

PreventiveRx Plus

Guided 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.

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
etidronate
evamist
Fosamax Plus D
fyavolv
ibandronate sodium
jinteli
lopreeza

mimvey
mimvey lo
Premarin (oral)
Premphase
Prempo
raloxifene
risedronate
risedronate DR

Asthma

Advair Hfa
Arnuity Ellipta
Breo Ellipta
budesonide suspension
budesonide/ formoterol
Flovent Diskus
Flovent HFA
fluticasone/ salmeterol
inhalation powder (55
mcg/ 14 mcg, 113/ 14, 232/
14)
formoterol nebulization
solution
QVAR RediHaler
Symbicort
Trelegy Ellipta

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
Janumet
Janumet XR
Januvia
Jardiance
Levemir
Levemir Flextouch
Lyumjev
Lyumjev KwikPen
metformin
metformin er (generic for
Glucophage XR)
miglitol
nateglinide
Ozempic
pioglitazone
pioglitazone/ metformin
pioglitazone/ glimepiride
repaglinide
repaglinide/ metformin
Rybelsus
Soliqua
Symlinpen 120

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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
Trintellix

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.

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 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>.