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 Essential 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.

### PreventiveRx Plus Drug List

**ASTHMA**
- Advair HFA
- albuterol sulfate hfa
- albuterol sulfate nebulization soln, syrup, tabs
- Arnuity Ellipta
- Breo Ellipta
- budesonide inhalation suspension
- budesonide/formoterol aerosol
- cromolyn sodium nebulization soln
- Dulera
- Flovent Diskus
- Flovent HFA
- fluticasone salmeterol blistr powder for inhalation
- levalbuterol nebulization soln
- montelukast
- Perforomist
- ProAir HFA
- ProAir RespiClick
- QVAR
- Serevent Diskus
- Spiriva Respimat
- Symbicort terbutaline sulfate injection, tabs
- Theo- 24
- theochron
- theophylline, ER, CR
- wixela inhub
- zafirlukast

**BLOOD CLOTS**
- Brilinta
- Eliquis
- heparin
- jantoven
- 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
- Bydureon BCise
- Byetta
- chlorpropamide
- Farxiga
- glimepiride
- glipizide
- glipizide er/xl
- glipizide with metformin hcl
- glyburide
- glyburide with metformin hcl
- glyburide, micronized
- Humalog
- Humalog KwikPen
- Humulin
- Humulin KwikPen
- Insulin Lispro
- Insulin Lispro Pen
- Janumet
- Janumet XR
- Januvia
- Jardiance
- Jentadueto
- Jentadueto XR
- Lantus
- Lantus Solostar
- Levevmit
- Levevmit Flexpen
- Levevmit FlexTouch
- metformin hcl
- metformin hcl er (Generic for Glucophage XR)
- miglitol
- nateglinide
- Ozempic
- pioglitazone
- pioglitazone- glimepiride
- pioglitazone- metformin
- repaglinide
- repaglinide- metformin
- Symlin
- Synjardy
- Synjardy XR
tolazamide
tolbutamide
- Toujeo
- Tradjenta
- Trulicity
- Victoza

**HEART HEALTH AND HIGH BLOOD PRESSURE**
- aceturitol hcl
- acetazolamide
- afeditab cr
- amlodipine hcl
- amlodipine/ hctz
- amlodipine besylate
- amlodipine/ benazepril
- amlodipine/ olmesartan
- amlodipine/ valsartan
- amlodipine/valsartan/ hctz
- atenolol
- atenolol/ chlorthalidone
- benazepril hcl
- benazepril hcl/ hctz
- betaxolol hcl
- Bidil
- bisoprolol fumarate
- bisoprolol fumarate/ hctz
- bumetanide
- candesartan
- candesartan/ hctz
- captopril
- captorpril/ hctz
- cartia xt
- carvedilol
- carvedilol er
- chlorothiazide
- chlorthalidone
- clonidine hcl
digitek
digox
- digoxin
- Dilatrate SR
diltiazem cd
diltiazem hcl
diltiazem hcl er
doxazosin mesylate
- enalapril maleate
- enalapril/ hctz
- eplerenone
eprosartan
ethacrynic acid tabs
ezetimibe
ezetimibe/
simvastatin
felodipine er
fosinopril sodium
fosinopril/ hctz
furosemide
guanfacine hcl
hydrochlorothiazide
indapamide
irbesartan
irbesartan/ hctz
isosorbide dinitrate
isosorbide dinitrate er
isosorbide mononitrate
isosorbide mononitrate er
isradipine
labetalol hcl
Lanoxin 62.5,
187.5 mcg
lisinopril
lisinopril/ hctz
losartan
losartan/ hctz
matzim la
methazolamide
methyldopa
methyldopa/ hctz
metolazone
metoprolol succinate er
metoprolol tartrate
metoprolol/ hctz
minitran
minoxidil
moexipril hcl
moexipril/ hctz
nadolol
nadolol/ bendroflumethiazide
nicardipine hcl
nifedipine
nifedipine er
nimodipine
nisoldipine er
Nitro-Dur 0.3, 0.8 mg/ hr
nitroglycerin
nitroglycerin 400 mcg spray
nitroglycerin er	nitroglycerin lingual
nitroglycerin spray
nitroglycerin si tabs
olmesartan
olmesartan/ hctz
olmesartan/ amlodipine/ hctz
perindopril
pindolol
prazosin hcl
propranolol hcl
propranolol hcl er
propranolol/ hctz
quinapril hcl
quinapril/ hctz
ramipril
ranolazine er
sorine
sotalol hcl
sotalol hcl af
spironolactone
spironolactone/ hctz
taztia xt
telmisartan
telmisartan/ amlodipine
telmisartan/ hctz
terazosin hcl
tiadyt
timolol maleate tablet
torsemid
trandolapril
trandolapril/ verapamil
triamterene/ hctz
valsartan
valsartan/ hctz
verapamil hcl
verapamil hcl er
HIGH
CHOLESTEROL
atorvastatin
atorvastatin/
amiodipine
cholestryamine
cholestryamine light
coleselam
colesipol hcl
ezetimibe
ezetimibe-
simvastatin
fenofibrate (43, 50,
67, 130, 150,
200 mg capsules &
40, 48, 54, 120, 145,
160mg tablets)
fenofibric acid
fluvastatin
gemfibrozil
lovastatin
nicin ER
pravastatin
pravate
rosuvastatin
simvastatin
Welchol 3.75 Gram
Oral Powder Packet
noretindrone- estradiol
norethindrone
Premarin tablets
Premphase
Prepro
raloxifene
riseredonate
STROKE
aspirin- dipyridamole ER
cilostazol
clopipogrel bisulfate
dipyridamole
prasugrel
OSTEOPOROSIS
alogronate sodium
amabelz
calcitonin- salmon
Climara Pro
Combipatch
dotti
ersost di
estradiol tab, patch
estradiol/ norethindrone
acetate
estroipate
Fosamex Plus D
ibandronate sodium
tables
Jevantique
jinteli
medroxyprogesterone
acetate
Menest

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 are underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan 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 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 are underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: 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 New Jersey: Community Insurance Company of New Jersey. In Virginia: Anthem Blue Cross and Blue Shield 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), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies. WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 04386MUMENABS Rev. 4/1/2020

PreventiveRx℠ Drug List:
PreventiveRx Plus Plan (Essential)
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 ID카드에 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)

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

Armenian
Դուք իրավունք ունեքՁեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնությունը: Օգնությունն առաջանում է անդամների ծառայության կենտրոնի միջոցով: Ձեր ID բաղկաց պատճառ է հայտնվել համար։ (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 بپیوندید. (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)
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.