

# 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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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  
Flovent HFA  
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

ProAir RespiClick  
QVAR RediHaler  
Serevent Diskus  
Spiriva Respimat  
terbutaline tablets  
Theo- 24  
theophylline elixer  
theophylline solution  
theophylline ER  
Trelegy Ellipta  
wixela inhub  
zafirlukast

### BLOOD CLOTS AND STROKE

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

### 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 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  
Glyxambi  
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 Glargine (100U/ml)  
Insulin Glargine Solostar  
(100U/ml)  
Insulin Lispro

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  
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\*  
felodipine ER  
fosinopril sodium

fosinopril/ hctz  
furosemide  
guanfacine  
hydralazine  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan/ hctz  
isosorbide dinitrate (5mg,  
10 mg, 20 mg, 30 mg, 40  
mg\*)  
isosorbide dinitrate/  
hydralazine  
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  
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

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duloxetine*	paroxetine	<b>OSTEOPOROSIS</b>
Epitol	paroxetine ER	alendronate
escitalopram	perphenazine	amabelz
ethosuximide	phenelzine	calcitonin- salmon*
felbamate*	phenytek	Climara Pro
fluoxetine capsules	phenytoin	Combipatch
fluoxetine solution	phenytoin chewable	dotti
fluoxetine tablets	phenytoin ER	estradiol gel
fluoxetine DR	phenytoin infatabs	estradiol patch
fluphenazine	pregabalin*	estradiol tablets
fluvoxamine	primidone	estradiol/ norethindrone
fluvoxamine ER	prochlorperazine	Fosamax Plus D
gabapentin*	protriptyline*	Fyavolv
haloperidol solution	quetiapine	ibandronate tablets
haloperidol tablets	quetiapine ER*	jinteli
imipramine capsules	risperidone ODT*	lyllana
imipramine tablets	risperidone solution	medroxyprogesterone
lacosamide*	risperidone tablets	Menest
lamotrigine chewable	roweepra*	mimvey
lamotrigine ER	sertraline tablets	norethindrone-ethinyl estradiol
lamotrigine ODT	subvenite	Premarin tablets
lamotrigine tablets	thioridazine	Premphase
levetiracetam*	thiothixene	Prempro
levetiracetam ER*	tiagabine*	raloxifene
lithium	topiramate	risedronate
lithium ER	topiramate ER	risedronate DR
loxapine	tranlycypromine	
mirtazapine	trazodone	
mirtazapine ODT	trifluoperazine	
molindone*	trimipramine	
nefazodone	valproic acid	
nortriptyline	venlafaxine	
olanzapine*	venlafaxine ER 225 mg tablets	
olanzapine ODT*	venlafaxine ER capsules	
olanzapine/ fluoxetine	vilazodone	
oxcarbazepine	ziprasidone*	
oxcarbazepine ER*	zonisamide*	
paliperidone ER*		

\* 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.

*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](http://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>.