

PreventiveRx Plus 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 PreventiveRx benefit.

Drugs* listed below may be 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 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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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

Arnuity Ellipta
 Breo Ellipta
 breyna
 budesonide inhalation suspension
 budesonide/formoterol aerosol
 Flovent Diskus
 Flovent HFA
 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 QVAR RediHaler
 Trelegy Ellipta
 wixela inhub

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 Accu-Chek and

FreeStyle products will be covered by this benefit. Continuous Glucose Monitors (CGMs) are not included in PreventiveRx Coverage.

acarbose
 alogliptin
 alogliptin/metformin
 alogliptin/pioglitazone
 dapagliflozin
 dapagliflozin/ metformin
 Farxiga
 glimepiride (1mg, 2 mg, 4mg)
 glipizide
 glipizide ER/XL
 glipizide/ metformin
 glyburide
 glyburide micronized
 glyburide/ metformin
 Glyxambi
 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 Glargine (100U/ml)
 Insulin Glargine Solostar (100U/ml)
 Insulin Lispro
 Insulin Lispro Junior KwikPen
 Insulin Lispro KwikPen
 Insulin Lispro Protamine
 Janumet
 Janumet XR
 Januvia
 Jardiance
 Lantus
 Lantus SoloStar
 liraglutide
 Lyumjev
 Lyumjev KwikPen
 metformin (500 mg, 850 mg, 1000 mg)
 metformin ER (Generic for Glucophage XR)
 miglitol
 Mounjaro
 nateglinide
 Ozempic
 pioglitazone
 pioglitazone/ glimepiride
 pioglitazone/ metformin
 repaglinide
 Rybelsus
 Soliqua

SymlinPen
 Synjardy
 Synjardy XR
 Toujeo Max
 Toujeo SoloStar
 Tresiba
 Tresiba Flextouch
 Trijardy XR
 Trulicity
 Xigduo XR
 Xultophy

HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol
 amlodipine/ benazepril
 atenolol
 atenolol/ chlorthalidone
 benazepril
 benazepril/ hctz
 betaxolol
 bisoprolol fumarate
 bisoprolol fumarate/ hctz
 captopril
 captopril/ hctz
 carvedilol
 carvedilol ER
 enalapril oral solution
 enalapril tablets
 enalapril/ hctz
 fosinopril sodium
 fosinopril/ hctz
 labetalol
 lisinopril

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lisinopril/ hctz
metoprolol succinate
ER
metoprolol tartrate
metoprolol tartrate/
hctz
moexipril
nadolol
nebivolol
perindopril
pindolol
propranolol
propranolol ER
quinapril
quinapril/ hctz
ramipril
sorine
sotalol
sotalol AF
timolol tablets
trandolapril
trandolapril/
verapamil

HIGH CHOLESTEROL

atorvastatin
atorvastatin/
amlodipine
ezetimibe/
simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

MENTAL HEALTH

citalopram solution
citalopram tablets

escitalopram
fluoxetine capsules
fluoxetine solution
fluoxetine tablets
fluoxetine DR
fluvoxamine
fluvoxamine ER
paroxetine
paroxetine ER
sertraline tablets
vilazodone

OSTEOPOROSIS

alendronate
amabelz
calcitonin- salmon
Climara Pro
Combipatch
dotti
estradiol patch
estradiol tablets
estradiol/
norethindrone
Fosamax Plus D
Fyavolv
ibandronate tablets
jinteli
lyllana
mimvey
norethindrone-ethinyl
estradiol
Premarin tablets
Premphase
Prempro
raloxifene
risedronate
risedronate DR

* Indicates tier 2 generic drugs. Lower case drug names are generics and will be tier 1 unless otherwise noted with *. Upper case drug names indicate brand drugs, which are tier 2. Tier status indication is meant to be used as guide and may not represent true status on formulary/drug list. Formularies are subject to change.

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>.