

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

## Preventive Therapy Drug List

(01/01/17)

### ANTI-INFECTIVES

#### ANTIRETROVIRAL AGENTS

TRUVADA 200/300 mg

### ANTICOAGULANTS/ ANTIPLATELETS

#### ANTICOAGULANTS

*enoxaparin*  
*fondaparinux*  
*warfarin*  
*Jantoven*  
ARIXTRA  
COUMADIN  
COUMADIN INJECTION  
ELIQUIS  
FRAGMIN  
IPRIVASK  
LOVENOX  
PRADAXA  
SAVAYSA  
XARELTO

#### PLATELET AGGREGATION INHIBITORS

*clopidogrel*  
*dipyridamole*  
*dipyridamole ext-rel/aspirin*  
AGGRENOL  
BRILINTA  
DURLAZA  
EFFIENT  
PLAVIX  
YOSPRALA  
ZONTIVITY

### 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  
BRIVIACT  
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  
ROWEEPRA  
SABRIL  
SORINE  
SPRITAM  
TEGRETOL  
TEGRETOL-XR  
TOPAMAX  
TRILEPTAL  
TROKENDI XR  
VIMPAT  
ZARONTIN  
ZONEGRAN

### CARDIOVASCULAR CONDITIONS - OTHER

#### ANTIARRHYTHMIC AGENTS

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

NORPACE  
NORPACE CR  
RYTHMOL  
RYTHMOL SR  
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

#### ANTIHYPERTENSIVES

*atorvastatin*  
*cholestyramine*  
*colestipol*  
*fenofibrate*  
*fenofibric acid*  
*fenofibric acid delayed-rel*  
*fluvastatin*  
*fluvastatin ext-rel*  
*gemfibrozil*  
*lovastatin*  
*niacin ext-rel*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*  
*Niacor*  
*Prevalite*  
ALTOPREV  
ANTARA  
COLESTID  
CRESTOR  
FENOGLIDE  
FIBRICOR  
KYNAMRO  
LESCOL XL  
LIPITOR  
LIPOFEN  
LIVALO  
LOFIBRA  
LOPID

*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 010117

MEVACOR  
NIASPAN  
PRAVACHOL  
QUESTRAN/QUESTRAN LIGHT  
TRICOR  
TRIGLIDE  
TRILIPIX  
WELCHOL  
ZETIA  
ZOCOR

**COMBINATION ANTIHYPERLIPIDEMICS**

*amlodipine/atorvastatin*  
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  
OMNIPOD  
URINE TESTING STRIPS - ALL  
V-GO

**INHALED DIABETES AGENTS**

AFREZZA

**INJECTABLE DIABETES AGENTS**

APIDRA  
BYDUREON  
BYETTA  
HUMALOG  
HUMULIN  
LANTUS  
LEVEMIR  
NOVOLIN  
NOVOLOG  
SYMLINPEN  
TANZEUM  
TOUJEO  
TRESIBA  
TRULICITY  
VICTOZA

*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*  
ACTOPLUS MET  
ACTOPLUS MET XR  
ACTOS  
AMARYL  
DUETACT  
FARXIGA  
FORTAMET  
GLUCOPHAGE  
GLUCOPHAGE XR  
GLUCOTROL  
GLUCOTROL XL  
GLUCOVANCE  
GLUMETZA  
GLYNASE  
GLYSET  
GLYXAMBI  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE  
JENTADUETO  
JENTADUETO XR  
KAZANO  
KOMBIGLYZE XR  
METAGLIP  
NESINA  
ONGLYZA  
OSENI  
PRANDIN  
PRECOSE  
RIOMET  
STARLIX  
SYNJARDY  
TRADJENTA  
XIGDUO XR

**HEMATOLOGIC AGENTS**

ADVATE  
ADYNOVATE  
AFSTYLA  
ALPHANATE  
ALPHANINE SD  
ALPROLIX  
BEBULIN  
BENEFIX  
CORIFACT

ELOCTATE  
FEIBA  
HELIXATE FS  
HEMOFIL M  
HUMATE-P  
IDELVION  
IXINITY  
KOATE-DVI  
KOGENATE FS  
KOVALTRY  
MONOCLATE-P  
MONONINE  
NOVOEIGHT  
NUWIQ  
PROFILNINE SD  
RECOMBINATE  
RIXUBIS  
TRETEN  
XYNTHA

