High Deductible Health Plan (HDHP) - Health Savings Account (HSA) Preventive Therapy Drug List

(09/01/19)

ANTI-INFECTIVES
ANTIRETROVIRAL AGENTS
TRUVADA 200/300 mg

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS
enoxaparin
fondaparinux
warfarin
Jantoven
ARIXTRA
BEVYXXA
COUMADIN

COUMADIN INJECTION

ELIQUIS FRAGMIN LOVENOX PRADAXA SAVAYSA XARELTO

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg clopidogrel dipyridamole

dipyridamole ext-rel/aspirin

prasugrel
AGGRENOX
BRILINTA
DURLAZA
EFFIENT
PLAVIX
YOSPRALA
ZONTIVITY

Over-the-Counter (OTC) products require a prescription.

Coverage may vary by plan.

ANTICONVULSANTS

carbamazepine carbamazepine ext-rel

clobazam clonazepam

phenytoin

divalproex sodium delayed-rel divalproex sodium ext-rel

ethosuximide felbamate lamotrigine lamotrigine ext-rel levetiracetam levetiracetam ext-rel oxcarbazepine phenobarbital phenytoin sodium extended

primidone
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
APTIOM
BANZEL
BRIVIACT
CARBATROL
CELONTIN
DEPAKENE
DEPAKOTE

DEPAKENE
DEPAKOTE
DEPAKOTE ER
DIACOMIT
DILANTIN
FELBATOL
FYCOMPA
GABITRIL
KEPPRA

KEPPRA XR KLONOPIN LAMICTAL LAMICTAL XR MYSOLINE ONFI

OXTELLAR XR
PEGANONE
PHENYTEK
QUDEXY XR
ROWEEPRA
SABRIL
TEGRETOL
TEGRETOL-XR

TOPAMAX TRILEPTAL TROKENDI XR VIMPAT ZARONTIN

ZONEGRAN

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

amiodarone disopyramide dofetilide flecainide propafenone propafenone ext-rel

sotalol AF Pacerone BETAPACE AF MULTAQ NORPACE NORPACE CR RYTHMOL SR

BETAPACE

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 ALTOPREV

ALTOPREV ANTARA COLESTID CRESTOR EZALLOR SI

EZALLOR SPRINKLE FENOFIBRATE 160 mg

FENOGLIDE FIBRICOR

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 090119

FLOLIPID KYNAMRO LESCOL XL LIPITOR LIPOFEN LIVALO LOPID NIASPAN PRAVACHOL

QUESTRAN/QUESTRAN LIGHT

TRICOR
TRIGLIDE
TRILIPIX
VASCEPA
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
MINIMED INSULIN INFUSION PUMP
OMNIPOD INSULIN INFUSION PUMP
URINE TESTING STRIPS - ALL
V-GO INSULIN INFUSION PUMP

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

INSULIN LISPRO

LANTUS LEVEMIR NOVOLIN NOVOLOG OZEMPIC SOLIQUA SYMLINPEN 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

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 DUETACT FARXIGA FORTAMET GLUCOPHAGE GLUCOPHAGE XR GLUCOTROL GLUCOTROL XL **GLUMETZA GLYNASE GLYSET GLYXAMBI** INVOKAMET **INVOKAMET XR INVOKANA JANUMET** JANUMET XR **JANUVIA** JARDIANCE **JENTADUETO**

