PreventiveRx Drug List Legacy PreventiveRx Plus Plan (ME 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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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) fluticasone/ vilanterol formoterol nebulization solution levalbuterol nebulization solution levalbuterol HFA

theophylline elixer theophylline solution theophylline ER Trelegy Ellipta wixela inhub zafirlukast

BLOOD CLOTS AND STROKE

aspirin-dipyridamole ER cilostazol clopidogrel bisulfate dipyridamole heparin jantoven prasugrel warfarin

DIABETES

Farxiga

{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

4mg) glipizide glipizide ER/XL glipizide/ metformin glyburide glyburide micronized 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)

glimepiride (1mg, 2 mg,

metformin ER (Generic for Glucophage XR)
miglitol
Mounjaro
nateglinide
Ozempic
pioglitazone
repaglinide
Synjardy
Synjardy XR
Tresiba
Tresiba Flextouch
Trulicity
Victoza
Xigduo XR

HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol

acetazolamide acetazolamide ER aliskiren amiloride amlodipine besylate amlodipine/benazepril atenolol atenolol/chlorthalidone benazepril benazepril/ hctz betaxolol bisoprolol fumarate bisoprolol fumarate/ hctz bumetanide candesartan candesartan/ hctz captopril captopril/ hctz

montelukast

Pulmicort Flexhaler

OVAR RediHaler

Serevent Diskus

terbutaline tablets

PreventiveRx Drug List Legacy PreventiveRx Plus Plan (ME Select)



cartia XT carvedilol chlorthalidone clonidine tablets digitek digox digoxin diltiazem diltiazem CD diltiazem ER dilt-XR doxazosin enalapril tablets enalapril/hctz eplerenone ethacrynic acid tablets felodipine ER fosinopril sodium fosinopril/ hctz furosemide guanfacine hydralazine hvdrochlorothiazide indapamide irbesartan irbesartan/ hctz isosorbide dinitrate (5mg, 10 mg, 20 mg, 30 mg) isosorbide mononitrate isosorbide mononitrate ER isradipine labetalol lisinopril lisinopril/ hctz Iosartan

losartan/ hctz matzim I A methazolamide methyldopa metolazone metoprolol succinate ER metoprolol tartrate metoprolol tartrate/ hctz minoxidil moexipril nadolol nebivolol nicardipine nifedipine nifedipine ER nimodipine nisoldipine ER nitroglycerin 400 mcg spray nitroglycerin sublingual tablets olmesartan perindopril pindolol prazosin propranolol propranolol ER quinapril quinapril/ hctz ramipril ranolazine ER sorine sotalol sotalol AF spironolactone tablets spironolactone/ hctz taztia XT telmisartan telmisartan/ hctz terazosin tiadvlt timolol tablets torsemide trandolapril trandolapril/ verapamil triamterene triamterene/ hctz valsartan tablets valsartan/ hctz verapamil verapamil ER verapamil SR

HIGH **CHOLESTEROL**

atorvastatin atorvastatin/ amlodipine cholestyramine cholestyramine lite colesevelam tablets colestipol granules colestipol tablets ezetimibe ezetimibe/ simvastatin fenofibrate (43, 50, 67, 130, 134, 150, 200 mg capsules & 48, 54, 145, 160 mg tablets) fenofibric acid fluvastatin

gemfibrozil

Iovastatin

niacin ER pravastatin prevalite rosuvastatin simvastatin

OSTEOPOROSIS

alendronate amabelz calcitonin-salmon dotti estradiol patch estradiol tablets estradiol/ norethindrone Fyavolv ibandronate tablets iinteli lyllana medroxyprogesterone mimvey norethindrone-ethinyl estradiol raloxifene

risedronate

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 مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (711:TDD/TTY)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվձար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն։ Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով։ (TTY/TDD: 711)

Farsi

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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)
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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 ਮੁਫ਼ਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navaio

Bee ná ahóót'i' t'áá ni nizaad k'eh jí níká a'doowoł t'áá jíík'e. Naaltsoos bee atah nílinígií bee néého'dólzingo nanitinígií béésh bee hane'í bikáá' áa ji' hodíílnih. Naaltsoos bee atah nílinígií bee néého'dólzingo nanitinígií béésh bee hane'í bikáá' áa ji' hodíílnih. (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 https://www.hhs.gov/ocr/office/file/index.html.