

# Anthem \$0 Select Drug List:

## Anthem Plan (for Individual ACA plans only)



Anthem covers medications that may keep you healthy because they may prevent illness and other health conditions. Your individual plan offers a unique benefit to you - you can receive the prescriptions on this list at no cost to you - without a copay and without having to first meet a deductible. This is designed to offer you additional savings on commonly-used medications, exclusively available through your individual plan. HSA-compatible and Catastrophic plans must first meet the deductible.

This list includes only prescription products. In some cases, both brand-name drugs and non-brand drugs (generics) are included, while in other cases, only non-brand drugs are listed. Most brand-name drugs that have a generic equivalent available are not covered under this benefit.

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

### ANTIBIOTICS/ANTI-INFECTIVES

AMOXICILLIN CAPSULES/  
TABLETS/CHEWABLE/  
SUSPENSION  
AMPICILLIN CAPSULES  
AZITHROMYCIN TABLETS/  
SUSPENSION/POWDER  
CEPHALEXIN CAPSULES/  
TABLETS/SUSPENSION  
ERYTHROMYCIN EC  
TABLETS/SOLUTION/GEL/  
OINTMENT  
ERY-TAB EC TABLETS  
FLUCONAZOLE TABLETS/  
SUSPENSION  
ISONIAZID TABLETS  
NEOMYCIN TABLETS  
PENICILLIN VK TABLETS/  
SOLUTION  
SULFAMETHOXAZOLE-  
TRIMETHOPRIM DS  
TABLETS  
SULFAMETHOXAZOLE-  
TRIMETHOPRIM TABLETS/  
SUSPENSION  
TRIMETHOPRIM TABLETS

### ANTI-DIABETICS

GLIPIZIDE TABLETS  
GLIPIZIDE ER TABLETS

### BEHAVIORAL HEALTH/ MOOD DISORDERS

AMITRIPTYLINE TABLETS  
BENZTROPINE TABLETS  
HYDROXYZINE PAMOATE  
CAPSULES  
LITHIUM CAPSULES/  
TABLETS

LITHIUM CARBONATE ER  
TABLETS  
PROCHLORPERAZINE  
TABLETS  
THIORIDAZINE TABLETS  
TRIHEXYPHENIDYL TABLETS/  
SOLUTION

### BLOOD MODIFYING AGENTS

WARFARIN TABLETS

### CORTICOSTEROIDS

DEXAMETHASONE TABLETS/  
SOLUTION/ELIXIR  
FLUDROCORTISONE  
TABLETS  
METHYLPREDNISOLONE  
TABLETS  
PREDNISOLONE SODIUM  
PHOSPHATE SOLUTION  
PREDNISOLONE SOLUTION  
PREDNISONE TABLETS/  
SOLUTION  
TRIAMCINOLONE CREAM/  
LOTION/OINTMENT/  
DENTAL PASTE

### COUGH/COLD/ALLERGY

BROMPHENIRAMINE-  
PSEUDOEPHEDRINE-  
DEXTROMETHORPHAN  
SYRUP  
CROMOLYN SODIUM  
SOLUTION  
CYPROHEPTADINE SYRUP  
PROMETHAZINE-  
DEXTROMETHORPHAN  
SYRUP

### EYE CONDITIONS

CARTEOLOL SOLUTION  
GENTAMICIN SOLUTION  
GENTAK OINTMENT  
NEOMYCIN-POLYMYXIN-  
DEXAMETHASONE  
OINTMENT/SUSPENSION  
POLYMYXIN B SULFATE-  
TRIMETHOPRIM OINTMENT/  
SOLUTION  
SULFACETAMIDE-  
PREDNISOLONE SOLUTION  
TIMOLOL GEL  
TIMOLOL MALEATE  
SOLUTION  
TOBRAMYCIN SOLUTION

### DIGESTIVE CONDITIONS/ ANTI-NAUSEA

DRAMAMINE TABLETS  
MECLIZINE TABLETS  
METOCLOPRAMIDE  
TABLETS/SOLUTION  
PROMETHAZINE TABLETS/  
SOLUTION

### HEART HEALTH/BLOOD PRESSURE

ATENOLOL TABLETS  
BENAZEPRIL TABLETS  
CLONIDINE TABLETS  
FUROSEMIDE TABLETS/  
SOLUTION  
HYDROCHLOROTHIAZIDE  
CAPSULES/TABLETS  
LISINAPRIL TABLETS  
METHYLDOPA TABLETS  
METOPROLOL TARTRATE  
TABLETS

NITROGLYCERIN  
SUBLINGUAL TABLETS  
PROPRANOLOL TABLETS/  
SOLUTION  
TIMOLOL TABLETS  
TRIAMTERENE-  
HYDROCHLOROTHIAZIDE  
CAPSULES/TABLETS

### HORMONE/THYROID AGENTS

ESTRADIOL TABLETS  
LEVOTHYROXINE TABLETS  
MEDROXYPROGESTERONE  
ACETATE TABLETS  
METHIMAZOLE TABLETS  
SYNTHROID TABLETS

### PAIN MANAGEMENT/ ANTI-INFLAMMATORIES

IBUPROFEN TABLETS  
INDOMETHACIN TABLETS  
LIDOCAINE SOLUTION  
PHENAZOPYRIDINE TABLETS

### SKIN CONDITIONS

SELENIUM SULFIDE LOTION/  
SHAMPOO  
SILVER SULFADIAZINE  
CREAM

### VITAMINS / MINERAL SUPPLEMENTS

CYANOCOBALAMIN  
INJECTION  
KLOR-CON TABLETS  
KLOR-CON EF TABLETS  
KLOR-CON ER TABLETS  
POTASSIUM CHLORIDE  
CAPSULES

# Anthem \$0 Select Drug List:

## Anthem Plan (for Individual ACA plans only)



POTASSIUM  
CHLORIDE ER  
TABLETS  
PRENATABS RX  
TABLETS  
VITAMIN D2  
(ERGOCALCIFEROL)  
CAPSULES

### OTHER

ALLOPURINOL  
TABLETS  
CHLORHEXIDINE  
GLUCONATE  
SOLUTION  
MISOPROSTOL  
TABLETS  
SODIUM CHLORIDE  
INJECTION/  
SOLUTION  
SULFASALAZINE  
TABLETS

*This list may change without notice which may affect your benefit coverage. To be sure your medication is covered, call the Pharmacy 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](https://www.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 Compicare Health Services Insurance Corporation (Compicare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compicare 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.

A00772MUMENABS Rev. 1/1/2023

## 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>.