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 PreventiveRx 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 of Coverage for coverage limitations and exclusions.

### Asthma
- Advair
- Advair HFA
ebuterol sulfate nebulization soln, syrup, tabs
- Arnuity Ellipta
- Breo Ellipta
- budesonide inhalation suspension
cromolyn sodium nebulization soln
- Dulera
- Flovent Diskus
- Flovent HFA
evalbuterol nebulization soln
- metaproterenol sulfate syrup, tabs
- montelukast
- Perforomist
- ProAir HFA
- ProAir RespiClick
- QVAR
- Serevent Diskus
- Spiriva Respimat
- Symbicort
- terbutaline sulfate injection, tabs
- Theo-24
- theochron
- theophylline
- zafirlukast

### Blood clots
- Brillinta
- Eliquis
- 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
- Bydureon BCise
- Byetta
- chlorpropamide
- glimepiride
- glipizide
- glipizide er/xl
- glipizide with metformin hcl
- glyburide
- glyburide with metformin hcl
- glyburide, micronized
- Humalog
- Humalog KwikPen
- Humulin
- Humulin KwikPen
- Janumet
- Janumet XR
- Januvia
- Jardiance
- Jentadueto
- Jentadueto XR
- Lantus
- Lantus Solostar
- Levemir
- Levmir Flexpen
- Levmir 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
- acebutolol hcl
- acelozolamide
- afeditab cr
- amiloride hcl
- amiloride/ hctz
- amlodipine besylate
- amlodipine/ benazepril
- amlodipine/ olmesartan
- amlodipine/ valsartan
- amlodipine/ valsartan/ hctz
- atenolol
- atenolol/ chlorthalidone
- benazepril hcl/ hctz
- betaxolol hcl
- BIDIL
- bisoprolol fumarate
- bisoprolol fumarate/ hctz
- bumetanide
- candesartan
- candesartan/ hctz
- captopril
- captopril/ hctz
- cartia xt
- carvedilol
- carvedilol er
- chlorothiazide
- chlorthalidone
- clonidine hcl
- Clorpres 0.1, 0.2mg
digitek
digoxin
Dilated SR
diltiazem cd
diltiazem hcl
diltiazem hcl er
doxazosin mesylate
enalapril maleate
enalapril/ hctz
epilerenone
eprosartan
ethacrynic acid tabs
felodipine er
fosinopril sodium
fosinopril/ hctz
furosemide
guanfacine hcl
hydralazine
hydrochlorothiazide
indapamide
irbesartan

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Anthem SM

PreventiveRxSM Drug List:
PreventiveRx Plus Plan (Essential)
PreventiveRx® Drug List:
PreventiveRx Plus Plan (Essential)

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.

irbesartan/ hctz
Isordil 40mg
isosorbide dinitrate
isosorbide dinitrate er
isosorbide mononitrate
isosorbide mononitrate er
isradipine
labetalol hcl
Lanoxin 62.5, 187.5mcg
lisinopril
lisinopril/ hctz
losartan
losartan/ hctz
matzim la
methazolamide
methyclothiazide
methyldopa
methyldopa/ hctz
metholazine
metoprolol succinate er
metoprolol tartrate
metoprolol/ hctz
minoxidil
moexipril hcl
moexipril/ hctz
nadolol
nadolol/ bendroflumethiazide
nicardipine hcl
nifedipine
nifedipine er
nimodipine
nisoldipine er
nitro-bid
Nitro-Dur 0.3, 0.8mg/hr
nitroglycerin
nitroglycerin 400 mcg spray
nitroglycerin er
nitroglycerin lingual
nitroglycerin spray
nitroglycerin sl tabs
olmesartan
olmesartan/ hctz
olmesartan/ amlodipine/ hctz
perindopril
pindolol
prazosin hcl
propranolol hcl
propranolol hcl er
propranolol/ hctz
quinapril hcl
quinapril/ hctz
ramipril
Ranexa
sorine
sotalol hcl
sotalol hcl af
spironolactone
spironolactone/ hctz
tazlia xt
telmisartan
telmisartan/ amlodipine
telmisartan/ hctz
terasinol hcl
timolol maleate tablet
torsemide
trandolapril
trandolapril/ verapamil
triamterene/ hctz
valsartan
valsartan/ hctz
verapamil hcl
verapamil hcl er

High cholesterol
atorvastatin
atorvastatin/ amlodipine
cholesterol
cholesteramine
cholesteramine light
colesevelam
colestipol hcl
ezetimibe
ezetimibe-
simavastatin
fenofibrate (43, 67, 130, 134, 200 mg capsules & 40, 48, 54, 120, 145, 160mg tablets)
fenofibrate acid
fluvastatin
gemfibrozil
lovastatin
niacin ER
pravastatin
prevate
rosuvastatin
simvastatin
Welchol 3.75 Gram Oral Powder Packet

Osteoporosis
alendronate sodium
amabelz
calcitonin- salmon
Climara Pro
Combipatch
estradiol
norethindrone acetate
estropipate
Fosamax Plus D
ibandronate sodium
tables
Jevantique
jinteli
medroxyprogesterone acetate
Menest
norethindrone- ethin estradiol
Premarin tablets
Premphase
raloxifene
risendronate

Stroke
aspirin- dipyridamole ER
cilostazol
clopodigrel bisulfate
dipyridamole
prasugrel

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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.
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.