

Anthem \$0 Select Drug List:

Anthem Plan (for Individual ACA plans only)



And Its Affiliate HealthKeepers, Inc.

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

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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 Anthem Health Plans of Virginia, Inc, Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc., serving all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123, are independent licensees of the Blue Cross 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 ਸਰਵਿਸਿਜ਼ 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>.