

# PreventiveRx Plus Drug List

## PreventiveRx Plus Plan (Essential)



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.

Most brand-name drugs that have a generic equivalent available are not covered under this PreventiveRx benefit.

Drugs\* listed below may be covered for plans with the Essential Drug List. If your plan has a different drug list, please check to see if these drugs are included on your drug list. PreventiveRx Plus drugs are only covered if they are included on your specific drug list.

\*Some drugs may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

### HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol  
amlodipine/ benazepril  
atenolol  
atenolol/ chlorthalidone  
benazepril  
benazepril/ hctz  
betaxolol  
bisoprolol fumarate  
bisoprolol/ hctz  
captopril  
captopril/ hctz  
carvedilol  
enalapril  
enalapril/ hctz  
fosinopril  
fosinopril/ hctz  
labetalol  
lisinopril  
lisinopril/ hctz  
metoprolol succinate er  
metoprolol tartrate  
metoprolol/ hctz  
moexipril  
nadolol  
nebivolol  
perindopril  
pindolol  
propranolol  
propranolol er  
propranolol/ hctz  
quinapril  
quinapril/ hctz  
ramipril  
sorine  
sotalol

sotalol af  
timolol  
trandolapril  
trandolapril/ verapamil

### OSTEOPOROSIS

alendronate sodium  
amabelz  
calcitonin salmon  
Climara Pro  
Combipatch  
dotti  
estradiol  
estradiol/ norethindrone  
evamist  
Fosamax Plus D  
fyavolv  
ibandronate sodium  
jinteli  
lopreeza  
mimvey  
mimvey lo  
Premarin (oral)  
Premphase  
Prempro  
raloxifene  
risedronate  
risedronate DR

### ASTHMA

Advair Hfa  
Arnuity Ellipta  
Breo Ellipta  
budesonide suspension  
budesonide/ formoterol  
Flovent Diskus  
Flovent HFA

fluticasone/ salmeterol  
inhalation powder  
formoterol nebulization  
solution  
QVAR RediHaler  
Symbicort  
Trelegy Ellipta  
wixela inhub

### 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  
Farxiga  
glimepiride  
glipizide  
glipizide er  
glipizide 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 U-500  
Humulin R U-500 Kwikpen  
Insulin Lispro  
Insulin Lispro Junior Kwi  
Insulin Lispro Kwikpen  
Insulin Lispro Protamine  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Lantus  
Lantus Solostar  
Levemir  
Levemir Flextouch  
Lyumjev  
Lyumjev KwikPen  
metformin  
metformin er (generic for  
Glucophage XR)  
miglitol  
nateglinide  
Ozempic  
pioglitazone  
pioglitazone/ metformin  
pioglitazone/ glimepiride  
repaglinide  
Rybelsus

# PreventiveRx Plus Drug List

## PreventiveRx Plus Plan (Essential)



Soliqua  
Symlinpen 120  
Symlinpen 60  
Synjardy  
Synjardy Xr  
tolbutamide  
Toujeo Max Solostar  
Toujeo Solostar  
Tresiba  
Tresiba Flextouch  
Trijardy XR  
Trulicity  
Victoza  
Xigduo XR  
Xultophy

### MENTAL HEALTH

citalopram  
escitalopram oxalate  
fluoxetine  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
paroxetine  
paroxetine ER  
sertraline

### HIGH CHOLESTEROL

amlodipine/  
atorvastatin  
atorvastatin  
ezetimibe/  
simvastatin  
fluvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

*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

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'dólzingo nanitínígíí bécsh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bécsh 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>.