

# PreventiveRx Drug List

## Legacy PreventiveRx Plus Plan (CA Select)



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.

\*Some drugs and supplies may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.

This list is not all-inclusive; but many examples of preventive medications in each category are listed.

### ASTHMA

Advair HFA  
albuterol sulfate  
nebulization solution  
albuterol sulfate  
nebulization syrup  
albuterol sulfate HFA  
breyna  
budesonide inhalation  
suspension  
budesonide/formoterol  
aerosol  
cromolyn nebulization  
solution  
elixophyllin  
fluticasone HFA  
fluticasone diskus (generic  
for Flovent Diskus)  
fluticasone/ salmeterol HFA  
(generic for Advair HFA)  
fluticasone/ salmeterol  
powder (generic for Advair  
Diskus)  
fluticasone/ salmeterol  
powder (generic for Airduo  
RespiClick)  
levalbuterol HFA  
montelukast  
Pulmicort Flexhaler  
Serevent Diskus  
theophylline elixer  
theophylline solution  
theophylline ER  
wixela inhub  
zafirlukast

### BLOOD CLOTS AND STROKE

aspirin-dipyridamole ER  
cilostazol  
clopidogrel bisulfate  
dipyridamole  
jantoven  
prasugrel  
warfarin

### 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  
for OneTouch and Accu-  
Chek products will be  
covered by this benefit.  
Continuous Glucose  
Monitors (CGMs) are not  
included in PreventiveRx  
Coverage.*

acarbose  
alogliptin  
dapagliflozin  
dapagliflozin/ metformin  
Farxiga  
glimepiride (1mg, 2 mg,  
4mg)  
glipizide  
glipizide ER/XL  
glipizide/ metformin  
glyburide  
glyburide/ metformin  
Humalog

Humalog Junior KwikPen  
Humalog KwikPen  
Humalog Mix 50/50  
Humalog Mix 50/50  
KwikPen  
Humalog Mix 75/25  
Humalog Mix 75/25  
KwikPen  
Humulin 70/30  
Humulin 70/30 KwikPen  
Humulin N  
Humulin N KwikPen  
Humulin R  
Humulin R KwikPen  
Insulin Lispro  
Insulin Lispro Junior  
KwikPen  
Insulin Lispro KwikPen  
Insulin Lispro Protamine  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Lantus  
Lantus SoloStar  
liraglutide  
metformin (500 mg, 850 mg,  
1000 mg)  
metformin ER (Generic for  
Glucophage XR)  
Ozempic  
pioglitazone  
repaglinide  
Synjardy  
Synjardy XR  
Tresiba  
Tresiba Flextouch

Trulicity  
Victoza  
Xigduo XR

### HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol  
acetazolamide  
acetazolamide ER  
amiloride  
amiloride/ hctz  
amlodipine besylate  
amlodipine/ benazepril  
amlodipine/ valsartan  
amlodipine/ valsartan/ hctz  
atenolol  
atenolol/ chlorthalidone  
benazepril  
benazepril/ hctz  
betaxolol  
bisoprolol fumarate  
bisoprolol fumarate/ hctz  
bumetanide  
candesartan/ hctz  
cartia XT  
carvedilol  
chlorthalidone  
clonidine tablets  
digitek  
digox  
digoxin  
diltiazem  
diltiazem CD  
diltiazem ER  
dilt-XR  
doxazosin  
enalapril tablets

# PreventiveRx Drug List

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enalapril/ hctz	olmesartan	48, 54, 145, 160 mg
ethacrynic acid	olmesartan/ hctz	tablets)
tablets	prazosin	fenofibric acid
felodipine ER	propranolol	fluvastatin
fosinopril sodium	propranolol ER	gemfibrozil
fosinopril/ hctz	quinapril	lovastatin
furosemide	quinapril/ hctz	niacin ER
guanfacine	ramipril	pravastatin
hydralazine	sorine	rosuvastatin
hydrochlorothiazide	sotalol	simvastatin
indapamide	sotalol AF	
irbesartan	spironolactone	<b>OSTEOPOROSIS</b>
irbesartan/ hctz	tablets	alendronate
isosorbide dinitrate	spironolactone/ hctz	amabelz
(5mg, 10 mg, 20 mg,	taztia XT	calcitonin- salmon
30 mg)	telmisartan/ hctz	dotti
isosorbide	terazosin	estradiol patch
mononitrate	tiadylt	estradiol tablets
isosorbide	timolol tablets	estradiol/
mononitrate ER	torsemide	norethindrone
lisinopril	trandolapril	Fyavolv
lisinopril/ hctz	trandolapril/	ibandronate tablets
losartan	verapamil	jinteli
losartan/ hctz	triamterene	lyllana
matzim LA	triamterene/ hctz	medroxyprogesterone
methazolamide	valsartan tablets	mimvey
methyldopa	valsartan/ hctz	norethindrone-ethinyl
metoprolol succinate	verapamil	estradiol
ER	verapamil ER	raloxifene
metoprolol tartrate	verapamil SR	risedronate
metoprolol tartrate/		
hctz	<b>HIGH</b>	
minoxidil	<b>CHOLESTEROL</b>	
nifedipine	atorvastatin	
nifedipine ER	atorvastatin/	
nisoldipine ER	amlodipine	
nitroglycerin 400 mcg	ezetimibe	
spray	fenofibrate (43, 50,	
nitroglycerin	67, 130, 134, 150,	
sublingual tablets	200 mg capsules &	

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.

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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

Դուք 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 ahóót'í t'áá ni nizaad k'eh'í níká a'doowó't'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béc'sh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béc'sh bee hane'í bikáá' áá'j' 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>.