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

(04/01/20)

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 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 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 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

carvedilol phosphate ext-rel

labetalol metoprolol

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 040120

metoprolol succinate ext-rel metoprolol/hydrochlorothiazide nadolol pindolol propranolol propranolol ext-rel propranolol/hydrochlorothiazide

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

timolol maleate

DIURETICS

Taztia XT

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 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 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 budesonide/formoterol

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.

IMMUNOSUPPRESSIVE AGENTS

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

MULTIPLE SCLEROSIS AGENTS qlatiramer

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 040120