

High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

Preventive Therapy Drug List

Please note: Generic medications and insulin are covered at \$0. Brand drugs are covered at 80% (20% co-insurance) with no deductible.

(10/01/18)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

TRUVADA 200/300 mg

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS

enoxaparin
fondaparinux
warfarin
Jantoven
ARIXTRA
BEVYXXA
COUMADIN
COUMADIN INJECTION
ELIQUIS
FRAGMIN
IPRIVASK
LOVENOX
PRADAXA
SAVAYSA
XARELTO

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
AGGRENOX
BRILINTA
CLOPIDOGREL KIT
DURLAZA
EFFIENT
PLAVIX
YOSPRALA
ZONTIVITY

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel

oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
APTIOM
BANZEL
BRIVIACT
CARBATROL
CELONTIN
DEPAKENE
DEPAKOTE
DEPAKOTE ER
DILANTIN
FELBATOL
FYCOMPA
GABITRIL
KEPPRA
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
MYSOLINE
ONFI
OXTELLAR XR
PEGANONE
PHENYTEK
QUDEXY XR
ROWEEPR
SABRIL
SPRITAM
TEGRETOL
TEGRETOL-XR
TOPAMAX
TRILEPTAL
TRENKENDI XR
VIMPAT
ZARONTIN
ZONEGRAN

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
dofetilide

flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone
BETAPACE
BETAPACE AF
MULTAQ
NORPACE
NORPACE CR
RYTHMOL SR
SORINE
SOTYLIZE
TIKOSYN

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide dinitrate ext-rel
isosorbide mononitrate
isosorbide mononitrate ext-rel
DILATRATE-SR
ISORDIL

*SL and chewable formulations are not included
on this list.*

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran
NITRO-BID
NITRO-DUR

CORONARY ARTERY DISEASE

ANTIHYPERLIPIDEMICS

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
lovastatin
niacin ext-rel
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase Italics, and generic products in lowercase italics.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.

106-1038894B 100118

ALTOPREV
ANTARA
COLESTID
CRESTOR
FENOGLIDE
FIBRICOR
FLOLIPID
KYNAMRO
LESCOL XL
LIPITOR
LIPOFEN
LIVALO
LOPID
NIASPAN
PRAVACHOL
QUESTRAN/QUESTRAN LIGHT
TRICOR
TRIGLIDE
TRILIPIX
WELCHOL
ZETIA
ZOCOR
ZYPITAMAG

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
CADUET
VYTORIN

DIABETES

DIAGNOSTIC AGENTS AND SUPPLIES

BLOOD GLUCOSE MONITORS - ALL
BLOOD GLUCOSE STRIPS - ALL
CONTROL SOLUTIONS
INSULIN SYRINGES, INFUSION SETS,
AND NEEDLES - ALL
KETONE BLOOD TEST STRIPS - ALL
LANCETS, LANCET DEVICES
OMNIPOD INSULIN INFUSION PUMP
URINE TESTING STRIPS - ALL
V-GO INSULIN DELIVERY DEVICE

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan*

INHALED DIABETES AGENTS

AFREZZA

INJECTABLE DIABETES AGENTS

ADLYXIN
ADMELOG
APIDRA
BASAGLAR KWIKPEN
BYDUREON
BYETTA
FIASP
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN

NOVOLOG
OZEMPIC
SOLIQUA
SYMLINPEN
TANZEUM
TOUJEO
TRESIBA
TRULICITY
VICTOZA
XULTOPHY

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

ORAL DIABETES AGENTS

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
chlorpropamide
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
repaglinide/metformin
tolbutamide
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS
AMARYL
D-CARE DM2 KIT
DUETACT
FARXIGA
FORTAMET
GLUCOPHAGE
GLUCOPHAGE XR
GLUCOTROL
GLUCOTROL XL
GLUCOVANCE
GLUMETZA
GLYNASE
GLYSET
GLYXAMBI
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR

KAZANO
KOMBIGLYZE XR
METAGLIP
NESINA
ONGLYZA
OSENI
PRANDIN
PRECOSE
QTERN
RIOMET
SEGLUROMET
STARLIX
STEGLATRO
STEGLUJAN
SYNJARDY
SYNJARDY XR
TRADJENTA
XIGDUO XR

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN
BENEFIX
CORIFACT
ELOCTATE
FEIBA
HELIXATE FS
HEMOFIL M
HUMATE-P
IDELVION
IXINITY
KOATE-DVI
KOGENATE FS
KOVALTRY
MONOCLATE-P
MONONINE
NOVOEIGHT
NUVIQ
PROFILINE SD
RECOMBINATE
RIXUBIS
TRETEN
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase Italics, and generic products in lowercase italics.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.
106-1038894B 100118

eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide
ACCUPRIL
ACCURETIC
ALTACE
ATACAND
ATACAND HCT
AVALIDE
AVAPRO
BENICAR
BENICAR HCT
COZAAR
DIOVAN
DIOVAN HCT
EDARBI
EDARBYCLOR
EPANED
HYZAAR
LOTENSIN
LOTENSIN HCT
LOTREL
MICARDIS
MICARDIS HCT
PRESTALIA
PRINIVIL
QBRELIS
TARKA
VASERETIC
VASOTEC
ZESTORETIC
ZESTRIL

