

# PreventiveRx<sup>SM</sup> Drug List: PreventiveRx Plus Plan (Select California)



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 Preventive Rx benefit.

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

## ASTHMA

Advair HFA  
albuterol sulfate hfa  
albuterol sulfate  
nebulization soln, syrup  
budesonide/formoterol  
aerosol  
budesonide inhalation  
suspension  
Dulera  
Flovent Diskus  
Flovent HFA  
fluticasone salmeterol blistr  
powder for inhalation  
metaproterenol sulfate  
syrup, tabs  
montelukast  
Serevent Diskus  
Symbicort  
theophylline, ER, CR  
wixela inhub

## BLOOD CLOTS

jantoven  
warfarin

## 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  
glimepiride  
glipizide  
glipizide er/xl  
glipizide with metformin hcl  
glyburide

glyburide with metformin  
hcl

Humalog  
Humalog KwikPen  
Humulin  
Humulin KwikPen  
Insulin Lispro  
Insulin Lispro Junior  
Insulin Lispro Pen  
Insulin Lispro Protamin  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Jentadueto  
Lantus  
Lantus Solostar  
metformin hcl  
metformin hcl er (generic  
for Glucophage XR)  
pioglitazone  
Synjardy  
tolbutamide  
Tradjenta  
Victoza

## HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol hcl  
acetazolamide  
afeditab cr  
amiloride hcl  
amlodipine besylate  
amlodipine/ benazepril  
amlodipine/ valsartan  
amlodipine/ valsartan/ hctz  
atenolol  
atenolol/ chlorthalidone  
benazepril hcl  
benazepril hcl/ hctz  
betaxolol hcl  
bisoprolol fumarate

bisoprolol fumarate/ hctz  
candesartan/ hctz  
cartia xt  
carvedilol  
chlorthalidone  
clonidine hcl tabs  
digox  
digoxin  
diltiazem cd  
diltiazem hcl  
diltiazem hcl er  
doxazosin mesylate  
enalapril maleate  
enalapril/ hctz  
felodipine er  
fosinopril sodium  
fosinopril/ hctz  
furosemide  
guanfacine hcl  
hydralazine hcl  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan/ hctz  
isosorbide dinitrate  
isosorbide dinitrate er  
isosorbide mononitrate  
isosorbide mononitrate er  
lisinopril  
lisinopril/ hctz  
losartan  
losartan/ hctz  
matzim la  
methazolamide  
methyclothiazide  
methyldopa  
methyldopa/ hctz  
metoprolol succinate er  
metoprolol tartrate  
minoxidil Tab  
nadolol/  
bendroflumethiazide

nifedipine  
nifedipine er  
nisoldipine er  
nitroglycerin sl tabs  
nitroglycerin 400 mcg spray  
olmesartan  
prazosin hcl  
propranolol hcl  
propranolol hcl er  
propranolol/ hctz  
quinapril hcl  
ramipril  
sorine  
sotalol hcl  
sotalol hcl af  
spironolactone  
taztia xt  
terazosin hcl  
tiadylt  
timolol maleate tablet  
torseamide  
trandolapril  
trandolapril/ verapamil  
triamterene  
triamterene/ hctz  
valsartan  
valsartan/ hctz  
verapamil hcl  
verapamil hcl er

## HIGH CHOLESTEROL

atorvastatin  
atorvastatin/ amlodipine  
colesevelam  
fenofibrate (43, 50, 67, 130,  
134, 150, 200 mg capsules  
& 48, 54, 145)  
fenofibric acid  
fluvastatin  
gemfibrozil  
lovastatin  
niacin ER

**PreventiveRx<sup>SM</sup> Drug List:**  
**PreventiveRx Plus Plan (Select California)**



pravastatin  
rosuvastatin  
simvastatin

**OSTEOPOROSIS**

alendronate sodium  
calcitonin- salmon  
estradiol tab, patch  
estradiol/  
norethindrone  
acetate  
estropipate  
ibandronate sodium  
tablets  
jinteli  
medroxyprogesterone  
acetate  
raloxifene  
risedronate

**STROKE**

aspirin- dipyridamole  
ER  
cilostazol  
clopidogrel bisulfate  
dipyridamole

# 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>.