

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

Preventive Therapy Drug List

(02/01/15)

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
APTIOM
BANZEL
CARBATROL
CELONTIN
DEPAKENE
DEPAKOTE
DEPAKOTE ER
DILANTIN
FELBATOL
FYCOMPA
GABITRIL
KEPPRA
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
LAMICTAL XR KIT
MYSOLINE
ONFI
OXTELLAR XR
PEGANONE
PHENYTEK
POTIGA
QUDEXY XR
SABRIL
STAVZOR
TEGRETOL
TEGRETOL-XR
TOPAMAX
TOPIRAMATE ER
TRILEPTAL
TROKENDI XR
VIMPAT

ZARONTIN
ZONEGRAN

BOWEL PREPARATIONS

peg 3350/electrolytes
COLYTE
GOLYTELY
MOVIPREP
NULYTELY
OSMOPREP
PREPOPIK
SUCLEAR
SUPREP

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone
BETAPACE
BETAPACE AF
CORDARONE
NORPACE
NORPACE CR
RYTHMOL
RYTHMOL SR
TIKOSYN

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide mononitrate
nitroglycerin
DILATRATE-SR
IMDUR
ISORDIL

SL and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran
DEPONIT
NITRO-BID
NITRODISC
NITRO-DUR
NITROL

CORONARY ARTERY DISEASE

ANTHYPERLIPIDEMICS

atorvastatin
cholestyramine
colestipol
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
gemfibrozil
lovastatin
niacin ext-rel
omega-3 acid ethyl esters
pravastatin
simvastatin
Prevalite
ALTOPREV
ANTARA
COLESTID
CRESTOR
FENOGLIDE
FIBRICOR
JUXTAPID
LESCOL
LESCOL XL
LIPITOR
LIPOFEN
LIVALO
LOCHOLEST/LOCHOLEST LIGHT
LOFIBRA
LOPID
LOVAZA
MEVACOR
NIASPAN
PRAVACHOL
QUESTRAN/QUESTRAN LIGHT
TRICOR
TRIGLIDE
TRILIPIX
VASCEPA
WELCHOL
ZETIA
ZOCOR

COMBINATION ANTHYPERLIPIDEMICS

amlodipine/atorvastatin
ADVICOR
CADUET
LIPTRUZET
SIMCOR
VYTORIN

DIABETES

DIAGNOSTIC AGENTS AND SUPPLIES

BLOOD GLUCOSE MONITORS - ALL
BLOOD GLUCOSE STRIPS - ALL

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 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.

106-1038894b 020115

CONTROL SOLUTIONS
INSULIN SYRINGES AND NEEDLES - ALL
KETONE BLOOD TEST STRIPS - ALL
LANCETS, LANCET DEVICES
URINE TESTING STRIPS - ALL

INHALED DIABETES AGENTS
AFREZZA

INJECTABLE DIABETES AGENTS
TRULICITY
APIDRA
BYDUREON
BYETTA
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG
SYMLINPEN
TANZEUM
VICTOZA

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

ORAL DIABETES AGENTS

acarbose
chlorpropamide
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
tolbutamide
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS
AMARYL
DIABETA
DIABINESE
DUETACT
FARXIGA
FORTAMET
GLUCOPHAGE
GLUCOPHAGE XR
GLUCOTROL
GLUCOTROL XL
GLUCOVANCE
GLUMETZA
GLYNASE

GLYSET
INVOKAMET
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
KAZANO
KOMBIGLYZE XR
METAGLIP
NESINA
ONGLYZA
OSEN
PRANDIMET
PRANDIN
PRECOSE
RIOMET
STARLIX
TRADJENTA
XIGDUO XR

HEMATOLOGIC AGENTS

ADVATE
ALPHANATE
ALPHANINE SD
BEBULIN
BENEFIX
CORIFACT
ELOCTATE
FEIBA
HELIXATE FS
HEMOFIL M
HUMATE-P
KOGENATE
KOGENATE FS
MONOCLATE-P
MONONINE
OBIZUR
PROFILNINE SD
RECOMBINATE
STIMATE
WILATE
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS

