

# PreventiveRx<sup>SM</sup> Drug List: PreventiveRx Plus Plan (Select Connecticut)



PreventiveRx covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list at low or no cost to you depending on your benefit.

This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Most brand-name drugs that have a generic equivalent available are not covered under this Preventive Rx benefit.

All drugs\* listed below are covered for plans with the Connecticut Select Drug List. If your plan has a different drug list, please check to see if these drugs are included on your drug list. PreventiveRx Plus drugs are only covered if they are included on your specific drug list.

\*Some drugs may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

## Asthma

Advair  
Advair HFA  
albuterol sulfate  
nebulization soln, syrup  
aminophylline  
Asmanex  
budesonide inhalation  
suspension  
cromolyn sodium  
nebulization soln  
Dulera  
Flovent Diskus  
Flovent HFA  
levalbuterol nebulization  
soln  
Lufyllin  
metaproterenol sulfate  
syrup, tabs  
montelukast  
Perforomist  
ProAir HFA  
ProAir RespiClick  
Pulmicort Flexhaler  
QVAR  
Serevent Diskus  
Spiriva Respimat  
Symbicort  
terbutaline sulfate tabs  
Theochron  
theophylline  
Ventolin HFA  
zafirlukast

## Blood clots

Brilinta  
heparin  
warfarin  
Xarelto

## Diabetes

*Diabetic supplies including blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips by Lifescan & Roche will be covered by this benefit.*  
acarbose  
Bydureon  
chlorpropamide  
glimepiride  
glipizide  
glipizide er/xl  
glipizide with metformin hcl  
glyburide  
glyburide with metformin  
hcl  
Humalog  
Humulin  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Jentadueto  
Lantus  
Lantus Solostar  
Levemir  
Levemir Flexpen  
Levemir FlexTouch  
metformin hcl  
metformin hcl er  
miglitol  
nateglinide  
Novolin  
Novolog  
pioglitazone

Symlin

Synjardy  
tolazamide  
tolbutamide  
Tradjenta  
Trulicity  
Victoza

## Heart health and high blood pressure

acebutolol hcl  
acetazolamide  
afeditab cr  
amiloride hcl  
amlodipine besylate  
amlodipine/ benazepril  
amlodipine/ olmesartan  
atenolol  
atenolol/ chlorthalidone  
benazepril hcl  
benazepril hcl/ hctz  
betaxolol hcl  
bisoprolol fumarate  
bisoprolol fumarate/ hctz  
bumetanide  
candesartan  
candesartan/ hctz  
captopril  
cartia xt  
carvedilol  
chlorthiazide  
chlorthalidone  
clonidine hcl tabs  
digoxin  
dilt-cd  
diltia XT  
diltiazem hcl  
diltiazem hcl er  
doxazosin mesylate

enalapril maleate  
enalapril/ hctz  
eplerenone  
eprosartan  
felodipine er  
fosinopril sodium  
fosinopril/ hctz  
furosemide  
guanfacine hcl  
hydralazine hcl  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan/ hctz  
isosorbide dinitrate  
isosorbide dinitrate er  
isosorbide mononitrate  
isosorbide mononitrate er  
isradipine  
labetolol hcl  
Lanoxin  
lisinopril  
lisinopril/ hctz  
losartan  
losartan/ hctz  
Matzim LA  
methazolamide  
methylothiazide  
methyldopa  
methyldopa/ hctz  
metolazone  
metoprolol succinate er  
metoprolol tartrate  
metoprolol/ hctz  
minoxidil  
moexipril hcl  
moexipril/ hctz  
nadolol

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nadolol/ bendroflumethiazide	valsartan	estradiol/ norethindrone
nicardipine hcl	valsartan/ hctz	acetate
nifedical XL	verapamil hcl	estropipate
nifedipine	verapamil hcl er	fortical
nifedipine er	<b>High cholesterol</b>	Fosamax Plus D
nimodipine	atorvastatin	ibandronate sodium
nisoldipine	atorvastatin/ amlodipine	tablets
Nitro-Bid	cholestyramine	Jinteli
nitroglycerin sl tabs	cholestyramine light	medroxyprogesterone
nitroglycerin 400 mcg spray	colestipol hcl	acetate
nitroglycerin er	ezetimibe	Menest
olmesartan	fenofibrate (43, 67, 130, 134, 200 mg capsules & 48, 54, 145, 160mg tablets)	norethindrone- ethin estradiol
perindopril	fenofibric acid	Premarin tablets
pindolol	fluvastatin	Premphase
prazosin hcl	gemfibrozil	Prempro
propranolol hcl	lovastatin	raloxifene
propranolol hcl er	niacin ER	risedronate
propranolol/ hctz	pravastatin	
quinapril hcl	Prevalite	<b>Stroke</b>
quinapril/ hctz	rosuvastatin	aspirin- dipyridamole ER
ramipril	simvastatin	cilostazol
Ranexa	Welchol	clopidogrel bisulfate
sorine		dipyridamole
sotalol hcl	<b>Osteoporosis</b>	Effient
sotalol hcl af	alendronate sodium	ticlopidine
spironolactone	calcitonin- salmon	
Taztia XT	covaryx	
telmisartan	covaryx HS	
terazosin hcl	est. estrogens with methyltestosterone	
timolol maleate tablet	estradiol tab, patch	
torsemide		
trandolapril		
trandolapril/ verapamil		
triamterene/ hctz		

*This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.*

*Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.*

# Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

## Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

## Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

## Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

## Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

## Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

## Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

## Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

## Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

## Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

## French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

#### Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

#### Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

#### Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

#### Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

#### Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

#### Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. (TTY/TDD: 711)

#### **It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.