

## High Deductible Health Plan (HDHP) Generics Maintenance Drug List

If you take medications on the Generic Maintenance Drug List, you do not have to meet the deductible before your coinsurance rate is applied. You will pay the 30 percent coinsurance for the first fill of medications on this list. If you have questions about the Generic Maintenance Drug List, visit **info.caremark.com/shbp** or call Customer Care at **1-844-345-3241**.

#### (03/01/25)

#### **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 oxcarbazepine ext-rel 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 cholestyramine colesevelam colestipol ezetimibe fenofibrate fenofibric acid fenofibric acid delayed-rel fluvastatin fluvastatin ext-rel gemfibrozil icosapent ethyl lovastatin niacin ext-rel pitavastatin pravastatin rosuvastatin simvastatin Niacor Prevalite

#### COMBINATION ANTIHYPERLIPIDEMICS amlodipine/atorvastatin ezetimibe/simvastatin

#### DIABETES

INJECTABLE DIABETES AGENTS liraglutide

#### ORAL DIABETES AGENTS

acarbose aloaliptin alogliptin/metformin alogliptin/pioglitazone dapagliflozin dapagliflozin/metformin ext-rel alimepiride alipizide *alipizide* ext-rel glipizide/metformin metformin metformin ext-rel miglitol nateglinide pioglitazone pioglitazone/glimepiride pioglitazone/metformin repaglinide saxagliptin saxagliptin/metformin ext-rel

#### **HYPERTENSION**

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS amlodipine/benazepril benazepril benazepril/hydrochlorothiazide candesartan candesartan/hydrochlorothiazide

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<sup>®</sup> and reprinted with permission. CVS Caremark is a registered trademark of CVS Pharmacy, Inc. 106-56460A 030125

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 nifedipine nifedipine ext-rel nisoldipine ext-rel verapamil verapamil ext-rel Cartia XT Dilt-XR Matzim LA Nifediac CC

#### DIURETICS

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

## OTHER ANTIHYPERTENSIVE AGENTS

aliskiren amlodipine/olmesartan amlodipine/telmisartan amlodipine/valsartan 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 delayed-rel imipramine HCI imipramine pamoate mirtazapine nefazodone nortriptyline paroxetine HCl paroxetine HCl ext-rel phenelzine protriptyline sertraline tranylcypromine trazodone trimipramine venlafaxine venlafaxine ext-rel vilazodone

#### ANTIMANIC

lithium carbonate lithium carbonate ext-rel

#### ANTIPSYCHOTICS

aripiprazole asenapine chlorpromazine clozapine fluphenazine fluphenazine decanoate haloperidol loxapine lurasidone molindone 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

#### ANTI-OBESITY AGENTS

benzphetamine diethylpropion diethylpropion ext-rel orlistat phendimetrazine phentermine

#### BOWEL PREPARATIONS

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

#### **SMOKING DETERRENTS**

*bupropion ext-rel nicotine polacrilex* 

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<sup>®</sup> and reprinted with permission. CVS Caremark is a registered trademark of CVS Pharmacy, Inc. 106-56460A 030125

## 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 diskus 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) contraceptive and 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<sup>®</sup> and reprinted with permission. CVS Caremark is a registered trademark of CVS Pharmacy, Inc. 106-56460A 030125