

PreventiveRxSM 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.

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
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
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
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 Junior
Insulin Lispro Pen

Insulin Lispro Protamin
Janumet
Janumet XR
Januvia
Jardiance
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
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
eprosartan
ethacrynic acid tabs
ezetimibe
ezetimibe/simvastatin

PreventiveRxSM Drug List:
PreventiveRx Plus Plan (Essential)



felodipine er	moexipril hcl	spironolactone/ hctz	gemfibrozil	STROKE	
fosinopril sodium	moexipril/ hctz	taztia xt	lovastatin		aspirin- dipyridamole
fosinopril/ hctz	nadolol	telmisartan	niacin ER		ER
furosemide	nadolol/	telmisartan/	pravastatin	cilostazol	
guanfacine hcl	bendroflumethiazide	amlodipine	prevalite	clopidogrel bisulfate	
hydralazine	nicardipine hcl	telmisartan/ hctz	rosuvastatin	dipyridamole	
hydrochlorothiazide	nifedipine	terazosin hcl	simvastatin	prasugrel	
indapamide	nifedipine er	tiadylt			
irbesartan	nimodipine	timolol maleate tablet	OSTEOPOROSIS		
irbesartan/ hctz	nisoldipine er	torseamide	alendronate sodium		
isosorbide dinitrate	Nitro-Dur 0.3, 0.8mg/	trandolapril	amabelz		
isosorbide dinitrate	hr	trandolapril/	calcitonin- salmon		
er	nitroglycerin	verapamil	Climara Pro		
isosorbide	nitroglycerin 400 mcg	triamterene/ hctz	Combipatch		
mononitrate	spray	valsartan	dotti		
isosorbide	nitroglycerin er	valsartan/ hctz	estradiol tab, patch		
mononitrate er	nitroglycerin lingual	verapamil hcl	estradiol/		
isradipine	nitroglycerin spray	verapamil hcl er	norethindrone		
labetalol hcl	nitroglycerin sl tabs		acetate		
Lanoxin 62.5,	olmesartan	HIGH	estropipate		
187.5mcg	olmesartan/ hctz	CHOLESTEROL	Fosamax Plus D		
lisinopril	olmesartan/	atorvastatin	ibandronate sodium		
lisinopril/ hctz	amlodipine/ hctz	atorvastatin/	tablets		
losartan	perindopril	amlodipine	Jevantique		
losartan/ hctz	pindolol	cholestyramine	jinteli		
matzim la	prazosin hcl	cholestyramine light	medroxyprogesterone		
methazolamide	propranolol hcl	colesevelam	acetate		
methyclothiazide	propranolol hcl er	colestipol hcl	Menest		
methyldopa	propranolol/ hctz	ezetimibe	norethindrone- ethin		
methyldopa/ hctz	quinapril hcl	ezetimibe-	estradiol		
metolazone	quinapril/ hctz	simavastatin	Premarin tablets		
metoprolol succinate	ramipril	fenofibrate (43, 50,	Premphase		
er	ranolazine er	67, 130, 134, 150,	Prempro		
metoprolol tartrate	sorine	200 mg capsules &	raloxifene		
metoprolol/ hctz	sotalol hcl	40, 48, 54, 120, 145,	risedronate		
minitran	sotalol hcl af	160mg tablets)			
minoxidil	spironolactone	fenofibric acid			
		fluvastatin			

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. 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): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM 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. 10/1/2020

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 béésh bee hane'í bikáá' áájí' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh 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>.