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
valsartan
valsartan/hydrochlorothiazide
Quinaretic
ACCUPRIL
ACCURETIC
ACEON
ALTACE
ATACAND
ATACAND HCT
AVALIDE
AVAPRO
BENICAR
BENICAR HCT
COZAAR
DIOVAN
DIOVAN HCT
EDARBI
EDARBYCLOR
EPANED
HYZAAR
LOTENSIN
LOTENSIN HCT
MAVIK
MICARDIS
MICARDIS HCT
PRINIVIL
TEVETEN
TEVETEN HCT
UNIRETIC
UNIVASC
VASERETIC
VASOTEC
ZESTORETIC
ZESTRIL

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril
LOTREL
TARKA

BETA-BLOCKERS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol

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 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.
106-1038894b 020115

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

CALCIUM CHANNEL BLOCKERS

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
Nifediac CC
Nifedical XL
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
chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
 ALDACTAZIDE
 DIURIL
 DYAZIDE
 MAXZIDE
 MICROZIDE

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
clonidine/chlorthalidone
guanabenz
guanfacine
hydralazine
methyl dopa
methyl dopa/hydrochlorothiazide
minoxidil
reserpine
Clorpres
 AMTURNIDE
 AZOR
 CATAPRES
 CATAPRES-TTS
 EXFORGE
 EXFORGE HCT
 TEKAMLO
 TEKTURNA
 TEKTURNA HCT
 TENEX
 TRIBENZOR
 TWYNSTA

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS
 CERVARIX
 CHOLERA VACCINE
 COMBINATION VACCINES
 CYTOMEGALOVIRUS IMMUNE
 GLOBULIN
 DPT VACCINE
 DT VACCINE
 DTaP VACCINE
 GARDASIL
 GRASTEK
 HEPATITIS A VACCINE
 HEPATITIS B IMMUNE GLOBULIN
 HEPATITIS B VACCINE
 HIB VACCINE
 INFLUENZA VACCINE

JAPANESE ENCEPHALITIS VACCINE
 MEASLES VACCINE
 MENINGOCOCCAL VACCINE
 MUMPS VACCINE
 ORALAIR
 PNEUMOCOCCAL VACCINE
 POLIO VACCINE
 PREVNAR 13
 RABIES IMMUNE GLOBULIN
 RABIES VACCINE
 RAGWITEK
 RHO (D) IMMUNE GLOBULIN
 ROTARIX
 ROTATEQ
 RSV VACCINE
 RUBELLA VACCINE
 TETANUS IMMUNE GLOBULIN
 TETANUS TOXOID
 TYPHOID VACCINE
 VARICELLA VACCINE
 VARICELLA-ZOSTER IMMUNE
 GLOBULIN
 YELLOW FEVER VACCINE
 ZOSTAVAX

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
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
venlafaxine
venlafaxine ext-rel
 ANAFRANIL
 APLENZIN
 BRINTELLIX
 CELEXA
 CYMBALTA
 EFFEXOR XR
 EMSAM
 FETZIMA

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 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.
 106-1038894b 020115

FORFIVO XL
KHEDEZLA
LEXAPRO
MARPLAN
NARDIL
NORPRAMIN
PAMELOR
PARNATE
PAXIL
PAXIL CR
PEXEVA
PRISTIQ
PROZAC
PROZAC WEEKLY
REMERON
SURMONTIL
TOFRANIL
TOFRANIL-PM
VIIBRYD
VIVACTIL
WELLBUTRIN
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT

ANTIPSYCHOTICS

chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
perphenazine
quetiapine
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone
ABILIFY MAINTENA
ABILIFY
CLOZARIL
EQUETRO
FAZACLO
GEODON
HALDOL
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
LATUDA
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SEROQUEL
SEROQUEL XR
ZYPREXA
ZYPREXA ZYDIS

