



Preventive medications list

In addition to a healthy lifestyle, preventive medications can help people avoid many illnesses and conditions. The prescription portion of the Key Medical Plan includes select preventive medications that can help support you and your family's goal of ongoing good health. In order for these medications to be covered as preventive drugs under the Plan, however, you must obtain your medications through the Plan's prescription drug program that is administered by Express Scripts.

This list contains examples of your plan's preventive medications that meet the interpretation of the U.S. Department of Treasury's clinical guidance and includes therapeutic categories. The medications are categorized based on the medical conditions that they are used to prevent. This is not an all-inclusive list; only examples of medicines in each category are listed. Coverage prior to the deductible being met may not be provided for every dosage form of a listed medication. Please contact Member Services at 800.849.9138 if you have questions. This list is periodically reviewed by clinical experts. Medications may be added to or removed from the list based on different factors, including the intended purpose of the medication and its availability.

In certain situations, medications marked with an asterisk(*) on this list are not covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. If you fill or refill a prescription for one of these medications and do not first obtain your plan's approval, you will have to pay the full cost of the medication instead of just a coinsurance.

This list includes medications always used for prevention and sometimes for treatment. The most current list is located on [express-scripts.com](https://www.express-scripts.com).

Preventive Medications List

ASTHMA/COPD

ACCOLATE

ZAFIRLUKAST

ANORO ELLIPTA

ASMANEX

BEVESPI AEROSPHERE

CINQAIR

COMBIVENT

IPRATROPIUM/ALBUTEROL

DULERA

NUCALA

PROAIR HFA, VENTOLIN HFA

PULMICORT

BUDESONIDE

QVAR

SEEBRI NEOHALER

SEREVENT DISKUS

SINGULAIR

MONTELUKAST

SPIRIVA

STIOLTO RESPIMAT

SYMBICORT

UTIBRON NEOHALER

ZYFLO CR

RESPIRATORY SUPPLIES

NEBULIZERS AND INHALER ASSISTIVE
DEVICES

BONE DISEASE AND FRACTURES

*ACTONEL**

RISEDRONATE

*BONIVA**

IBANDRONATE

EVISTA

RALOXIFENE

*FOSAMAX, FOSAMAX PLUS D**

ALENDRONATE

RECLAST

ZOLEDRONIC ACID

CAVITIES

STANNOUS FLUORIDE PASTE AND
RINSE

CLINPRO, PHOS-FLUR

SODIUM FLUORIDE PASTE AND RINSE

COLONOSCOPY PREPARATION†

*GOLYTELY, SUCLEAR, NULYTELY,
MOVIPREP*

POLYETHYLENE GLYCOL

OSMOPREP, SUPREP

PREPOPIK

HEART DISEASE AND STROKE

BLOOD THINNER MEDICINES:

AGGRENOX

BRILINTA

COUMADIN

WARFARIN

DURLAZA ER

EFFIENT

*ELIQUIS**

PERSANTINE

DYPYRIDAMOLE

PLAVIX

CLOPIDOGREL

*PRADAXA**

TICLID

TICLOPIDINE

*XARELTO**

*ZONTIVITY**

Preventive Medications List

CHOLESTEROL LOWERING MEDICINES

HMG-COA REDUCTASE INHIBITORS:

*CRESTOR**

ROSUVASTATIN

*LIPITOR**

ATORVASTATIN

LOVASTATIN

*PRAVACHOL**

PRAVASTATIN

*ZOCOR**

SIMVASTATIN

OTHER AGENTS:

COLESTID

COLESTIPOL

LOPID

GEMFIBROZIL

NIACOR, NIASPAN ER

NIACIN

PREVALITE, QUESTRAN

CHOLESTYRAMINE

*TRICOR, ANTARA**

FENOFIBRATE

*TRILIPIX**

FENOFIBRIC ACID

WELCHOL

ZETIA

DIABETES

INSULINS:

HUMALOG, 50/50, 75/25

HUMULIN

LANTUS, LANTUS SOLOSTAR

LEVEMIR

TRESIBA

NON-INSULIN MEDICINES:

ACTOS, DUETACT, ACTOPLUS MET
PIOGLITAZONE AND COMBINATIONS

AMARYL

GLIMEPIRIDE

AVANDIA

AVANDAMET

ROSIGLITAZONE AND COMBINATIONS

*BYETTA**

DIABETIC SUPPLIES

TEST STRIPS, SYRINGES, NEEDLES AND
LANCETS

*FORTAMET, GLUCOPHAGE**

METFORMIN

GLUCOTROL

GLIPIZIDE AND COMBINATIONS

GLYNASE, GLUCOVANCE

GLYBURIDE AND COMBINATIONS

*INVOKANA**

JANUVIA, JANUMET

ONGLYZA, KOMBIGLYZE XR

PRANDIN

REPAGLINIDE

STARLIX

NATEGLINIDE

*SYMLIN**

SYNJARDY

HIGH BLOOD PRESSURE

ACE INHIBITORS:

ACCUPRIL

QUINAPRIL

LOTENSIN

BENAZEPRIL

PRINIVIL, ZESTRIL

LISINAPRIL

UNIVASC

MOEXIPRIL

VASOTEC

ENALAPRIL

ACE INHIBITORS/DIURETIC COMBINATIONS:

Preventive Medications List

ACCURETIC

QUINAPRIL/HCTZ

LOTENSIN HCT

BENAZEPRIL/HCTZ

UNIRETIC

MOEXIPRIL/HCTZ

VASERETIC

ENALAPRIL/HCTZ

ZESTORETIC

LISINOPRIL/HCTZ

ANGIOTENSIN II RECEPTOR

ANTAGONISTS:

*ATACAND**

CANDESARTAN

*AVAPRO**

IRBESARTAN

*COZAAR **

LOSARTAN

*DIOVAN**

VALSARTAN

ANGIOTENSIN II RECEPTOR

ANTAGONISTS/ DIURETIC

COMBINATIONS:

*ATACAND HCT**

CANDESARTAN/HCTZ

*AVALIDE**

IRBESARTAN/HCTZ

*DIOVAN HCT**

VALSARTAN/HCTZ

*HYZAAR**

LOSARTAN/HCTZ

BETA BLOCKERS:

BYSTOLIC

INDERAL LA, INNOPRAN XL

PROPRANOLOL

TENORMIN

ATENOLOL

TOPROL XL

METOPROLOL

ZEBETA

BISOPROLOL

BETA BLOCKERS/DIURETIC

COMBINATIONS:

PROPRANOLOL/HCTZ

CORZIDE

NADOLOL/BENDROFLUMETHIAZIDE

LOPRESSOR HCT

METOPROLOL/HCTZ

TENORETIC

ATENOLOL/CHLORTHALIDONE

ZIAC

BISOPROLOL/HCTZ

CALCIUM CHANNEL BLOCKERS:

ADALAT CC, PROCARDIA XL

NIFEDIPINE

CALAN, VERELAN

VERAPAMIL

CARDIZEM, CARDIZEM LA, TIAZAC

DILTIAZEM

NORVASC

AMLODIPINE

SULAR

NISOLDIPINE

DIURETICS:

CHLORTHALIDONE

HYDROCHLOROTHIAZIDE

INDAPAMIDE

ZAROXOLYN

METOLAZONE

OTHER HIGH BLOOD PRESSURE

MEDICINE COMBINATIONS:

AZOR

BYVALSON

Preventive Medications List

CADUET

AMLODIPINE/ATORVASTATIN

EXFORGE*

EXFORGE HCT*

LOTREL

AMLODIPINE/BENAZEPRIL

TARKA

TRIBENZOR*

TWYNSTA*

AMLODIPINE/TELMISARTAN

VYTORIN*

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS*

MALARIA

CHLOROQUINE

MEFLOQUINE

PRIMAQUINE

MALARONE

ATOVAQUONE/PROGUANIL

INFLUENZA

AMANTADINE

FLUMADINE

RIMANTADINE

PREGNANCY†

BIRTH CONTROL DEVICES

BIRTH CONTROL MEDICINES TAKEN

BY MOUTH

DIAPHRAGMS

INJECTABLE BIRTH CONTROL

INTRAUTERINE SYSTEMS AND

IMPLANTS

SKIN PATCH SYSTEMS

SMOKING-CESSATION†

CHANTIX

NICOTROL

NICOTINE PRODUCTS

ZYBAN

BUPROPION SR 150MG

IMMUNIZATION:†

ANTHRAX, DIPHTHERIA, PERTUSSIS,

TETANUS, HAEMOPHILUS

INFLUENZAE B, HEPATITIS A AND B,

JE-VAX, TYPHIM, VARICELLA, ZOSTER,

HUMAN PAPILLOMAVIRUS,

INFLUENZA,

VITAMINS OR MINERALS

FOLIC ACID†

PRESCRIPTION PRENATAL

VITAMINS

PEDIATRIC MULTIVITAMINS WITH

FLUORIDE†

* Prior Authorization may be required before medication will be covered.

† Medication is also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts manages your prescription benefit for your employer, plan sponsor, or health plan. For specific questions on coverage, please call 800.849.9138 or visit our website express-scripts.com.

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

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Medications on this list that are not covered under your plan are not eligible for the preventive medication program.



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