CU Health Preventive Therapy Drug List

(04/01/24)

ANTI-INFECTIVES ANTIRETROVIRAL AGENTS emtricitabine/tenofovir disoproxil fumarate 200/300 mg

ANTICOAGULANTS/

ANTIPLATELETS

ANTICOAGULANTS

dabigatran 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 methsuximide oxcarbazepine phenobarbital phenytoin phenytoin sodium extended primidone rufinamide tiagabine topiramate topiramate ext-rel valproic acid vigabatrin zonisamide Epitol Phenytek

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

Sublingual and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS nitroglycerin transdermal

CORONARY ARTERY DISEASE

ANTIHYPERLIPIDEMICS atorvastatin

cholestvramine colesevelam colestipol ezetimibe fenofibrate fenofibric acid fenofibric acid delayed-rel fluvastatin fluvastatin ext-rel gemfibrozil icosapent ethvl lovastatin niacin ext-rel pitavastatin pravastatin rosuvastatin simvastatin Niacor Prevalite

COMBINATION ANTIHYPERLIPIDEMICS *amlodipine/atorvastatin*

ezetimibe/simvastatin

DIABETES

DIAGNOSTIC AGENTS AND SUPPLIES BLOOD GLUCOSE MONITORS - ALL BLOOD GLUCOSE STRIPS - ALL CONTROL SOLUTIONS INSULIN DELIVERY DEVICES INSULIN SYRINGES, INFUSION SETS, AND NEEDLES - ALL KETONE BLOOD TEST STRIPS - ALL LANCETS, LANCET DEVICES

URINE TESTING STRIPS - ALL

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

INHALED DIABETES AGENTS AFREZZA

INJECTABLE DIABETES AGENTS

ADMELOG APIDRA BASAGLAR FIASP HUMALOG HUMULIN **INSULIN ASPART** INSULIN DEGLUDEC INSULIN GLARGINE **INSULIN LISPRO** LANTUS LEVEMIR LYUMJEV **MYXREDLIN** NOVOLIN NOVOLOG REZVOGLAR SEMGLEE TOUJEO TRESIBA

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

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 saxagliptin saxagliptin/metformin ext-rel

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 040124

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 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 levamlodipine nicardipine 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 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 delaved-rel imipramine HCI imipramine pamoate mirtazapine nortriptyline paroxetine HCI paroxetine HCl ext-rel phenelzine protriptyline sertraline tranylcypromine trazodone trimipramine venlafaxine

venlafaxine ext-rel vilazodone Irenka

ANTIMANIC lithium carbonate lithium carbonate ext-rel

ANTIPSYCHOTICS

aripiprazole asenapine chlorpromazine clozapine fluphenazine fluphenazine decanoate haloperidol loxapine lurasidone 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 teriparatide 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 orlistat phendimetrazine phentermine

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 040124

BOWEL PREPARATIONS

peg 3350/electrolytes sodium sulfate/potassium sulfate/magnesium sulfate 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

budesonide suspension budesonide/formoterol cromolyn sodium nebulizer solution fluticasone furoate/vilanterol fluticasone propionate HFA fluticasone/salmeterol montelukast zafirlukast zileuton ext-rel Breyna 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 fingolimod glatiramer teriflunomide

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 040124