

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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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 OneTouch and Accu-
Chek 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
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
Xigduo XR

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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
duloxetine*

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Epitol	paroxetine ER	OSTEOPOROSIS
escitalopram	perphenazine	alendronate
ethosuximide	phenelzine	amabelz
felbamate*	phenytek	calcitonin- salmon*
fluoxetine capsules	phenytoin	Climara Pro
fluoxetine solution	phenytoin chewable	Combipatch
fluoxetine tablets	phenytoin ER	dotti
fluoxetine DR	phenytoin infatabs	estradiol gel
fluphenazine	pregabalin*	estradiol patch
fluvoxamine	primidone	estradiol tablets
fluvoxamine ER	prochlorperazine	estradiol/ norethindrone
gabapentin*	protriptyline*	Fosamax Plus D
haloperidol solution	quetiapine	Fyavolv
haloperidol tablets	quetiapine ER*	ibandronate tablets
imipramine capsules	risperidone ODT*	jinteli
imipramine tablets	risperidone solution	lyllana
lacosamide*	risperidone tablets	medroxyprogesterone
lamotrigine chewable	roweepra*	Menest
lamotrigine ER	sertraline tablets	mimvey
lamotrigine ODT	subvenite	norethindrone-ethinyl estradiol
lamotrigine tablets	thioridazine	Premarin tablets
levetiracetam*	thiothixene	Premphase
levetiracetam ER*	tiagabine*	Prempro
lithium	topiramate	raloxifene
lithium ER	topiramate ER	risedronate
loxapine	tranlycypromine	risedronate DR
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*		
paroxetine		

* 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.

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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

Ձեր 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 ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áá'j'í' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áá'j'í' 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>.