

# Preventive Therapy Drug List

(01/01/26)

## ANTI-INFECTIVES

### ANTIRETROVIRAL AGENTS

*emtricitabine/tenofovir disoproxil fumarate 200/300 mg*  
APRETUDE  
DESCOVY  
TRUVADA 200/300 mg  
YEZTUGO

## ANTICOAGULANTS/ ANTIPLATELETS

### ANTICOAGULANTS

*dabigatran*  
*enoxaparin*  
*fondaparinux*  
*rivaroxaban*  
*warfarin*  
Jantoven  
ARIXTRA  
ELIQUIS  
FRAGMIN  
LOVENOX  
PRADAXA  
PRADAXA PAK  
SAVAYSA  
XARELTO

### PLATELET AGGREGATION INHIBITORS

*aspirin 81 mg*  
*clopidogrel*  
*dipyridamole*  
*dipyridamole ext-rel/aspirin*  
*prasugrel*  
*ticagrelor*  
BRILINTA  
EFFIENT  
PLAVIX  
YOSPRALA  
ZONTIVITY

*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*  
*eslicarbazepine*  
*ethosuximide*  
*felbamate*  
*lacosamide*  
*lamotrigine*  
*lamotrigine ext-rel*

*levetiracetam*  
*levetiracetam ext-rel*  
*methsuximide*  
*oxcarbazepine*  
*oxcarbazepine ext-rel*  
*perampanel*  
*phenobarbital*  
*phenytoin*  
*phenytoin sodium extended*  
*primidone*  
*rufinamide*  
*tiagabine*  
*topiramate*  
*topiramate ext-rel*  
*valproic acid*  
*vigabatrin*  
*zonisamide*  
Phenytek  
APTIOM  
BANZEL  
BRIVIACT  
CARBATROL  
CELONTIN  
DEPAKOTE  
DEPAKOTE ER  
DIACOMIT  
DILANTIN  
ELEPSIA XR  
EPIDIOLEX  
EPRONTIA  
FELBATOL  
FINTEPLA  
FYCOMPA  
KEPPRA  
KEPPRA XR  
KLONOPIN  
LAMICTAL  
LAMICTAL XR  
LEVETIRACETAM  
MOTPOLY XR  
MYSOLINE  
ONFI  
OXTELLAR XR  
ROWEEPPRA  
SABRIL  
SPRITAM  
SUBVENITE  
TEGRETOL  
TEGRETOL-XR  
TOPAMAX  
TRILEPTAL  
TROKENDI XR  
VIGAFYDE  
VIMPAT  
XCOPRI  
ZARONTIN

ZONEGRAN  
ZONISADE  
ZTALMY

## CARDIOVASCULAR CONDITIONS - OTHER

### ANTIARRHYTHMIC AGENTS

*amiodarone*  
*disopyramide*  
*dofetilide*  
*flecainide*  
*propafenone*  
*propafenone ext-rel*  
*sotalol*  
*sotalol AF*  
Pacerone  
BETAPACE  
BETAPACE AF  
MULTAQ  
NORPACE  
NORPACE CR  
SOTYLIZE  
TIKOSYN

### ORAL ANTIANGINAL AGENTS

*isosorbide dinitrate*  
*isosorbide mononitrate*  
*isosorbide mononitrate ext-rel*  
ISORDIL  
ISOSORBIDE MONONITRATE

*Sublingual and chewable formulations are not included  
on this list.*

### TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

*nitroglycerin transdermal*  
NITRO-BID  
NITRO-DUR

### MISCELLANEOUS

INPEFA  
LODOCO

## CORONARY ARTERY DISEASE

### ANTIHYPERTENSIVES

*atorvastatin*  
*cholestyramine*  
*colesevelam*  
*colestipol*  
*ezetimibe*  
*fenofibrate*  
*fenofibric acid*  
*fenofibric acid delayed-rel*  
*fluvastatin*  
*fluvastatin ext-rel*

*Please note:* This list represents brand products in CAPS, 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.

*gemfibrozil*  
*icosapent ethyl*  
*lovastatin*  
*niacin ext-rel*  
*pitavastatin*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*  
*Niacor*  
*Prevalite*  
ALTOPREV  
ANTARA  
ATORVALIQ  
COLESTID  
CRESTOR  
EZALLOR SPRINKLE  
FENOFIBRIC ACID  
FLOLIPID  
LESCOL XL  
LIPITOR  
LIPOFEN  
LIVALO  
LOPID  
NEXLETOL  
PRALUENT  
QUESTRAN/QUESTRAN LIGHT  
REPATHA  
TRICOR  
VASCEPA  
WELCHOL  
ZETIA  
ZOCOR  
ZYPITAMAG

