PreventiveRx Enhanced Drug List

Enhanced Plan (National Direct Plus Drug List)

Anthem

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Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.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

AirSupra
albuterol sulfate HFA
albuterol sulfate nebulization solution
albuterol sulfate nebulization syrup
albuterol sulfate nebulization tablets
Breo Ellipta
breyna
budesonide inhalation suspension
budesonide/formoterol aerosol
cromolyn nebulization solution
elixophyllin
fluticasone HFA
fluticasone diskus (generic for Flovent Diskus)
fluticasone ellipta
fluticasone/ salmeterol HFA (generic for Advair HFA)
fluticasone/ salmeterol powder (generic for Advair Diskus)
fluticasone/ vilanterol ellipta
formoterol nebulization solution
levalbuterol nebulization solution
levalbuterol HFA
montelukast
ProAir RespiClick
Pulmicort Flexhaler
QVAR RediHaler
Serevent Diskus
Spiriva Respimat
terbutaline tablets
Theo- 24
theophylline elixer
theophylline ER
theophylline solution
Trelegy Ellipta
wixela inhub
zafirlukast

BLOOD CLOTS AND STROKE

aspirin-dipyridamole ER
cilostazol
clopidogrel bisulfate
dipyridamole
Eliquis
heparin
jantoven
prasugrel
rivaroxaban
ticagrelor
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
Basaglar KwikPen
dapagliflozin
dapagliflozin/ metformin
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 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
Xultophy

PreventiveRx Enhanced Drug List

Enhanced Plan (National Direct Plus Drug List)

Anthem

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 patches
clonidine tablets
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
Hemiclor
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan/ hctz
isosorbide dinitrate
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 ointment
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
dofetilide
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

Abilify Maintena
amitriptyline
amoxapine
aripiprazole
aripiprazole ODT
brivaracetam
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

Epitol
escitalopram
eslicarbazepine
ethosuximide
felbamate
fluoxetine capsules
fluoxetine DR
fluoxetine solution
fluoxetine tablets
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
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
Trintellix
valproic acid
venlafaxine
venlafaxine ER 225 mg tablets
venlafaxine ER capsules
vigabatrin
vigadrone
vilazodone
Vraylar
ziprasidone
zonisamide

OSTEOPOROSIS

abigale
abigale lo
alendronate
amabelz
calcitonin- salmon
Climara Pro
Combipatch
dotti
estradiol gel
estradiol patch
estradiol tablets
estradiol/ norethindrone
Fosamax Plus D
Fyavolv
ibandronate tablets
jinteli
lyllana
medroxyprogesterone
Menest
mimvey
norethindrone-ethinyl estradiol
Premarin tablets
Premphase
Prempro
raloxifene
risedronate
risedronate DR

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. 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 مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.
(711 :TDD/TTY)

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 ਮੁਫ਼ਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo
Bee ná ahóót'i' t'áá ni nizaad k'ehjí niká a'doowoł t'áá jiik'e. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' hodíílnih. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' 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 http://www.hhs.gov/ocr/office/file/index.html.

PreventiveRx Enhanced Lista de medicamentos

Plan mejorado (Lista nacional de medicamentos Direct Plus)

PreventiveRx cubre los medicamentos que le mantendrán saludable porque previenen las enfermedades y las afecciones médicas. Puede obtener los productos de esta lista por un precio muy bajo o sin costo alguno dependiendo de su beneficio.

Esta lista incluye solamente productos recetados. Los medicamentos de marca figuran con la primera letra en mayúscula. Los medicamentos que no son de marca (genéricos) están en letras minúsculas.

Los medicamentos de marca que tienen un equivalente genérico disponible no están cubiertos conforme a este beneficio de PreventiveRx.

Esta Lista no es exhaustiva; pero se enumeran muchos ejemplos de medicamentos preventivos en cada categoría.

ASMA

AirSupra
albuterol sulfate HFA
albuterol sulfate nebulization solution
albuterol sulfate nebulization syrup
albuterol sulfate nebulization tablets
Breo Ellipta
breyna
budesonide inhalation suspension
budesonide/formoterol aerosol
cromolyn nebulization solution
elixophyllin
fluticasone HFA
fluticasone diskus (generic for Flovent Diskus)
fluticasone ellipta
fluticasone/ salmeterol HFA (generic for Advair HFA)
fluticasone/ salmeterol powder (generic for Advair Diskus)
fluticasone/ vilanterol ellipta
formoterol nebulization solution
levalbuterol nebulization solution
levalbuterol HFA
montelukast
ProAir RespiClick
Pulmicort Flexhaler
QVAR RediHaler
Serevent Diskus
Spiriva Respimat
terbutaline tablets
Theo- 24
theophylline elixer
theophylline ER
theophylline solution
Trelegy Ellipta
wixela inhub
zafirlukast

COÁGULOS DE SANGRE Y ACCIDENTE CEREBROVASCULAR

aspirin-dipyridamole ER
cilostazol
clopidogrel bisulfate
dipyridamole
Eliquis
heparin
jantoven
prasugrel
rivaroxaban
ticagrelor
warfarin
Xarelto

