

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



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.

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

Not all drugs on this list may be covered by your plan. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your Certificate or Evidence of Coverage for coverage limitations and exclusions.

## BIRTH CONTROL

All generic versions are included.

Annovera  
Balcoltra  
Kyleena  
Natazia  
Skyla  
Slynd  
Taytulla

## BLOOD CLOTS

Bevyxxa  
Brilinta  
Coumadin  
Eliquis  
enoxaparin  
fondaparinux  
Fragmin  
heparin  
Pradaxa  
Savaysa  
warfarin  
Xarelto

## BOWEL PREP (LAXATIVES)

Clenpiq  
gavilyte-h and bisacodyl  
Golytely packet  
Moviprep  
Osmoprep  
peg 3350/electrolytes  
peg-prep kit  
Plenvu  
Prepopik  
Suprep  
Trilyte

## FLU

oseltamivir  
Relenza  
Xofluza

## HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol hcl  
acetazolamide  
afeditab cr  
Aldactazide 50-50mg  
aliskiren  
amiloride hcl  
amiloride/hctz  
amlodipine besylate  
amlodipine/benazepril  
amlodipine/olmesartan  
amlodipine/valsartan  
amlodipine/valsartan/hctz  
atenolol  
atenolol/chlorthalidone  
Avalide 300/25mg  
benazepril hcl  
benazepril hcl/hctz  
betaxolol hcl  
bisoprolol fumarate  
bisoprolol fumarate/hctz  
bumetanide  
Byvalson  
Bystolic  
candesartan  
captopril  
captopril/hctz  
Cardizem LA 120mg  
Carospir  
cartia xt  
carvedilol  
carvedilol er  
chlorothiazide  
chlorthalidone  
clonidine hcl  
Clorpres  
dilt xr  
diltiazem hcl  
diltiazem hcl er  
Diuril  
doxazosin mesylate  
Dutoprol

Edarbi  
Edarbyclor  
enalapril maleate  
enalapril/hctz  
Epaned  
eprosartan  
ethacrynic acid  
felodipine er  
fosinopril sodium  
fosinopril/hctz  
furosemide  
guanabenz acetate  
guanfacine hcl  
Hemangeol  
hydralazine hcl  
hydralazine/hctz  
hydrochlorothiazide  
indapamide  
Inderal XL  
Innopran XL  
irbesartan  
irbesartan/hctz  
isradipine  
Kaspargo sprinkle  
Katerzia  
labetalol hcl  
lisinopril  
lisinopril/hctz  
losartan  
losartan/hctz  
Matzim LA  
methazolamide  
methyclothiazide  
methyldopa  
methyldopa/hctz  
metolazone  
metoprolol succinate er  
Metoprolol succinate/hctz  
ER  
metoprolol tartrate  
metoprolol/hctz  
minoxidil

moexipril hcl  
moexipril/hctz  
nadolol  
nadolol/  
bendroflumethiazide  
nicardipine hcl  
nifedipine  
nifedipine er  
nimodipine  
nisoldipine  
Nymalize  
olmesartan  
olmesartan/amlodipine/  
hctz  
olmesartan/hctz  
perindopril  
pindolol  
prazosin hcl  
Prestalia  
propranolol hcl  
propranolol hcl er  
propranolol/hctz  
Qbrelis  
quinapril hcl  
quinapril/hctz  
ramipril  
sotalol hcl  
sotalol hcl af  
Sotylize  
spironolactone  
spironolactone/hctz  
taztia XT  
Tekturna HCT  
telmisartan  
telmisartan/amlodipine  
telmisartan/hctz  
terazosin hcl  
tiadyl  
timolol maleate  
torsemide  
trandolapril  
trandolapril/verapamil

# PreventiveRx<sup>SM</sup> Drug List:

## Basic Plus Plan (National Drug List)



triamterene  
 triamterene/hctz  
 valsartan  
 valsartan/hctz  
 Vecamyl  
 verapamil hcl  
 verapamil hcl er  
  
**HIGH CHOLESTEROL**  
 Altoprev  
 atorvastatin  
 atorvastatin/  
 amlodipine  
 cholestyramine  
 cholestyramine light  
 colesivelam hcl  
 colestipol hcl  
 Ezallor  
 ezetimibe  
 ezetimibe/  
 simvastatin  
 fenofibrate capsule  
 fenofibrate tablet  
 (except 160mg)  
 fenofibric acid, dr  
 (except 105mg)  
 fenoglide  
 Flolipid  
 fluvastatin, ER  
 gemfibrozil  
 Livalo  
 lovastatin  
 niacin ER  
 Niacor  
 omega-3-acid cap  
 1gm  
 pravastatin

Prevalite  
 rosuvastatin  
 simvastatin  
 Vascepa  
 Zypitamag  
  
**MALARIA**  
 Arakoda  
 atovaquone/  
 proguanil  
 chloroquine  
 Daraprim  
 hydroxychloroquine  
 mefloquine hcl  
 primaquine  
 quinine sulfate  
 capsule  
  
**NAUSEA, VOMITING**  
 Akynzeo  
 Anzemet  
 aprepitant  
 Bonjesta  
 Cesamet  
 chlorpromazine hcl  
 dimenhydrinate  
 dronabinol  
 doxylamine/  
 pyridoxine  
 fosaprepitant  
 granisetron hcl  
 ondansetron hcl  
 ondansetron odt  
 palonosetron hcl  
 prochlorperazine  
 promethazine hcl  
 scopolamine patch  
 Syndros

trimethobenzamide  
 hcl  
 Varubi  
 Zuplenz  
  
**OSTEOPOROSIS**  
 alendronate sodium  
 Alora  
 Angeliq  
 Binosto  
 Climara Pro  
 Combipatch  
 dotti  
 Duavee  
 estradiol/  
 norethindrone  
 acetate  
 estradiol tab, patch  
 estropipate  
 Forteo  
 fortical  
 Fosamax Plus D  
 ibandronate  
 medroxyprogesterone  
 acetate  
 Menest  
 Menostar  
 Miacalcin  
 Prefest  
 Premarin tablets  
 Premphase  
 Prempro  
 Prolia  
 raloxifene  
 risedronate  
 zoledronic acid  
 (generic Reclast)

**STOPPING SMOKING**  
 bupropion hcl sr  
 (generic Zyban only)  
 Chantix  
 Nicotrol inhaler  
 Nicotrol NS  
  
**STROKE**  
 aspirin/dipyridamole  
 aspirin/omeprazole  
 cilostazol  
 clopidogrel bisulfate  
 Durlaza ER  
 dipyridamole  
 prasugrel  
 ticlopidine hcl  
 Yosprala  
 Zontivity

**VACCINES**  
*All brand and generic versions are included.*

**VITAMINS**  
*All generic versions are included.*  
 Prenatal vitamins  
 (taken during pregnancy)  
 Prescription  
 multivitamins with fluoride  
 Prescription  
 multivitamins with fluoride and iron

**WEIGHT LOSS**  
 Belviq XR

benzphetamine hcl  
 Contrave  
 diethylpropion hcl  
 diethylpropion hcl er  
 phendimetrazine  
 phentermine hcl  
 Qsymia  
 Xenical

*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.  
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# 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>.