





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

Generics Only Preventive Therapy Drug List

(08/01/22)

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 lacosamide 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 -

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

Sublingual and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal

CORONARY ARTERY DISEASE

ANTIHYPERLIPIDEMICS

atorvastatin cholestyramine colesevelam colestipol ezetimibe fenofibrate fenofibric acid

fenofibric acid delayed-rel

fluvastatin fluvastatin ext-rel gemfibrozil icosapent ethyl 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 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

vaisariari/riyurocriiorotriiaziu

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol atenolol

atenolol/chlorthalidone

betaxolol bisoprolol

bisoprolol/hydrochlorothiazide

Please note: This benefit applies to select standard, non-metallic group plans. This list represents branded generics in upper- and lowercase Italics, and generic products in

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 document contains content that is copyrighted by CVS Caremark® and reprinted with permission. CVS Caremark is a registered trademark of CVS Pharmacy, Inc. 106-29793A 080122

carvedilol

carvedilol phosphate ext-rel

labetalol metoprolol

metoprolol succinate ext-rel metoprolol/hydrochlorothiazide

nadolol nebivolol pindolol propranolol propranolol ext-rel 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

clonidine

clonidine transdermal

guanfacine hydralazine methyldopa 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 HCI imipramine pamoate

mirtazapine nortriptvline paroxetine HCI

paroxetine HCl ext-rel

phenelzine protriptyline sertraline tranylcypromine trazodone trimipramine venlafaxine venlafaxine ext-rel vilazodone

ANTIPSYCHOTICS

Irenka

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

BOWEL PREPARATIONS

peg 3350/electrolytes Gavilyte

SMOKING DETERRENTS

bupropion ext-rel nicotine polacrilex nicotine transdermal varenicline

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

Advair Diskus 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

IMMUNOSUPPRESSIVE AGENTS

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

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel glatiramer

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.

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.

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 document contains content that is copyrighted by CVS Caremark® and reprinted with permission. CVS Caremark is a registered trademark of CVS Pharmacy, Inc. 106-29793A 080122