DIABETES

Para que este plan cubra los suministros para personas con diabetes, como medidores de glucosa en sangre, tiras reactivas y lancetas, se necesita una receta. Este beneficio solo cubrirá los medidores de glucosa en sangre y las tiras reactivas de productos Accu-Chek y FreeStyle. Los monitores de glucosa continuos (CGM) no están incluidos en la cobe

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
Basaglar KwikPen
dapagliflozin
dapagliflozin/ metformin
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 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
Xultophy

SALUD CARDÍACA Y PRESIÓN ARTERIAL ALTA

acebutolol
acetazolamide
acetazolamide ER
aliskiren
amiloride
amiloride/ hctz

PreventiveRx Enhanced Lista de medicamentos

Plan mejorado (Lista nacional de medicamentos Direct Plus)

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 patches
clonidine tablets
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
Hemiclor
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan/ hctz
isosorbide dinitrate
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 ointment
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

FRECUENCIA Y RITMO CARDÍACO

amiodarone
disopyramide
dofetilide
flecainide
mexiletine
Norpace CR
pacerone
propafenone
propafenone ER
quinidine
quinidine CR
quinidine ER

COLESTEROL ALTO

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

SALUD MENTAL

Abilify Maintena
amitriptyline
amoxapine
aripiprazole
aripiprazole ODT
brivaracetam
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
Epitol
escitalopram
eslicarbazepine
ethosuximide
felbamate
fluoxetine capsules

PreventiveRx Enhanced Lista de medicamentos

Plan mejorado (Lista nacional de medicamentos Direct Plus)

fluoxetine DR
fluoxetine solution
fluoxetine tablets
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
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
Trintellix
valproic acid
venlafaxine
venlafaxine ER 225 mg tablets
venlafaxine ER capsules
vigabatrin
vigadrone
vilazodone
Vraylar
ziprasidone
zonisamide

OSTEOPOROSIS

abigale
abigale lo
alendronate
amabelz
calcitonin- salmon
Climara Pro
Combipatch
dotti
estradiol gel
estradiol patch
estradiol tablets
estradiol/ norethindrone
Fosamax Plus D
Fyavolv
ibandronate tablets
jinteli
lyllana
medroxyprogesterone
Menest
mimvey
norethindrone-ethinyl estradiol
Premarin tablets
Premphase
Prempro
raloxifene
risedronate
risedronate DR

Esta lista puede cambiar sin previo aviso, y esto puede afectar la cobertura de tu beneficio. Para asegurarte de que tu medicamento tenga cobertura con el beneficio de PreventiveRx, llama al número de Servicios para miembros que aparece en tu tarjeta de identificación.

Anthem Blue Cross and Blue Shield es el nombre comercial de: En Colorado: Rocky Mountain Hospital and Medical Service, Inc. Productos de HMO asegurados por HMO Colorado, Inc. Copias de los planes de acceso a la red de Colorado están disponibles bajo pedido a servicios para miembros o puede obtenerlas entrando a anthem.com/co/networkaccess. En Connecticut: Anthem Health Plans, Inc. En Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. En Indiana: Anthem Insurance Companies, Inc. En Kentucky: Anthem Health Plans of Kentucky, Inc. En Maine: Anthem Health Plans of Maine, Inc. En Missouri (salvo 30 condados en el área de Kansas City): RightCHOICE Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) y HMO Missouri, Inc. RIT y algunos afiliados administran beneficios que no corresponden a planes HMO asegurados por HALIC y beneficios de planes HMO asegurados por HMO Missouri, Inc. RIT y ciertos afiliados brindan solamente servicios administrativos para planes autofinanciados y no aseguran beneficios. En Nevada: Rocky Mountain Hospital and Medical Service, Inc. Productos de HMO asegurados por HMO Colorado, Inc., que opera bajo el nombre comercial HMO Nevada. En New Hampshire: Anthem Health Plans of New Hampshire, Inc.; Los planes HMO son administrados por Anthem Health Plans of New Hampshire, Inc. y asegurados por Matthew Thornton Health Plan, Inc. En Ohio: Community Insurance Company. En Virginia: Anthem Health Plans of Virginia, Inc. comercializa a través del nombre comercial Anthem Blue Cross and Blue Shield en Virginia, y su área de servicios abarca todo Virginia salvo la ciudad de Fairfax, el municipio de Vienna y el área al este de la ruta estatal 123. En Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), asegura o administra PPO y pólizas de indemnización y asegura los beneficios no incluidos de pólizas POS ofrecidas por Compcare Health Services Insurance Corporation (Compcare) o Wisconsin Collaborative Insurance Corporation (WCIC). Compcare asegura o administra pólizas HMO o POS; WCIC asegura o administra pólizas Well Priority HMO o POS. Licenciatarios independientes de Blue Cross and Blue Shield Association. Anthem es una marca comercial registrada de 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 مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.
(711 :TDD/TTY)

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 ਮੁਫ਼ਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo
Bee ná ahóót'i' t'áá ni nizaad k'ehjí niká a'doowoł t'áá jiik'e. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' hodíílnih. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' 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 http://www.hhs.gov/ocr/office/file/index.html.