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

(09/01/19)

ANTICOAGULANTS/

ANTIPLATELETS ANTICOAGULANTS

enoxaparin fondaparinux warfarin Jantoven

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg clopidogrel dipyridamole dipyridamole ext-rel/aspirin prasugrel

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

ANTICONVULSANTS

carbamazepine carbamazepine ext-rel clobazam 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

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS amiodarone disopyramide dofetilide flecainide propafenone propafenone ext-rel sotalol sotalol AF Pacerone

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate isosorbide dinitrate ext-rel isosorbide mononitrate isosorbide mononitrate ext-rel

SL and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS nitroglycerin transdermal Minitran

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

COMBINATION ANTIHYPERLIPIDEMICS amlodipine/atorvastatin

ezetimibe/simvastatin

DIABETES

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

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 fosinopril/hydrochlorothiazide irbesartan irbesartan/hydrochlorothiazide lisinopril lisinopril/hydrochlorothiazide losartan losartan/hydrochlorothiazide moexipril olmesartan olmesartan/hydrochlorothiazide perindopril quinapril quinapril/hydrochlorothiazide ramipril telmisartan telmisartan/hydrochlorothiazide trandolapril trandolapril/verapamil ext-rel valsartan valsartan/hydrochlorothiazide

BETA-BLOCKERS AND COMBINATION AGENTS acebutolol atenolol atenolol/chlorthalidone betaxolol bisoprolol bisoprolol/hydrochlorothiazide carvedilol

Please note: This list represents 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. 106-29793A 090119

carvedilol phosphate ext-rel labetalol metoprolol succinate ext-rel metoprolol/hydrochlorothiazide nadolol pindolol propranolol ext-rel propranolol ext-rel propranolol/hydrochlorothiazide timolol maleate

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

DIURETICS

amiloride/hydrochlorothiazide chlorothiazide chlorthalidone hydrochlorothiazide indapamide spironolactone/hydrochlorothiazide triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren amlodipine/olmesartan amlodipine/telmisartan amlodipine/valsartan/ hydrochlorothiazide clonidine clonidine transdermal guanabenz guanfacine hydralazine methyldopa methyldopa/hydrochlorothiazide minoxidil olmesartan/amlodipine/ hydrochlorothiazide

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 protriptyline sertraline tranylcypromine trazodone trimipramine venlafaxine venlafaxine ext-rel Irenka

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

OBSESSIVE COMPULSIVE DISORDER fluvoxamine ext-rel

OSTEOPOROSIS

alendronate calcitonin calcitonin/salmon ibandronate raloxifene risedronate zoledronic acid 5 mg/100 mL

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY acamprosate calcium buprenorphine sublingual buprenorphine/naloxone sublingual disulfiram naltrexone Depade

ANTI-OBESITY AGENTS

benzphetamine diethylpropion diethylpropion ext-rel phendimetrazine phendimetrazine ext-rel phentermine

BOWEL PREPARATIONS

peg 3350/electrolytes Gavilyte

SMOKING DETERRENTS

bupropion ext-rel nicotine polacrilex nicotine transdermal

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.

RESPIRATORY DISORDERS

RESPIRATORY AGENTS budesonide suspension cromolyn sodium nebulizer solution fluticasone/salmeterol montelukast zafirlukast zileuton ext-rel Wixela Inhub

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil chloroquine mefloquine primaquine

DENTAL CARIES PREVENTION sodium fluoride

Please note: This list represents 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. 106-29793A 090119

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps mycophenolate mofetil mycophenolate sodium delayed-rel sirolimus tacrolimus Gengraf

MULTIPLE SCLEROSIS AGENTS glatiramer

WOMEN'S HEALTH

ANTIESTROGENS tamoxifen AROMATASE INHIBITORS anastrozole exemestane letrozole

CONTRACEPTIVES CONTRACEPTIVES - ALL GENERIC PRESCRIPTION FORMULATIONS

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

PRENATAL VITAMINS folic acid PRENATAL VITAMINS - GENERIC PRESCRIPTION PRODUCTS

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

Please note: This list represents 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. 106-29793A 090119