

# PreventiveRx<sup>SM</sup> 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.

## ASTHMA

Advair HFA  
albuterol sulfate hfa  
albuterol sulfate  
nebulization soln, syrup,  
tabs  
Arnuity Ellipta  
Breo Ellipta  
budesonide inhalation  
suspension  
budesonide/formoterol  
aerosol  
cromolyn sodium  
nebulization solution  
Flovent Diskus  
Flovent HFA  
fluticasone salmeterol  
blister powder for  
inhalation  
formoterol nebulization  
solution\*  
levalbuterol nebulization  
solution\*  
levalbuterol tartrate HFA  
metaproterenol sulfate  
syrup, tabs  
montelukast  
ProAir HFA  
ProAir RespiClick  
QVAR RediHaler  
Serevent Diskus  
Spiriva Respimat  
Symbicort  
terbutaline sulfate injection,  
tabs  
Theo- 24  
theochron  
theophylline, ER, CR  
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 by Lifescan & Roche will be covered by this benefit.*  
acarbose  
alogliptin  
alogliptin/metformin  
alogliptin/pioglitazone  
chlorpropamide  
Farxiga  
glimepiride  
glipizide  
glipizide er/xl  
glipizide with metformin hcl  
glyburide  
glyburide with metformin  
hcl  
glyburide, micronized  
Glyxambi  
Humalog  
Humalog KwikPen  
Humulin  
Humulin KwikPen

Insulin Lispro  
Insulin Lispro Junior  
Insulin Lispro Pen  
Insulin Lispro Protamin  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Lantus  
Lantus Solostar  
Levemir  
Levemir Flexpen  
Levemir FlexTouch  
Lyumjev  
Lyumjev KwikPen  
metformin hcl tablets  
metformin hcl er (Generic  
for Glucophage XR)  
miglitol  
nateglinide\*  
Ozempic  
pioglitazone  
pioglitazone/ glimepiride  
pioglitazone/ metformin  
repaglinide\*  
repaglinide/ metformin  
Rybelsus  
SymlinPen  
Synjardy  
Synjardy XR  
tolbutamide\*  
Toujeo  
Tresiba  
Tresiba Flextouch  
Trijardy XR  
Trulicity  
Victoza

## HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol hcl  
acetazolamide  
afeditab cr

amiloride hcl\*  
amiloride/ hctz  
amlodipine besylate  
amlodipine/ benazepril  
amlodipine/ olmesartan  
amlodipine/ valsartan  
amlodipine/ valsartan/ hctz  
atenolol  
atenolol/ chlorthalidone  
benazepril hcl  
benazepril hcl/ hctz  
betaxolol hcl  
Bidil  
bisoprolol fumarate  
bisoprolol fumarate/ hctz  
bumetanide  
candesartan  
candesartan/ hctz  
captopril  
captopril/ hctz  
cartia xt  
carvedilol  
carvedilol er\*  
chlorothiazide  
chlorthalidone  
clonidine hcl tablets  
clonidine transdermal patch\*  
digitek  
digox  
digoxin  
Dilatrate SR  
diltiazem cd  
diltiazem hcl  
diltiazem hcl er  
doxazosin mesylate  
enalapril maleate tablets  
enalapril oral solution\*  
enalapril/ hctz  
eplerenone\*  
eprosartan  
ethacrynic acid tabs\*  
felodipine er

# PreventiveRx<sup>SM</sup> Drug List: Enhanced Plan (Essential Drug List)



fosinopril sodium  
fosinopril/ hctz  
furosemide  
guanfacine hcl  
hydralazine  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan/ hctz  
isosorbide dinitrate (5, 10, 20, 30 mg)  
isosorbide dinitrate (40 mg)\*  
isosorbide dinitrate er  
isosorbide mononitrate  
isosorbide mononitrate er  
isradipine  
labetalol hcl  
Lanoxin 62.5, 187.5mcg  
lisinopril  
lisinopril/ hctz  
losartan  
losartan/ hctz  
matzim la  
methazolamide\*  
methyclothiazide  
methyldopa  
methyldopa/ hctz  
metolazone  
metoprolol succinate er  
metoprolol tartrate  
metoprolol/ hctz  
minitran  
minoxidil  
moexipril hcl  
moexipril/ hctz  
nadolol\*  
nebivolol  
nicardipine hcl  
nifedipine\*  
nifedipine er\*  
nimodipine\*  
nisoldipine er  
Nitro-Dur 0.3, 0.8mg/ hr  
nitroglycerin tablet  
nitroglycerin 400 mcg spray\*  
olmesartan  
olmesartan/ hctz  
olmesartan/ amlodipine/ hctz  
perindopril