OSTEOPOROSIS

alendronate

calcitonin
calcitonin/salmon
ibandronate
raloxifene
ACTONEL
ATELVIA
BINOSTO
BONIVA
EVISTA
FORTICAL
FOSAMAX
FOSAMAX PLUS D
MIACALCIN NASAL SPRAY
PROLIA

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade
ANTABUSE
BUNAVAIL
CAMPRAL
REVIA
SUBOXONE FILM
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
phendimetrazine
phentermine
ADIPEX-P
BELVIQ
BONTRIL
CONTRAVE
DIDREX
QSYMIA
SUPRENZA
XENICAL

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrilex
nicotine transdermal
Buproban
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.*

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
cromolyn sodium
montelukast
zafirlukast
ACCOLATE
ADVAIR
ADVAIR HFA
ALVESCO
ARNUITY ELLIPTA
ASMANEX
DULERA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT
QVAR
SINGULAIR
SYMBICORT
SYNAGIS
XOLAIR
ZYFLO CR

SUPPLIES

SPACER DEVICES
SPACER SUPPLIES

STROKE

ANTICOAGULANTS

warfarin
Jantoven
COUMADIN
COUMADIN INJECTION
PRADAXA
XARELTO

ANTICOAGULANTS/PLATELET AGGREGATION

INHIBITORS

clopidogrel
dipyridamole
enoxaparin
fondaparinux
ticlopidine
AGGRENOX
ARIXTRA
BRILINTA
EFFIENT
ELIQUIS
FRAGMIN
IPRIVASK
LOVENOX
PERSANTINE
PLAVIX
ZONTIVITY

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
ARALEN

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 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.

106-1038894b 020115

MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride

PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETING
PRODUCTS

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps

mycophenolate mofetil

mycophenolate sodium delayed-rel

sirolimus

tacrolimus

Gengraf

ASTAGRAF XL

CELLCEPT

MYFORTIC

NEORAL

NULOJIX

PROGRAF

RAPAMUNE

SANDIMMUNE

ZORTRESS

MULTIPLE SCLEROSIS AGENTS

PLEGRIDY

LEMTRADA

AUBAGIO

AVONEX

BETASERON

COPAXONE

EXTAVIA

GILENYA

REBIF

TECFIDERA

TYSABRI

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen

AROMATASE INHIBITORS

anastrozole

exemestane

letrozole

ARIMIDEX
AROMASIN
FEMARA

CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

LOW-DOSE MONOPHASIC PILLS

desogestrel/EE 0.15/30

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

MINASTRIN 24 FE

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 0.18-35/0.215-35/

0.25-35 mg-mcg

ORTHO TRI-CYCLEN LO

FOUR-PHASIC
NATAZIA

EXTENDED-CYCLE PILLS

drospirenone/EE 3/20

drospirenone/EE 3/30

levonorgestrel/EE 0.1/20

levonorgestrel/EE 0.15/30

levonorgestrel/EE 0.15/30 and EE 10

BEYAZ

LO LOESTRIN FE

LOESTRIN 24

QUARTETTE

SAFYRAL

CONTINUOUS-CYCLE PILLS

levonorgestrel/EE 0.09/20

PROGESTIN-ONLY PILLS

norethindrone 0.35 mg

EMERGENCY CONTRACEPTION

levonorgestrel

levonorgestrel - Next Choice One Dose

ELLA

PLAN B ONE-STEP

TRANSDERMAL PATCH

norelgestromin/EE

ORTHO EVRA

MISCELLANEOUS CONTRACEPTIVES

medroxyprogesterone acetate

150 mg/mL

DEPO-SUBQ PROVERA 104

DIAPHRAGM

FEMCAP

IMPLANON

MIRENA

NEXPLANON

NUVARING

PARAGARD T380A

SKYLA

PRENATAL VITAMINS

PRENATAL VITAMINS - ALL

PRESCRIPTION

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 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.

106-1038894b 020115