

PreventiveRx Drug List

Legacy PreventiveRx Plus Plan (NH 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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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)
formoterol nebulization
solution
levalbuterol nebulization
solution
levalbuterol HFA
montelukast
Pulmicort Flexhaler
Serevent Diskus
terbutaline tablets
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

*{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 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)
metformin ER (Generic for
Glucophage XR)

miglitol
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
cartia XT
carvedilol
chlorthalidone

PreventiveRx Drug List

Legacy PreventiveRx Plus Plan (NH Select)



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
hydrochlorothiazide
indapamide
irbesartan
irbesartan/ hctz
isosorbide dinitrate
(5mg, 10 mg, 20 mg,
30 mg)
isosorbide
mononitrate
isosorbide
mononitrate ER
isradipine
labetalol
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
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
tiadylt
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
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
rosuvastatin
simvastatin

OSTEOPOROSIS

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

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): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® 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.

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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>.