>losartan potassium oral</i>	HDHP
<i>olmesartan medoxomil oral</i>	HDHP
<i>telmisartan</i>	HDHP
<i>valsartan oral tablet</i>	HDHP
*Angiotensin li Receptor Ant-Ca Channel Blocker-Thiazides***	
<i>amlodipine-valsartan-hctz</i>	HDHP
<i>olmesartan-amlodipine-hctz</i>	HDHP
*Antiadrenergics - Centrally Acting***	
<i>clonidine</i>	HDHP
<i>clonidine hcl oral</i>	HDHP
<i>guanfacine hcl oral</i>	HDHP
<i>methyldopa oral</i>	HDHP
*Antiadrenergics - Peripherally Acting***	
<i>doxazosin mesylate oral</i>	HDHP
<i>prazosin hcl oral</i>	HDHP
<i>terazosin hcl oral</i>	HDHP
*Antihypertensives - Misc.***	
VECAMYL	HDHP
*Beta Blocker & Diuretic Combinations***	
<i>atenolol-chlorthalidone</i>	HDHP
<i>bisoprolol-hydrochlorothiazide</i>	HDHP
<i>metoprolol-hydrochlorothiazide</i>	HDHP
*Direct Renin Inhibitors***	
<i>aliskiren fumarate</i>	HDHP

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Drug	Notes
*Selective Aldosterone Receptor Antagonists (Saras)***	
<i>eplerenone</i>	HDHP
*Vasodilators***	
<i>hydralazine hcl oral</i>	HDHP
<i>minoxidil oral</i>	HDHP
Beta Blockers	
*Alpha-Beta Blockers***	
<i>carvedilol</i>	HDHP
<i>carvedilol phosphate er</i>	HDHP
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	HDHP
*Beta Blockers Cardio-Selective***	
<i>acebutolol hcl oral</i>	HDHP
<i>atenolol oral</i>	HDHP
<i>betaxolol hcl oral</i>	HDHP
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	HDHP
<i>metoprolol succinate er</i>	HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	HDHP
<i>nebivolol hcl</i>	HDHP
*Beta Blockers Non-Selective***	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	HDHP
<i>pindolol</i>	HDHP
<i>propranolol hcl er</i>	HDHP
<i>propranolol hcl oral</i>	HDHP
SOTYLIZE	HDHP
<i>timolol maleate oral</i>	HDHP
Calcium Channel Blockers	
*Calcium Channel Blockers***	
<i>amlodipine besylate oral</i>	HDHP
CARDIZEM CD	HDHP
CARDIZEM ORAL TABLET 120 MG	HDHP
CARTIA XT	HDHP
<i>diltiazem hcl er beads</i>	HDHP
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	HDHP
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	HDHP
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	HDHP
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 300 mg</i>	HDHP
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg</i>	HDHP
<i>diltiazem hcl oral</i>	HDHP
<i>dilt-xr</i>	HDHP

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Drug	Notes
<i>felodipine er</i>	HDHP
<i>isradipine</i>	HDHP
MATZIM LA	HDHP
<i>nicardipine hcl oral</i>	HDHP
<i>nifedipine er</i>	HDHP
<i>nifedipine er osmotic release</i>	HDHP
<i>nifedipine oral</i>	HDHP
<i>nisoldipine er oral tablet extended release 24 hour 30 mg, 40 mg</i>	HDHP
TAZTIA XT	HDHP
TIADYLT ER	HDHP
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	HDHP
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	HDHP
<i>verapamil hcl oral</i>	HDHP
Diuretics	
*Diuretic Combinations***	
<i>spironolactone-hctz</i>	HDHP
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	HDHP
<i>triamterene-hctz oral tablet</i>	HDHP
*Loop Diuretics***	
<i>bumetanide oral</i>	HDHP
<i>furosemide injection solution 10 mg/ml</i>	HDHP
<i>furosemide oral solution 10 mg/ml</i>	HDHP
<i>furosemide oral solution 8 mg/ml</i>	HDHP
<i>furosemide oral tablet</i>	HDHP
<i>torseamide oral</i>	HDHP
*Potassium Sparing Diuretics***	
<i>spironolactone oral tablet</i>	HDHP
*Thiazides And Thiazide-Like Diuretics***	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	HDHP
DIURIL	HDHP
HEMICLOR	HDHP
<i>hydrochlorothiazide oral</i>	HDHP
<i>indapamide oral</i>	HDHP
<i>metolazone</i>	HDHP
THALITONE	HDHP
Endocrine And Metabolic Agents - Misc.	
*Bisphosphonates***	
<i>alendronate sodium oral solution</i>	HDHP
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	HDHP
FOSAMAX ORAL TABLET 70 MG	HDHP

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Drug	Notes
<i>ibandronate sodium oral</i>	HDHP
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	HDHP
*Calcitonins***	
<i>calcitonin (salmon) injection</i>	HDHP
<i>calcitonin (salmon) nasal</i>	HDHP
Hematological Agents - Misc.	
*Direct-Acting P2y12 Inhibitors***	
<i>ticagrelor</i>	HDHP
*Platelet Aggregation Inhibitor Combinations***	
<i>aspirin-dipyridamole er</i>	HDHP
*Platelet Aggregation Inhibitors***	
<i>dipyridamole oral</i>	HDHP
*Thienopyridine Derivatives***	
<i>clopidogrel bisulfate oral</i>	HDHP
<i>prasugrel hcl</i>	HDHP
Vasopressors	
*Vasopressors***	
<i>epinephrine pf injection solution</i>	HDHP

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Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

or email us at crc@azblue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 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 Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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

This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.



Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
 - Intérpretes de lenguaje de señas calificados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
 - Intérpretes calificados.
 - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios.

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a crc@azblue.com

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohjí' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。