**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*  
*olmesartan*  
*olmesartan/hydrochlorothiazide*  
*perindopril*  
*quinapril*  
*quinapril/hydrochlorothiazide*  
*ramipril*  
*telmisartan*  
*telmisartan/hydrochlorothiazide*  
*trandolapril*  
*trandolapril/verapamil ext-rel*  
*valsartan*  
*valsartan/hydrochlorothiazide*  
ACCUPRIL  
ACCURETIC  
ACEON  
ALTACE  
ATACAND  
ATACAND HCT  
AVALIDE

*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 010117

AVAPRO  
BENICAR  
BENICAR HCT  
COZAAR  
DIOVAN  
DIOVAN HCT  
EDARBI  
EDARBYCLOR  
EPANED  
HYZAAR  
LOTENSIN  
LOTENSIN HCT  
LOTREL  
MAVIK  
MICARDIS  
MICARDIS HCT  
PRESTALIA  
PRINIVIL  
QBRELIS  
TARKA  
VASERETIC  
VASOTEC  
ZESTORETIC  
ZESTRIL

#### BETA-BLOCKERS AND COMBINATION AGENTS

*acebutolol*  
*atenolol*  
*atenolol/chlorthalidone*  
*betaxolol*  
*bisoprolol*  
*bisoprolol/hydrochlorothiazide*  
*carvedilol*  
*labetalol*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metoprolol/hydrochlorothiazide*  
*nadolol*  
*nadolol/bendroflumethiazide*  
*pindolol*  
*propranolol*  
*propranolol ext-rel*  
*propranolol/hydrochlorothiazide*  
*timolol maleate*  
BYSTOLIC  
BYVALSON  
COREG  
COREG CR  
CORGARD  
CORZIDE  
DUTOPROL  
INDERAL LA  
KERLONE  
LEVATOL  
LOPRESSOR  
LOPRESSOR HCT  
SECTRAL  
TENORETIC  
TENORMIN  
TOPROL-XL  
TRANDATE

ZEBETA  
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*  
*Afeditab CR*  
*Cartia XT*  
*Dilt-XR*  
*Matzim LA*  
*Nifediac CC*  
*Nifedical XL*  
*Tazia 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*  
*chlorthiazide*  
*chlorthalidone*  
*hydrochlorothiazide*  
*indapamide*  
*methyclothiazide*  
*spironolactone/hydrochlorothiazide*  
*triamterene/hydrochlorothiazide*  
ALDACTAZIDE  
DIURIL  
DYAZIDE  
MAXZIDE  
MICROZIDE

#### OTHER ANTIHYPERTENSIVE AGENTS

*amlodipine/olmesartan*  
*amlodipine/telmisartan*  
*amlodipine/valsartan/*  
*hydrochlorothiazide*  
*clonidine*  
*clonidine transdermal*  
*guanabenz*

*guanfacine*  
*hydralazine*  
*methyldopa*  
*methyldopa/hydrochlorothiazide*  
*minoxidil*  
*olmesartan/amlodipine/*  
*hydrochlorothiazide*  
Clorpres  
AZOR  
CATAPRES  
CATAPRES-TTS  
EXFORGE  
EXFORGE HCT  
TEKTURNA  
TEKTURNA HCT  
TENEX  
TRIBENZOR  
TWINSTA

#### IMMUNIZING AGENTS

##### ALLERGENIC EXTRACTS

GRASTEK  
ORALAIR  
RAGWITEK

##### 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 HCl*  
*imipramine pamoate*  
*maprotiline*  
*mirtazapine*  
*nortriptyline*  
*paroxetine HCl*  
*paroxetine HCl ext-rel*  
*phenelzine*  
*protriptyline*  
*sertraline*  
*tranylcypromine*  
*trazodone*  
*trimipramine*  
*venlafaxine*  
*venlafaxine ext-rel*  
*Irenka*  
ANAFRANIL

