

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



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  
metaproterenol sulfate  
syrup, tabs  
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  
Levemir  
Levemir Flexpen  
Levemir 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  
acetazolamide

afeditab cr  
amiloride hcl  
amiloride/ 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  
captopril/ 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

**PreventiveRx<sup>SM</sup> Drug List:**  
**PreventiveRx Plus Plan (Essential)**



eprosartan	metoprolol succinate	ramipril	fenofibrate (43, 50,	norethindrone- ethin
ethacrynic acid tabs	er	ranolazine er	67, 130, 134, 150,	estradiol
ezetimibe	metoprolol tartrate	sorine	200 mg capsules &	Premarin tablets
ezetimibe/ simvastatin	metoprolol/ hctz	sotalol hcl	40, 48, 54, 120, 145,	Premphase
felodipine er	minitran	sotalol hcl af	160mg tablets)	Prempro
fosinopril sodium	minoxidil	spironolactone	fenofibric acid	raloxifene
fosinopril/ hctz	moexipril hcl	spironolactone/ hctz	fluvastatin	risedronate
furosemide	moexipril/ hctz	taztia xt	gemfibrozil	
guanfacine hcl	nadolol	telmisartan	lovastatin	<b>STROKE</b>
hydralazine	nadolol/ bendroflumethiazide	telmisartan/ amlodipine	niacin ER	aspirin- dipyridamole
hydrochlorothiazide	nicardipine hcl	telmisartan/ hctz	pravastatin	ER
indapamide	nifedipine	terazosin hcl	prevalite	cilostazol
irbesartan	nifedipine er	tiadylt	rosuvastatin	clopidogrel bisulfate
irbesartan/ hctz	nimodipine	timolol maleate tablet	simvastatin	dipyridamole
isosorbide dinitrate	nisoldipine er	torsemide	Welchol 3.75 Gram	prasugrel
isosorbide dinitrate	Nitro-Dur 0.3, 0.8mg/ hr	trandolapril	Oral Powder Packet	
er	nitroglycerin	trandolapril/ verapamil		<b>OSTEOPOROSIS</b>
isosorbide	nitroglycerin 400 mcg	triamterene/ hctz	alendronate sodium	amabelz
mononitrate	spray	valsartan	amabelz	calcitonin- salmon
isosorbide	nitroglycerin er	valsartan/ hctz	Climara Pro	Climara Pro
mononitrate er	nitroglycerin lingual	verapamil hcl	Combipatch	Combipatch
isradipine	nitroglycerin spray	verapamil hcl er	dotti	dotti
labetalol hcl	nitroglycerin sl tabs		estradiol tab, patch	estradiol/ norethindrone
Lanoxin 62.5, 187.5mcg	olmesartan	<b>HIGH</b>	estradiol/ norethindrone	acetate
lisinopril	olmesartan/ hctz	<b>CHOLESTEROL</b>	acetate	estropipate
lisinopril/ hctz	olmesartan/ amlodipine/ hctz	atorvastatin	estropipate	Fosamax Plus D
losartan	perindopril	atorvastatin/ amlodipine	Fosamax Plus D	ibandronate sodium
losartan/ hctz	pindolol	cholestyramine	tablets	tablets
matzim la	prazosin hcl	cholestyramine light	Jevantique	Jevantique
methazolamide	prazosin hcl	colesevelam	jinteli	medroxyprogesterone
methyclothiazide	propranolol hcl	ezetimibe	medroxyprogesterone	acetate
methyldopa	propranolol hcl er	ezetimibe- simvastatin	Menest	Menest
methyldopa/ hctz	propranolol/ hctz			
metolazone	quinapril hcl			
	quinapril/ 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. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](http://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<sup>SM</sup> Managed Care, Inc. (RIT), Healthy Alliance<sup>SM</sup> 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. 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), 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

## 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 bé'esh bee hane'í bikáá' áájí' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiilnih. (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>.