#### **COMBINATION ANTIHYPERLIPIDEMICS**

*amlodipine/atorvastatin*  
*ezetimibe/simvastatin*  
CADUET  
NEXLIZET  
VYTORIN

#### **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**

*exenatide*  
*liraglutide*  
ADMELOG

APIDRA  
BASAGLAR  
FIASP  
HUMALOG  
HUMULIN  
INSULIN ASPART  
INSULIN DEGLUDEC  
INSULIN GLARGINE  
INSULIN LISPRO  
KIRSTY  
LANTUS  
LYUMJEV  
MERILOG  
MOUNJARO  
MYXREDLIN  
NOVOLIN  
NOVOLOG  
OZEMPIC  
REZVOGLAR  
SEMGLEE  
SOLIQUA  
TOUJEO  
TRESIBA  
TRULICITY  
VICTOZA  
XULTOPHY

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

#### **ORAL DIABETES AGENTS**

*acarbose*  
*alogliptin*  
*alogliptin/metformin*  
*alogliptin/pioglitazone*  
*dapagliflozin*  
*dapagliflozin/metformin ext-rel*  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide/metformin*  
*metformin*  
*metformin ext-rel*  
*migliol*  
*nateglinide*  
*pioglitazone*  
*pioglitazone/glimepiride*  
*pioglitazone/metformin*  
*repaglinide*  
*saxagliptin*  
*saxagliptin/metformin ext-rel*  
ACTOPLUS MET  
ACTOPLUS MET XR  
ACTOS  
AMARYL  
BEXAGLIFLOZIN  
BRENZAVVY  
BRYNOVIN  
DUETACT  
FARXIGA  
GLUCOTROL XL  
GLYXAMBI  
INVOKAMET

INVOKAMET XR  
INVOKANA  
JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE  
JENTADUETO  
JENTADUETO XR  
KAZANO  
METAGLIP  
METFORMIN  
NESINA  
ONGLYZA  
OSEN  
RIOMET  
RYBELSUS  
SEGLUROMET  
SITAGLIPTIN  
SITAGLIPTIN/METFORMIN  
STEGLATRO  
STEGLUJAN  
SYNJARDY  
SYNJARDY XR  
TRADJENTA  
TRIJARDY XR  
XIGDUO XR  
ZITUVIMET  
ZITUVIMET XR  
ZITUVIO

#### **HEMATOLOGIC AGENTS**

ADVATE  
ADYNOVATE  
AFSTYLA  
ALHEMO  
ALPHANATE  
ALPHANINE SD  
ALPROLIX  
ALTUVIIO  
BENEFIX  
COAGADEX  
CORIFACT  
ELOCTATE  
ESPEROCT  
FEIBA  
HEMLIBRA  
HEMOFIL M  
HUMATE-P  
HYMPAVZI  
IDELVION  
IXINITY  
JIVI  
KOATE  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ  
PROFILNINE  
QFITLIA  
RECOMBINATE  
RIXUBIS  
TRETEN  
XYNTHA

*Please note:* This list represents brand products in CAPS, 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.

## **HYPERTENSION**

### **ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS**

*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*  
*valsartan*  
*valsartan/hydrochlorothiazide*  
ACCUPRIL  
ACCURETIC  
ALTACE  
ARBLI  
ATACAND  
ATACAND HCT  
AVALIDE  
AVAPRO  
BENICAR  
BENICAR HCT  
COZAAR  
DIOVAN  
DIOVAN HCT  
EDARBI  
EDARBYCLOR  
EPANED  
HYZAAR  
LOTENSIN  
LOTENSIN HCT  
MICARDIS  
MICARDIS HCT  
QBRELIS  
VASERETIC  
VASOTEC  
ZESTORETIC  
ZESTRIL

### **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*  
BYSTOLIC  
COREG  
COREG CR  
CORCARD  
INDERAL LA  
KAPSPARGO  
LEVATOL  
LOPRESSOR  
TENORETIC  
TENORMIN  
TOPROL-XL  
TRANDATE

### **CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS**

*amlodipine*  
*diltiazem*  
*diltiazem ext-rel*  
*diltiazem XR*  
*felodipine ext-rel*  
*isradipine*  
*levamlodipine*  
*nicardipine*  
*nifedipine*  
*nifedipine ext-rel*  
*nisoldipine ext-rel*  
*verapamil*  
*verapamil ext-rel*  
*Cartia XT*  
*Dilt-XR*  
*Matzim LA*  
*Nifediac CC*  
CARDIZEM  
CARDIZEM CD  
CARDIZEM LA  
CONJUPRI  
ISOPTIN SR  
KATERZIA  
NORLIQVA  
NORVASC  
PROCARDIA XL  
SULAR  
TIAZAC  
VERAPAMIL ER

