

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

## Generics Only Preventive Therapy Drug List

(08/01/16)

### ANTICOAGULANTS/ ANTIPLATELETS

#### ANTICOAGULANTS

*enoxaparin*  
*fondaparinux*  
*warfarin*  
*Jantoven*

#### PLATELET AGGREGATION INHIBITORS

*clopidogrel*  
*dipyridamole*  
*dipyridamole ext-rel/aspirin*

### 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*  
*zonisamide*  
*Epitol*

### BOWEL PREPARATIONS

*peg 3350/electrolytes*  
*Gavilyte*

### CARDIOVASCULAR CONDITIONS - OTHER

#### ANTIARRHYTHMIC AGENTS

*amiodarone*  
*disopyramide*  
*dofetilide*  
*flecainide*  
*propafenone*  
*propafenone ext-rel*  
*sotalol*  
*sotalol AF*  
*Pacerone*

#### ORAL ANTIANGINAL AGENTS

*isosorbide dinitrate*  
*isosorbide mononitrate*  
*isosorbide mononitrate ext-rel*  
*nitroglycerin*  
*nitroglycerin lingual spray*  
*nitroglycerin sublingual aerosol*

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

#### TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

*nitroglycerin transdermal*  
*Minitran*

### CORONARY ARTERY DISEASE

#### ANTHYPERLIPIDEMICS

*atorvastatin*  
*cholestyramine*  
*colestipol*  
*fenofibrate*  
*fenofibric acid*  
*fenofibric acid delayed-rel*  
*fluvastatin*  
*fluvastatin ext-rel*  
*gemfibrozil*  
*lovastatin*  
*niacin ext-rel*  
*omega-3 acid ethyl esters*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*  
*Niacor*  
*Prevalite*

#### COMBINATION ANTHYPERLIPIDEMICS

*amlodipine/atorvastatin*

### DIABETES

*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*

### 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*  
*moexipril/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*

*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 System (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 080116

carvedilol  
labetalol  
metoprolol  
metoprolol succinate ext-rel  
metoprolol/hydrochlorothiazide  
nadolol  
nadolol/bendroflumethiazide  
pindolol  
propranolol  
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  
Afeditab CR  
Cartia XT  
Dilt-CD  
Dilt-XR  
Matzim LA  
Nifediac CC  
Nifedical XL  
Taztia XT

#### **DIURETICS**

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

#### **OTHER ANTIHYPERTENSIVE AGENTS**

amlodipine/telmisartan  
amlodipine/valsartan/  
hydrochlorothiazide  
clonidine  
clonidine transdermal  
guanabenz  
guanfacine  
hydralazine  
methyldopa  
methyldopa/hydrochlorothiazide  
minoxidil  
reserpine  
Clorpres

## **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 HCl  
imipramine pamoate  
maprotiline  
mirtazapine  
nortriptyline  
paroxetine HCl  
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  
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

### **SMOKING DETERRENTS**

bupropion ext-rel  
nicotine polacrilex  
nicotine transdermal  
Buproban

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

## **RESPIRATORY DISORDERS**

### **RESPIRATORY AGENTS**

budesonide suspension  
cromolyn sodium  
montelukast  
zafirlukast

## **VARIOUS CONDITIONS**

### **ANTI-MALARIAL AGENTS**

atovaquone/proguanil  
chloroquine  
mefloquine

### **DENTAL CARIES PREVENTION**

sodium fluoride

### **IMMUNOSUPPRESSIVE AGENTS**

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

### **MULTIPLE SCLEROSIS AGENTS**

glatiramer

## **WOMEN'S HEALTH**

### **ANTIESTROGENS**

tamoxifen

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 System (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 080116

**AROMATASE INHIBITORS**

*anastrozole*  
*exemestane*  
*letrozole*

**CONTRACEPTIVES**

EE = ethinyl estradiol  
 ME = mestranol

**LOW-DOSE MONOPHASIC PILLS**

*desogestrel/EE 0.15/30*  
*drospirenone/EE 3/20*  
*drospirenone/EE 3/30*  
*ethynodiol diacetate/EE 1/35*  
*levonorgestrel/EE 0.1/20 and EE 10*  
*levonorgestrel/EE 0.15/30*  
*norethindrone acetate/EE 1/20*  
*norethindrone acetate/EE 1/20 and iron*  
*norethindrone acetate/EE 1.5/30*  
*norethindrone acetate/EE 1.5/30*  
*and iron*  
*norethindrone/EE 0.4/35*  
*norethindrone/EE 0.5/35*  
*norethindrone/EE 0.8/25 chewable*  
*norethindrone/EE 1/35*  
*norethindrone/EE 1/50*

*norethindrone/ME 1/50*  
*norgestimate/EE 0.25/35*  
*norgestrel/EE 0.3/30*

**HIGH-DOSE MONOPHASIC PILLS**

*ethynodiol diacetate/EE 1/50*  
*norgestrel/EE 0.5/50*

**BIPHASIC PILLS**

*desogestrel/EE 0.15/20*

**TRIPHASIC PILLS**

*desogestrel/EE 0.1-0.025/  
 0.125-0.025/0.15-0.025 mg-mg*  
*levonorgestrel/EE 0.05-30/  
 0.075-40/0.125-30 mg-mcg*  
*norethindrone/EE 0.5-35/0.75-35/  
 1-35 mg-mcg*  
*norethindrone/EE 0.5-35/1-35/  
 0.5-35 mg-mcg*  
*norethindrone/EE 1-20/1-30/  
 1-35 mg-mcg*  
*norgestimate/EE 0.18-25/0.215-25/  
 0.25-25 mg-mcg*  
*norgestimate/EE 0.18-35/0.215-35/  
 0.25-35 mg-mcg*

**EXTENDED-CYCLE PILLS**

*levonorgestrel/EE 0.1/20 and EE 10*  
*levonorgestrel/EE 0.15/30*  
*levonorgestrel/EE 0.15/30 and EE 10*

**CONTINUOUS-CYCLE PILLS**

*levonorgestrel/EE 0.09/20*

**PROGESTIN-ONLY PILLS**

*norethindrone 0.35 mg*

**EMERGENCY CONTRACEPTION**

*levonorgestrel*  
*levonorgestrel - Next Choice One Dose*

**TRANSDERMAL PATCH**

*norelgestromin/EE 150-35 mcg/24 hr*

**MISCELLANEOUS CONTRACEPTIVES**

*medroxyprogesterone acetate*  
*150 mg/mL*

**PRENATAL VITAMINS**

**PRENATAL VITAMINS - ALL GENERIC  
 PRESCRIPTION PRODUCTS**

*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 System (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 080116