

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

(03/01/21)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg

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
rufinamide
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
metformin
metformin ext-rel[^]
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide*

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

*amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
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*

*Indicates this product is excluded from your plan's formulary and your preventive drug list cost share will NOT apply. You are encouraged to change to a formulary covered product. Formulary exclusions and preferred options are subject to change.

[^]Indicates coverage limitations may apply. Please contact CVS Caremark Customer Care for more information

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.

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide*
nadolol
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
Cartia XT
Dilt-XR
Matzim LA*
Nifediac CC
Taztia XT

DIURETICS

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

OTHER ANTIHYPERTENSIVE AGENTS

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

minoxidil
olmesartan/amlodipine/
hydrochlorothiazide

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel^
citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine^
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
maprotiline
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranlycypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel^
Irenka

ANTIPSYCHOTICS

aripiprazole
asenapine
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

clomipramine
fluvoxamine
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/salmetero* (ADVAIR is covered)
montelukast
zafirlukast
zileuton ext-rel*
Wixela Inhub*

**Indicates this product is excluded from your plan's formulary and your preventive drug list cost share will NOT apply. You are encouraged to change to a formulary covered product. Formulary exclusions and preferred options are subject to change.*

^Indicates coverage limitations may apply. Please contact CVS Caremark Customer Care for more information

*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.

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
primaquine

DENTAL CARIES PREVENTION

sodium fluoride[^]

IMMUNOSUPPRESSIVE AGENTS

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

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
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 PRODUCTS[^]

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

**Indicates this product is excluded from your plan's formulary and your preventive drug list cost share will NOT apply. You are encouraged to change to a formulary covered product. Formulary exclusions and preferred options are subject to change.*

[^]Indicates coverage limitations may apply. Please contact CVS Caremark Customer Care for more information

*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.