## **DIURETICS**

*amiloride/hydrochlorothiazide*  
*chlorthalidone*  
*hydrochlorothiazide*  
*indapamide*  
*spironolactone/hydrochlorothiazide*  
*triamterene/hydrochlorothiazide*  
ALDACTAZIDE  
DIURIL  
INZIRQO  
THALITONE

## **OTHER ANTIHYPERTENSIVE AGENTS**

*aliskiren*  
*amlodipine/benazepril*  
*amlodipine/olmesartan*  
*amlodipine/telmisartan*  
*amlodipine/valsartan*  
*amlodipine/valsartan/ hydrochlorothiazide*  
*clonidine*  
*clonidine transdermal*  
*guanfacine*  
*hydralazine*  
*methyl dopa*  
*minoxidil*  
*olmesartan/amlodipine/ hydrochlorothiazide*  
*trandolapril/verapamil ext-rel*  
AZOR  
CATAPRES-TTS  
EXFORGE  
EXFORGE HCT  
JAVADIN  
LOTREL  
PRESTALIA  
TEKTURNA  
TEKTURNA HCT  
TRIBENZOR  
TRYVIO

## **IMMUNIZING AGENTS**

**ALLERGENIC EXTRACTS**  
ALLERGENIC EXTRACTS - ALL

## **IMMUNIZATIONS**

VACCINES - ALL

## **MENTAL HEALTH**

### **ANTIDEPRESSANTS**

*amitriptyline*  
*amoxapine*  
*bupropion*  
*bupropion ext-rel*  
*citalopram*  
*desipramine*  
*desvenlafaxine ext-rel*  
*doxepin*  
*duloxetine delayed-rel*  
*escitalopram*  
*fluoxetine*  
*fluoxetine delayed-rel*

*Please note:* This list represents brand products in CAPS, 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.

*imipramine HCl*  
*imipramine pamoate*  
*mirtazapine*  
*nefazodone*  
*nortriptyline*  
*paroxetine HCl*  
*paroxetine HCl ext-rel*  
*phenelzine*  
*protriptyline*  
*sertraline*  
*tranylcypromine*  
*trazodone*  
*trimipramine*  
*venlafaxine*  
*venlafaxine ext-rel*  
*vilazodone*  
ANAFRANIL  
APLENZIN  
AUVELITY  
CELEXA  
DESVENLAFAXINE ER  
DRIZALMA SPRINKLE  
EFFEXOR XR  
EMSAM  
ESCITALOPRAM  
EXXUA  
FETZIMA  
FLUOXETINE 60 mg  
FORFIVO XL  
LEXAPRO  
MARPLAN  
NARDIL  
NORPRAMIN  
OLEPTRO  
PAMELOR  
PARNATE  
PAXIL  
PAXIL CR  
PRISTIQ  
PROZAC  
RALDESY  
REMERON  
SERTRALINE  
TRINTELLIX  
VIIBRYD  
WELLBUTRIN SR  
WELLBUTRIN XL  
ZOLOFT

#### **ANTIMANIC**

*lithium carbonate*  
*lithium carbonate ext-rel*  
LITHIUM  
LITHOBID ER

#### **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*  
ABILIFY  
ABILIFY ASIMTUFII  
ABILIFY MAINTENA  
ABILIFY MYCITE  
ARISTADA  
CAPLYTA  
CLOZARIL  
COBENFY  
EQUETRO  
ERZOFRI  
FANAPT  
GEODON  
INVEGA  
INVEGA SUSTENNA  
INVEGA TRINZA  
LATUDA  
LYBALVI  
OPIPZA  
PERSERIS  
REXULTI  
RISPERDAL  
RISPERDAL CONSTA  
RYKINDO  
SAPHRIS  
SECUADO  
SEROQUEL  
SEROQUEL XR  
UZEDY  
VERSACLOZ  
VRAYLAR  
ZYPREXA

#### **OBSESSIVE COMPULSIVE DISORDER**

*clomipramine*  
*fluvoxamine*  
*fluvoxamine ext-rel*

#### **OSTEOPOROSIS**

*alendronate*  
*calcitonin*  
*calcitonin/salmon*  
*ibandronate*  
*raloxifene*  
*risedronate*  
*teriparatide*  
*zoledronic acid 5 mg/100 mL*  
ACTONEL  
ATELVIA  
BILDYOS

BINOSTO  
BONSITY  
CONEXXENCE  
EVENTY  
EVISTA  
FORTEO  
FOSAMAX  
FOSAMAX PLUS D  
JUBBONTI  
MIACALCIN NASAL SPRAY  
OSPOMYV  
PROLIA  
RECLAST  
STOBOCLO  
TERIPARATIDE  
TYMLOS

