

# PreventiveRx Drug List

## Legacy PreventiveRx Plus Plan (WI 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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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  
montelukast  
Pulmicort Flexhaler  
QVAR RediHaler  
Serevent Diskus  
terbutaline tablets

theophylline elixir  
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  
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

# PreventiveRx Drug List

## Legacy PreventiveRx Plus Plan (WI 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  
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  
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  
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 Blue Cross Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or 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.  
(711 :TDD/TTY)

### 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>.