KAZANO

KOMBIGLYZE XR METAGLIP

JENTADUETO XR

NESINA ONGLYZA OSENI PRANDIN RIOMET
SEGLUROMET
STARLIX
STEGLATRO
STEGLUJAN
SYNJARDY
SYNJARDY XR
TRADJENTA
XIGDUO XR

PRECOSE QTERN

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
BENEFIX
CORIFACT
ELOCTATE
FEIBA
HELIXATE FS

HUMATE-P
IDELVION
IXINITY
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
MONONINE
NOVOEIGHT

HEMOFIL M

NUWIQ

XYNTHA

PROFILNINE SD RECOMBINATE RIXUBIS TRETTEN

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril

benazepril

benazepril/hydrochlorothiazide

candesartan

candesartan/hydrochlorothiazide

captopril

captopril/hydrochlorothiazide

enalapril

enalapril/hydrochlorothiazide

eprosartan fosinopril

fosinoprii/hydrochlorothiazide

irbesartan

irbesartan/hydrochlorothiazide

lisinopril

lisinopril/hydrochlorothiazide

Iosartan

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 090119

losartan/hydrochlorothiazide moexipril

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**

VASOTEC ZESTORETIC 7FSTRII

VASERETIC

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 pindolol propranolol propranolol ext-rel propranolol/hydrochlorothiazide

timolol maleate **BYSTOLIC** COREG COREG CR CORGARD 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

Cartia XT Dilt-XR Matzim LA Nifediac CC Taztia XT ADALAT CC **CALAN** CALAN SR **CARDIZEM** CARDIZEM CD CARDIZEM LA ISOPTIN SR **KATERZIA NORVASC PROCARDIA** PROCARDIA XL

SULAR TIAZAC **VERELAN** VERELAN PM

DIURETICS

amiloride/hydrochlorothiazide

chlorothiazide chlorthalidone hvdrochlorothiazide indapamide

spironolactone/hydrochlorothiazide triamterene/hydrochlorothiazide

ALDACTAZIDE

MAXZIDE OTHER ANTIHYPERTENSIVE AGENTS

aliskiren

DIURIL

DYAZIDE

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 **TWYNSTA**

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

duloxetine delayed-rel

escitalopram fluoxetine

fluoxetine delayed-rel

fluvoxamine imipramine HCI imipramine pamoate

maprotiline mirtazapine nortriptyline paroxetine HCI paroxetine HCl ext-rel

phenelzine

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 090119

protriptyline sertraline tranylcypromine 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

WELLBUTRIN SR WELLBUTRIN XL

ZOLOFT

VIIBRYD

TOFRANIL

TRINTELLIX

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 MAINTENA

ARISTADA

ABILIFY

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

EVENITY EVISTA FORTEO FOSAMAX

FOSAMAX PLUS D

MIACALCIN NASAL SPRAY

PROLIA RECLAST TYMI OS

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** SAXFNDA XENICAL

BOWEL PREPARATIONS

peg 3350/electrolytes

Gavilyte **CLENPIQ** COLYTE **GOLYTELY MOVIPREP** NULYTELY **OSMOPREP PLENVU PREPOPIK** SUPREP

SMOKING DETERRENTS

bupropion ext-rel nicotine polacrilex 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)

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 090119

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension

cromolyn sodium nebulizer solution

fluticasone/salmeterol

montelukast

zafirlukast

zileuton ext-rel

Wixela Inhub

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 REDIHALER

SINGULAIR

SPIRIVA RESPIMAT 1.25 mcg

SYMBICORT

SYNAGIS XOLAIR

ZYFLO

SUPPLIES

SPACER DEVICES SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil

chloroquine

mefloquine

primaquine

ARAKODA

MALARONE

PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride

PEDIATRIC MULTIVITAMINS WITH

FLUORIDE - ALL MARKETED

PRODUCTS

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE

HAEGARDA TAKHZYRO

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps

mycophenolate mofetil

mycophenolate sodium delayed-rel sirolimus

tacrolimus

Gengraf

ASTAGRAF XL

CELLCEPT

ENVARSUS XR

MYFORTIC

NEORAL

NULOJIX

PROGRAF

RAPAMUNE

SANDIMMUNE

ZORTRESS

MULTIPLE SCLEROSIS AGENTS

glatiramer **AUBAGIO**

AVONEX

BETASERON

COPAXONE

EXTAVIA

GILENYA

LEMTRADA

MAVENCLAD

MAYZENT

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

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.