# **PreventiveRx Drug List**

# **Enhanced 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 PreventiveRx 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.

Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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

albuterol sulfate nebulization solution albuterol sulfate nebulization syrup albuterol sulfate nebulization tablets albuterol sulfate HFA **Arnuity Ellipta** Breo Ellipta breyna budesonide inhalation suspension budesonide/formoterol

aerosol cromolyn nebulization

solution elixophyllin 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 formoterol nebulization solution

levalbuterol nebulization

solution levalbuterol HFA montelukast

ProAir RespiClick **QVAR RediHaler** Serevent Diskus Spiriva Respimat terbutaline tablets Theo-24

theophylline elixer theophylline solution theophylline ER Trelegy Ellipta

wixela inhub

zafirlukast

# **BLOOD CLOTS AND** STROKE

aspirin-dipyridamole ER Brilinta cilostazol clopidogrel bisulfate dipyridamole Eliquis

heparin jantoven prasugrel 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 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

Glvxambi 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/mI)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 Toujeo Max Toujeo SoloStar Tresiba

Tresiba Flextouch

Trijardy XR Trulicity

# **PreventiveRx Drug List**

# **Enhanced Plan (National Drug List)**



Xigduo XR Xultophy

# HEART HEALTH AND HIGH BLOOD PRESSURE

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

captopril
captopril/ hctz
cartia XT
carvedilol
carvedilol ER
chlorthalidone
clonidine tablets
clonidine patches

digitek
digox
digoxin
diltiazem
diltiazem CD
diltiazem ER
dilt-XR
doxazosin
enalapril oral solution
enalapril tablets
enalapril/ hctz

eplerenone ethacrynic acid tablets felodipine ER fosinopril sodium fosinopril/ hctz furosemide guanfacine hydralazine hydrochlorothia

hydrochlorothiazide indapamide irbesartan irbesartan/ hctz isosorbide dinitrate isosorbide dinitrate/

hydralazine

isosorbide mononitrate isosorbide mononitrate ER

isradipine
labetalol
levamlodipine
lisinopril
lisinopril/ hctz
losartan
losartan/ hctz
matzim LA
methazolamide
methyldopa
metolazone

metoprolol succinate ER metoprolol tartrate metoprolol tartrate/ hctz minoxidil

moexipril
nadolol
nebivolol
nicardipine
nifedipine
nifedipine ER
nimodipine
nisoldipine ER
Nitro-Dur 0.3, 0.8mg/ hr

nitroglycerin

nitroglycerin 400 mcg spray nitroglycerin sublingual

tablets olmesartan

olmesartan/amlodipine/

hctz

olmesartan/ hctz perindopril pindolol prazosin propranolol propranolol ER quinapril quinapril/ hctz ramipril ranolazine ER sorine sotalol sotalol AF

spironolactone suspension spironolactone tablets spironolactone/ hctz

taztia XT telmisartan

telmisartan/ amlodipine telmisartan/ hctz

terazosin
tiadylt
timolol tablets
torsemide
trandolapril

trandolapril/ verapamil

triamterene triamterene/ hctz valsartan solution valsartan tablets valsartan/ hctz verapamil verapamil ER verapamil SR

# HEART RATE AND RHYTHM

amiodarone
disopyramide
dofetilide
flecainide
mexiletine
Norpace CR
pacerone
propafenone
propafenone ER
quinidine
quinidine CR
quinidine ER

# **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 lovastatin niacin ER pravastatin prevalite

# **MALARIA**

rosuvastatin

simvastatin

atovaquone/proguanil chloroquine hydroxychloroquine mefloquine primaquine

# **MENTAL HEALTH**

amitriptyline amoxapine aripiprazole aripiprazole ODT bupropion bupropion SR bupropion XL carbamazepine carbamazepine ER chlorpromazine citalopram solution citalopram tablets clomipramine clozapine clozapine ODT desipramine desvenlafaxine ER Dilantin divalproex sodium DR, ER doxepin duloxetine **Epitol** 

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escitalopram ethosuximide felbamate fluoxetine capsules

fluoxetine capsules fluoxetine solution fluoxetine tablets fluoxetine DR fluphenazine fluoxamine

fluvoxamine ER

gabapentin haloperidol solution haloperidol tablets imipramine capsules imipramine tablets lacosamide

lamotrigine chewable lamotrigine ER lamotrigine ODT lamotrigine tablets levetiracetam

levetiracetam ER
lithium
lithium ER
loxapine
mirtazapine
mirtazapine ODT
molindone
nefazodone
nortriptyline

olanzapine
olanzapine ODT
olanzapine/
fluoxetine
oxcarbazepine ER
paliperidone ER
paroxetine

paroxetine ER

perphenazine phenelzine phenytek phenytoin

phenytoin chewable phenytoin ER phenytoin infatabs pregabalin

primidone
prochlorperazine
protriptyline
quetiapine
quetiapine ER
risperidone ODT
risperidone solution
risperidone tablets

roweepra sertraline tablets

subvenite thioridazine thiothixene tiagabine topiramate topiramate ER tranylcypromine trazodone trifluoperazine

trimipramine
Trintellix
valproic acid
venlafaxine
venlafaxine ER 225

mg tablets
venlafaxine ER
capsules
vilazodone
ziprasidone

zonisamide

**OSTEOPOROSIS** 

alendronate amabelz

calcitonin-salmon

Climara Pro Combipatch

dotti

estradiol gel estradiol patch estradiol tablets estradiol/ norethindrone Fosamax Plus D

Fyavolv

ibandronate tablets

jinteli Iyllana

medroxyprogesterone

Menest mimvey

norethindrone-ethinyl

estradiol
Premarin tablets
Premphase
Prempro
raloxifene
risedronate
risedronate DR

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/networkscoess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Rentucky; 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\* Managed Care, Inc. (RIT), Healthy Alliance\* Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer underwritten by HMI Oberefits underwritt

# 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 nílínígíí bee néého'dólzingo nanitinígíí béésh bee hane'í bikáá' áa ji' hodíílnih. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitinígíí 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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>. Complaint forms are available at <a href="https://www.hhs.gov/ocr/office/file/index.html">https://www.hhs.gov/ocr/office/file/index.html</a>.