

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

## Generics Only Preventive Therapy Drug List

(08/01/20)

### 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.

### ANTICONSULTANTS

*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

#### ANTHYPERLIPIDEMICS

*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 ANTHYPERLIPIDEMICS

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

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 080120

*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*  
*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*

##### **IMMUNOSUPPRESSIVE AGENTS**

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

##### **MULTIPLE SCLEROSIS AGENTS**

*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.

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 080120

**WOMEN'S HEALTH**

**ANTIESTROGENS**

*tamoxifen*

**AROMATASE INHIBITORS**

*anastrozole*

*exemestane*

*letrozole*

**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 080120