PreventiveRx Enhanced Drug List

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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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

fluticasone diskus (generic for Flovent Diskus) fluticasone/salmeterol HFA

(generic for Advair HFA) fluticasone/ salmeterol powder (generic for Advair

Diskus)

Flovent HFA

fluticasone HFA

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

BLOOD CLOTS AND STROKE

zafirlukast

aspirin-dipyridamole ER Brilinta cilostazol* clopidogrel bisulfate dipyridamole* Eliquis heparin* jantoven prasugrel* warfarin

DIABETES

Xarelto

{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

KwikPen

Humulin N

Humulin R

(100U/mI)

Insulin Lispro

Humulin 70/30

Humalog Mix 75/25

Humalog Mix 75/25

Humulin N KwikPen

Humulin R KwikPen

Insulin Glargine (100U/ml)

Insulin Glargine Solostar

Humulin 70/30 KwikPen

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

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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

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* fosinopril/ hctz furosemide guanfacine hydralazine hydrochlorothiazide indapamide irbesartan

irbesartan/ hctz isosorbide dinitrate (5mg, 10 mg, 20 mg, 30 mg, 40 mg*)

isosorbide dinitrate/ hvdralazine

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*
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

fluvastatin gemfibrozil lovastatin niacin ER pravastatin prevalite* rosuvastatin* simvastatin

MALARIA

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

felodipine ER

fosinopril sodium

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duloxetine*
Epitol
escitalopram
ethosuximide
felbamate*
fluoxetine capsules
fluoxetine solution
fluoxetine tablets

fluoxetine DR fluphenazine fluvoxamine 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

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

^{*}Indicates tier 2 generic drugs. Lower case drug names are generics and will be tier 1 unless otherwise noted with *. Upper case drug names indicate brand drugs, which are tier 2. Tier status indication is meant to be used as guide and may not represent true status on formulary/drug list. Formularies are subject to change.

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 https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.