pindolol\*  
prazosin hcl  
propranolol hcl  
propranolol hcl er  
propranolol/ hctz  
quinapril hcl  
quinapril/ hctz  
ramipril  
ranolazine er\*  
soaanz 20 mg tablet  
sorine\*  
sotalol hcl\*  
sotalol hcl af\*  
spironolactone  
spironolactone/ hctz  
taztia xt  
telmisartan  
telmisartan/ amlodipine  
telmisartan/ hctz  
terazosin hcl  
tiadylt  
timolol maleate tablet  
torsemide  
trandolapril  
trandolapril/ verapamil  
triamterene\*  
triamterene/ hctz  
valsartan  
valsartan/ hctz  
verapamil hcl  
verapamil hcl er

## HEART RATE AND RHYTHM

amiodarone  
disopyromide\*  
flecainide\*  
mexiletine\*  
Norpace CR  
pacerone  
propafenone\*  
propafenone ER\*  
quinadine  
quinidine ER, CR

## HIGH CHOLESTEROL

atorvastatin  
atorvastatin/ amlodipine  
cholestyramine\*  
cholestyramine light  
colesevelam tablets\*  
colestipol hcl

ezetimibe\*  
ezetimibe/ simvastatin\*  
fenofibrate (43, 50, 67, 130, 134, 150, 200 mg capsules & 48, 54, 145 mg tablets)  
fenofibric acid  
fluvastatin  
gemfibrozil  
lovastatin  
niacin ER  
pravastatin  
prevalite\*  
rosuvastatin\*  
simvastatin

## MALARIA

atovaquone/proguanil  
chloroquine  
hydroxychloroquine 200 mg tablets  
mefloquine  
primaquine

## MENTAL HEALTH

amitriptyline  
amoxapine  
aripiprazole\*  
aripiprazole ODT\*  
bupropion  
bupropion SR  
bupropion XL  
carbamazepine  
carbamazepine ER  
chlorpromazine  
citalopram  
clomipramine  
clozapine\*  
clozapine ODT\*  
desipramine\*  
desvenlafaxine ER  
Dilantin  
divalproex sodium DR, ER  
Doxepin  
duloxetine\*  
Epitol  
escitalopram  
ethosuximide  
felbamate\*  
fluoxetine tablets 10 mg, 20 mg  
fluoxetine capsules, solution  
fluoxetine DR

fluphenazine  
flvoxamine  
flvoxamine ER  
gabapentin\*  
haloperidol tablets  
Imipram  
imipramine tablets, capsules  
lamotrigine  
lamotrigine ER  
lamotrigine ODT  
levetiracetam\*  
levetiracetam ER\*  
lithium  
lithium ER  
loxapine  
maprotiline  
mirtazapine  
mirtazapine ODT  
molindone\*  
nefazodone  
nortriptyline  
olanzapine\*  
olanzapine ODT\*  
oxcarbazepine  
paliperidone ER\*  
paroxetine  
paroxetine ER  
bupropion  
perphenazine  
phenelzine  
phenytoin  
phenytoin ER  
pregabalin\*  
primidone  
prochlorperazine  
protriptyline\*  
quetiapine\*  
quetiapine ER\*  
risperidone  
risperidone ODT\*  
roweepra\*  
roweepra XR\*  
sertraline  
subvenite  
thioridazine  
thiothixene  
tiagabine\*  
topiramate  
topiramate ER  
tranylcypromine  
trazodone  
trifluoperazine

# PreventiveRx<sup>SM</sup> Drug List:

## Enhanced Plan (Essential Drug List)



trimipramine	zonisamide*	Combipatch	Fosamax Plus D	norethindrone-
valproic acid		dotti	ibandronate sodium	ethinyl estradiol
venlafaxine	<b>OSTEOPOROSIS</b>	estradiol tab, patch	tablets	Premarin tablets
venlafaxine ER 225	alendronate sodium	estradiol/	Jevantique	Premphase
mg tablets	amabelz	norethindrone	jinteli	Prempro
venlafaxine ER	calcitonin- salmon	acetate	medroxyprogesterone	raloxifene
capsules	nasal*	estropipate	acetate	risedronate
ziprasidone*	Climara Pro	etidronate*	Menest	

\* 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 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 béésh bee hane'í bikáá' áájí' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' 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>.