*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 010117

APLENZIN  
CELEXA  
CYMBALTA  
EFFEXOR XR  
ELAVIL  
EMSAM  
FETZIMA  
FORFIVO XL  
KHEDEZLA  
LEXAPRO  
MARPLAN  
NARDIL  
NORPRAMIN  
OLEPTRO  
PAMELOR  
PARNATE  
PAXIL  
PAXIL CR  
PEXEVA  
PRISTIQ  
PROZAC  
PROZAC WEEKLY  
REMERON  
SURMONTIL  
TOFRANIL  
TRINTELLIX  
VIIBRYD  
WELLBUTRIN SR  
WELLBUTRIN XL  
ZOLOFT

#### **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  
ABILIFY MAINTENA  
ARISTADA  
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  
EVISTA  
FOSAMAX  
FOSAMAX PLUS D  
MIACALCIN NASAL SPRAY  
PROLIA  
RECLAST

#### **PREVENTIVE CARE SERVICES**

##### **AGENTS FOR CHEMICAL DEPENDENCY**

*acamprosate calcium*  
*buprenorphine sublingual*  
*buprenorphine/naloxone sublingual*  
*disulfiram*  
*naltrexone*  
*Depade*  
ANTABUSE  
BUNAVAIL  
PROBUPHINE  
SUBOXONE FILM  
ZUBSOLV

##### **ANTI-OBESITY AGENTS**

*benzphetamine*  
*diethylpropion*  
*diethylpropion ext-rel*  
*phendimetrazine*  
*phendimetrazine ext-rel*  
*phentermine*  
ADIPEX-P  
BELVIQ  
BELVIQ XR  
CONTRAVE

LOMAIRA  
QSYMIA  
REGIMEX  
SAXENDA  
XENICAL

#### **BOWEL PREPARATIONS**

*peg 3350/electrolytes*  
*Gavilyte*  
COLYTE  
GOLYTELY  
MOVIPREP  
NULYTELY  
OSMOPREP  
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.*

#### **RESPIRATORY DISORDERS**

##### **RESPIRATORY AGENTS**

*budesonide suspension*  
*cromolyn sodium nebulizer solution*  
*montelukast*  
*zafirlukast*  
ACCOLATE  
ADVAIR  
ADVAIR HFA  
AEROSPAN  
ALVESCO  
ARNUITY ELLIPTA  
ASMANEX  
ASMANEX HFA  
BREO ELLIPTA  
CINQAIR  
DULERA  
FLOVENT DISKUS  
FLOVENT HFA  
NUCALA  
PULMICORT  
PULMICORT FLEXHALER  
QVAR  
SINGULAIR  
SPIRIVA RESPIMAT 1.25 mcg  
SYMBICORT  
SYNAGIS  
XOLAIR  
ZYFLO  
ZYFLO CR

*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 010117

**SUPPLIES**

SPACER DEVICES  
SPACER SUPPLIES

**VARIOUS CONDITIONS****ANTI-MALARIAL AGENTS**

*atovaquone/proguanil*  
*chloroquine*  
*mefloquine*  
MALARONE  
PRIMAQUINE

**DENTAL CARIES PREVENTION**

*sodium fluoride*  
PEDIATRIC MULTIVITAMINS WITH  
FLUORIDE - ALL MARKETED  
PRODUCTS

**HEREDITARY ANGIOEDEMA AGENTS**

CINRYZE

**IMMUNOSUPPRESSIVE AGENTS**

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

*Gengraf*

ASTAGRAF XL  
CELLCEPT  
ENVARUS XR  
MYFORTIC  
NEORAL  
NULOJIX  
PROGRAF  
RAPAMUNE  
SANDIMMUNE  
ZORTRESS

**MULTIPLE SCLEROSIS AGENTS**

*glatiramer*  
AUBAGIO  
AVONEX  
BETASERON  
COPAXONE  
EXTAVIA  
GILENYA  
LEMTRADA  
PLEGRIDY  
REBIF  
TECFIDERA  
TYSABRI  
ZINBRYTA

**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 plan.*

**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 010117