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 National 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, tabs
- Arnuity Ellipta
- Breo Ellipta
- budesonide inhalation suspension
- cromolyn sodium nebulization soln
- Dulera
- elixophyllin
- Flovent Diskus
- Flovent HFA
- 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
- Ventolin HFA
- zafirlukast

### 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
- ActoPlusMet XR
- 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
- 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
- tolanamide
- tolbutamide
- Toujeo
- Tradjenta
- Trulicity
- Victoza
- Januvia

### Heart health and high blood pressure

- acebutolol hcl
- acetazaolamide
- adefitab cr
- amiloride hcl
- amiloride/ hctz
- amlodipine besylate
- amlodipine/ benazepril
- amlodipine/ olmesartan
- amlodipine/ valsartan
- 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
- chlorothalidone
- clonidine tabs, patches
- Cloprres 0.1, 0.2mg
- digitek
- digoxin
- Dilatrate SR
- diltiazem cd
- diltiazem hcl
- diltiazem hcl er
- doxazosin mesylate
- enalapril maleate
- enalapril/ hctz
- eplerenone
- eprosartan
- ethacrynic acid tabs
- felodipine er
- fosinopril sodium
- fosinopril/ hctz
- furosemide
- guanfacine hcl
PreventiveRx℠ Drug List:
PreventiveRx Plus Plan (National)

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 anthemco.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 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 products are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company of Virginia: Anthem Health Plans of Virginia, Inc. in Pennsylvania: Blue Cross Blue Shield of Pennsylvania. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Blue Cross and Blue Shield. In Arizona, 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), Blue Cross Blue Shield 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.
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 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 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 مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (711 :TDD/TTY)

Armenian
Ձեր իրավունքում ունեte Ձe կենսագործ տեղեկատվությունների և օգնության ինչպես նպատակոր գործիքներով ու գործառույթով: Օգնությունը տանքենում համար զանգահարեք Անդամների ծառայությունների կենտրոնի՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi
شا این حق را دارید که این اطلاعات و کمکی که 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)
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.