#### **PREVENTIVE CARE SERVICES**

##### **AGENTS FOR CHEMICAL DEPENDENCY**

*acamprosate calcium*  
*buprenorphine sublingual*  
*buprenorphine/naloxone sublingual*  
*disulfiram*  
*naltrexone*  
BRIXADI  
SUBLOCADE  
SUBOXONE FILM  
VIVITROL  
ZUBSOLV

##### **BOWEL PREPARATIONS**

*peg 3350/electrolytes*  
*sodium sulfate/potassium sulfate/magnesium sulfate*  
*Gavilyte*  
CLENPIQ  
GOLYTELY  
MOVIPREP  
OSMOPREP  
PLENVU  
SUFLAVE  
SUPREP  
SUTAB

##### **SMOKING DETERRENENTS**

*bupropion ext-rel*  
*nicotine polacrilex*  
*nicotine transdermal*  
*varenicline*  
CHANTIX  
NICODERM CQ  
NICORETTE GUM  
NICORETTE LOZENGE  
NICOTROL INHALER  
NICOTROL NS

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

*Please note:* This list represents brand products in CAPS, 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.

**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*  
*fluticasone furoate/vilanterol*  
*fluticasone propionate diskus*  
*fluticasone propionate HFA*  
*fluticasone/salmeterol*  
*montelukast*  
*zafirlukast*  
*zileuton ext-rel*  
*Breyna*  
*Wixela Inhub*  
 ACCOLATE  
 ADVAIR  
 ADVAIR HFA  
 ALVESCO  
 ARNUITY ELLIPTA  
 ASMANEX  
 ASMANEX HFA  
 BEYFORTUS  
 BREO ELLIPTA  
 CINQAIR  
 DULERA  
 ENFLONSA  
 FASENRA  
 NUCALA  
 PULMICORT  
 PULMICORT FLEXHALER  
 QVAR REDIHALER  
 SINGULAIR  
 SPIRIVA RESPIMAT 1.25 mcg  
 SYMBICORT  
 SYNAGIS  
 TEZSPIRE  
 TRELEGY ELLIPTA  
 XOLAIR  
 ZYFLO

**SUPPLIES**

PEAK FLOW METERS  
 SPACER DEVICES  
 SPACER SUPPLIES

**VARIOUS CONDITIONS****ANTI-MALARIAL AGENTS**

*atovaquone/proguanil*  
*chloroquine*  
*mefloquine*  
*primaquine*  
 ARAKODA  
 MALARONE  
 PRIMAQUINE

**DENTAL CARIES PREVENTION**

*sodium fluoride*  
 PEDIATRIC MULTIVITAMINS WITH  
 FLUORIDE - ALL MARKETED  
 PRODUCTS

**HEREDITARY ANGIOEDEMA AGENTS**

ANDEMBRY  
 CINRYZE  
 DAWNZERA  
 HAEGARDA  
 ORLADEYO  
 TAKHZYRO

**IMMUNOSUPPRESSIVE AGENTS**

*cyclosporine caps*  
*everolimus*  
*mycophenolate mofetil*  
*mycophenolate sodium delayed-rel*  
*sirolimus*  
*tacrolimus*  
*Gengraf*  
 ASTAGRAF XL  
 CELLCEPT  
 ENVARSUS XR  
 MYFORTIC  
 MYHIBBIN  
 NEORAL  
 NULOJIX  
 PROGRAF  
 RAPAMUNE  
 SANDIMMUNE  
 ZORTRESS

**MULTIPLE SCLEROSIS AGENTS**

*cladribine*  
*dimethyl fumarate delayed-rel*  
*fingolimod*  
*glatiramer*  
*teriflunomide*  
 AUBAGIO  
 AVONEX  
 BAFIERTAM  
 BETASERON  
 BRIUMVI  
 COPAXONE  
 EXTAVIA  
 GILENYA  
 KESIMPTA  
 LEMTRADA  
 MAVENCLAD  
 MAYZENT  
 OCREVUS  
 OCREVUS ZUNOVO  
 PLEGRIDY  
 PONVORY  
 REBIF  
 TASCENSO ODT  
 TECFIDERA  
 TYRUKO  
 TYSABRI  
 VUMERITY  
 ZEPOSIA

**WOMEN'S HEALTH****ANTIESTROGENS**

*tamoxifen*  
 SOLTAMOX

**AROMATASE INHIBITORS**

*anastrozole*  
*exemestane*  
*letrozole*  
 ARIMIDEX  
 AROMASIN  
 FEMARA

**CONTRACEPTIVES**

CONTRACEPTIVES - ALL  
 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

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

*Please note:* This list represents brand products in CAPS, 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.