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol

carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nadolol/bendroflumethiazide
pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate
BYSTOLIC
BYVALSON
COREG
COREG CR
CORGARD
CORZIDE
DUTOPROL
INDERAL LA
KAPSPARGO
LEVATOL
LOPRESSOR
LOPRESSOR HCT
TENORETIC
TENORMIN
TOPROL-XL
TRANDATE
ZIAC

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Afeditab CR
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC
Taztia XT
ADALAT CC
CALAN
CALAN SR
CARDIZEM
CARDIZEM CD
CARDIZEM LA
ISOPTIN SR
NORVASC
PROCARDIA
PROCARDIA XL
SULAR
TIAZAC

VERELAN
VERELAN PM

DIURETICS

amiloride/hydrochlorothiazide
chlorthalidone
chlorthalidone
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
ALDACTAZIDE
DIURIL
DYAZIDE
MAXZIDE
MICROZIDE

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanabenz
guanfacine
hydralazine
methyldopa
methyldopa/hydrochlorothiazide
minoxidil
olmesartan/amlodipine/
hydrochlorothiazide
AZOR
CATAPRES
CATAPRES-TTS
EXFORGE
EXFORGE HCT
TEKTURNA
TEKTURNA HCT
TRIBENZOR
TWINSTA

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS

ALLERGENIC EXTRACTS - ALL

IMMUNIZATIONS

VACCINES - ALL

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
desvenlafaxine ext-rel
doxepin

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.
106-1038894B 100118

duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
maprotiline
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranlycypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
Irenka
ANAFRANIL
APLENZIN
CELEXA
CYMBALTA
DESVENLAFAXINE ER
EFFEXOR XR
EMSAM
FETZIMA
FLUOXETINE 60 mg
FORFIVO XL
KHEDEZLA
LEXAPRO
MARPLAN
NARDIL
NORPRAMIN
OLEPTRO
PAMELOR
PARNATE
PAXIL
PAXIL CR
PEXEVA
PRISTIQ
PROZAC
REMERON
SURMONTIL
TOFRANIL
TRINTELLIX
VENLAFAXINE ER
VIIBRYD
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT

ANTIPSYCHOTICS

aripiprazole
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine

olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone
ABILIFY
ABILIFY MAINTENA
ARISTADA
CLOZARIL
EQUETRO
FANAPT
FAZACLO
GEODON
HALDOL
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA
LATUDA
REXULTI
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SEROQUEL
SEROQUEL XR
VERSACLOZ
VRAYLAR
ZYPREXA
ZYPREXA ZYDIS

OBSESSIVE COMPULSIVE DISORDER

fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene
risedronate
zoledronic acid 5 mg/100 mL
ACTONEL
ATELVIA
BINOSTO
BONIVA
BONIVA INJECTION
EVISTA
FOSAMAX
FOSAMAX PLUS D
MIACALCIN NASAL SPRAY
PROLIA
RECLAST

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade
ANTABUSE
BUNAVAIL
PROBUPHINE
SUBLOCADE
SUBOXONE FILM
VIVITROL
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
phendimetrazine
phendimetrazine ext-rel
phentermine
ADIPEX-P
BELVIQ
BELVIQ XR
CONTRAVE
LOMAIRA
QSYMIA
REGIMEX
SAXENDA
XENICAL

BOWEL PREPARATIONS

peg 3350/electrolytes
Gavilyte
CLENPIQ
COLYTE
GOLYTELY
MOVIPREP
NULYTELY
OSMOPREP
PREPOPIK
SUPREP

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrifex
nicotine transdermal
CHANTIX
NICODERM CQ
NICORETTE GUM
NICORETTE LOZENGE
NICOTROL INHALER
NICOTROL NS
ZYBAN

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

MISCELLANEOUS

cholecalciferol (D3)

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.
106-1038894B 100118

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
cromolyn sodium nebulizer solution
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel
ACCOLATE
ADVAIR
ADVAIR HFA
AIRDUO RESPICLICK
ALVESCO
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
BREO ELLIPTA
CINQAIR
DULERA
FASENRA
FLOVENT DISKUS
FLOVENT HFA
NUCALA
PULMICORT
PULMICORT FLEXHALER
QVAR
SINGULAIR
SPIRIVA RESPIMAT 1.25 mcg
SYMBICORT
SYNAGIS
XOLAIR
ZYFLO
ZYFLO CR

SUPPLIES

SPACER DEVICES
SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine

MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED
PRODUCTS

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE
HAEGARDA

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf
ASTAGRAF XL
CELLCEPT
ENVARUS XR
MYFORTIC
NEORAL
NULOJIX
PROGRAF
RAPAMUNE
SANDIMMUNE
ZORTRESS

MULTIPLE SCLEROSIS AGENTS

glatiramer
AUBAGIO
AVONEX

BETASERON
COPAXONE
EXTAVIA
GILENYA
LEMTRADA
OCREVUS
PLEGRIDY
REBIF
TECFIDERA
TYSABRI

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen
SOLTAMOX

AROMATASE INHIBITORS

anastrozole
exemestane
letrozole
ARIMIDEX
AROMASIN
FEMARA

CONTRACEPTIVES

CONTRACEPTIVES - ALL
PRESCRIPTION FORMULATIONS

Over-the-Counter (OTC) emergency contraceptive products require a prescription. Coverage may vary by plan.

PRENATAL VITAMINS

folic acid
PRENATAL VITAMINS
- PRESCRIPTION

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.
106-1038894B 100118