



2017 Preventive medications list

The new plan year 2018 Preventive Drug benefit provides CDHP plan participants access to certain preventive medications without having to meet a deductible, and will instead only be subject to coinsurance. Coinsurance paid under the benefit will not apply to the deductible, but will apply to the out-of-pocket maximum. The drugs covered under this benefit include categories of prescription drugs that are used for preventive purposes or conditions, such as hypertension, asthma or high cholesterol. For more information on this program, contact Express Scripts at (855) 889-7708.

ASTHMA/COPD

ZAFIRLUKAST
ADVAIR DISKUS
ANORO ELLIPTA
ARCAPTA NEOHALER
ARNUITY ELLIPTA
ASMANEX HFA
BEVESPI AEROSPHERE
BREO ELLIPTA
CINQAIR
COMBIVENT RESPIMAT
CROMOLYN ORAL INHALATION
DULERA
FLOVENT DISKUS
INCRUSE ELLIPTA
NUCALA
PROAIR HFA, VENTOLIN HFA
BUDESONIDE
QVAR
SEEBRI NEOHALER
SEREVENT DISKUS
MONTELUKAST
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
UTIBRON NEOHALER
XOLAIR
ZYFLO CR RESPIRATORY SUPPLIES
NEBULIZERS AND INHALER ASSISTIVE DEVICES

BONE DISEASE AND FRACTURES

RISEDRONATE
IBANDRONATE
RALOXIFENE
ALEDRONATE
ZOLEDRONIC ACID

CAVITIES
CLINPRO, PREVIDENT
SODIUM FLUORIDE RINSE AND GEL
STANNOUS FLUORIDE PASTE AND RINSE

COLONOSCOPY PREPARATION*

GOLYTELY, MOVIPREP
POLYETHYLENE GLYCOL
OSMOPREP
PREPOPIK
SUPREP

HEART DISEASE AND STROKE

BLOOD THINNER MEDICINES:

ASPIRIN, 81 MG OR 325 MG
ASPIRIN-DIPYRIDAMOLE ER
BRILINTA
WARFARIN
DURLAZA ER
EFFIENT
ELIQUIS
DIPYRIDAMOLE
CLOPIDOGREL
PRADAXA
SAVAYSA
TICLOPIDINE
XARELTO
ZONTIVITY

CHOLESTEROL LOWERING MEDICINES

HMG-COA REDUCTASE INHIBITORS:

ROSUVASTATIN
FLUVASTATIN
ATORVASTATIN
LOVASTATIN
PRAVASTATIN
SIMVASTATIN

OTHER AGENTS:

COLESTIPOL
GEMFIBROZIL
PREVALITE
CHOLESTYRAMINE
FENOFIBRATE
FENOFIBRIC ACID
VYTORIN
WELCHOL

HIGH BLOOD PRESSURE

ACE INHIBITORS:

QUINAPRIL
BENAZEPRIL
LISINAPRIL
ENALAPRIL

ACE INHIBITORS/DIURETIC COMBINATIONS:

QUINAPRIL/HCTZ
BENAZEPRIL/HCTZ
ENALAPRIL/HCTZ
LISINAPRIL/HCTZ

Preventive Medications List

ANGIOTENSIN II RECEPTOR ANTAGONISTS:

CANDESARTAN
IRBESARTAN
LOSARTAN
VALSARTAN

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS:

CANDESARTAN/HCTZ
IRBESARTAN/HCTZ
VALSARTAN/HCTZ
LOSARTAN/HCTZ

BETA BLOCKERS:

BYSTOLIC
INNOPRAN XL
PROPRANOLOL
ATENOLOL
METOPROLOL
BISOPROLOL

BETA BLOCKERS/DIURETIC COMBINATIONS:

PROPRANOLOL/HCTZ
NADOLOL/BENDROFLUMETHIAZIDE
METOPROLOL/HCTZ
TENORETIC
ATENOLOL/CHLORTHALIDONE
BISOPROLOL/HCTZ

CALCIUM CHANNEL BLOCKERS:

NIFEDIPINE
VERAPAMIL
DILTIAZEM
AMLODIPINE

DIURETICS:

CHLORTHALIDONE
HYDROCHLOROTHIAZIDE
INDAPAMIDE
METOLAZONE

OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS:

AMLODIPINE/ATORVASTATIN
AMLODIPINE/VALSARTAN/HCTZ
AMLODIPINE/BENAZEPRIL
PRESTALIA
TRANDOLAPRIL/VERAPAMIL
AMLODIPINE/TELMISARTAN

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS

MALARIA

CHLOROQUINE
MEFLOQUINE
PRIMAQUINE
ATOVAQUONE/PROGUANIL

OBESITY

PHENTERMINE
BELVIQ
CONTRAVE
DIETHYLPROPION
BENZPHETAMINE
PHENDIMETRAZINE
SAXENDA
XENICAL

SMOKING-CESSATION *

CHANTIX
NICOTROL
NICOTINE PRODUCTS
BUPROPION SR 150MG

IMMUNIZATION: *

ANTHRAX
DIPHTHERIA, PERTUSSIS, TETANUS,
HAEMOPHILUS INFLUENZAE B,
HEPATITIS A AND B, JE-VAX, TYPHIM,
VARICELLA, ZOSTER, HUMAN
PAPILLOMAVIRUS, INFLUENZA,
MEASLES, MENINGOCOCCAL, MUMPS,
PNEUMOCOCCAL, POLIOVIRUS,
ROTAVIRUS, RUBELLA

VITAMINS OR MINERALS

FOLIC ACID*
PEDIATRIC MULTIVITAMINS
WITH FLUORIDE*

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts manages your prescription benefit. For specific questions on coverage, please call the phone number on your ID card or visit our website at <https://www.express-scripts.com/index.html>.

Please note: Brand names are shown in italics in each category. If generics are available, they are listed under the brand name.

All rights in the product names of all third-party products appearing here, whether or not appearing with the trademark symbol, belong exclusively to their respective owners.