

## Preventive Medicine 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 (†) 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.*

Coverage prior to the deductible being met may not be provided for every dosage form of a listed medicine.

Please note: When feasible, brand names are shown in capitals in each category. If generic is available, it is listed in lowercase next to the brand name. If only generics are available (for example, brands are no longer available), they will only be listed in lowercase.

# Preventive Medicine List

## ASTHMA/COPD

ACCOLATE (zafirlukast)  
ADVAIR DISKUS<sup>†</sup>  
ADVAIR HFA<sup>†</sup>  
AEROSPAN<sup>†</sup>  
AIRDUO RESPICLICK  
albuterol  
ANORO ELLIPTA  
ARMONAIR RESPICLICK  
(fluticasone/salmeterol)  
ARCAPTA NEOHALER  
ARNUITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
ATROVENT HFA  
BEVESPI AEROSPHERE  
BREO ELLIPTA<sup>†</sup>  
budesonide  
CINQAIR<sup>†</sup>  
COMBIVENT RESPIMAT  
cromolyn oral inhalation  
DALIRESP<sup>†</sup>  
DULERA<sup>†</sup>  
DUONEB (ipratropium/albuterol)  
FASENRA<sup>†</sup>  
FLOVENT DISKUS  
FLOVENT HFA  
FORADIL  
INCRUSE ELLIPTA  
Inhaler assistive devices  
ipratropium oral inhalation  
LONHALA MAGNAIR  
metaproterenol  
montelukast  
Nebulizers  
NUCALA<sup>†</sup>  
PROAIR HFA  
PROAIR RESPICLICK  
QVAR  
SEEBRI NEOHALER  
SEREVENT DISKUS  
SPIRIVA RESPIMAT  
STIOLTO RESPIMAT  
STRIVERDI RESPIMAT  
SYMBICORT<sup>†</sup>  
terbutaline  
THEO-24, THEOCRON  
(theophylline)  
TRELEGY ELLIPTA  
TUDORZA PRESSAIR

UTIBRON NEOHALER  
VENTOLIN HFA  
XOLAIR<sup>†</sup>  
zileuton ER

## BONE DISEASE AND FRACTURES

ACTONEL<sup>†</sup>, ATELVIA<sup>†</sup> (risedronate)  
BONIVA<sup>†</sup> (ibandronate)  
DUAVEE  
EVISTA (raloxifene)  
FOSAMAX<sup>†</sup>, FOSAMAX D<sup>†</sup>,  
BINOSTO<sup>†</sup> (alendronate)  
RECLAST<sup>†</sup> (zoledronic acid)

## CAVITIES

CLINPRO  
GEL-KAM  
PHOS-FLUR  
PREVIDENT  
Sodium fluoride rinse, gel,  
cream, paste, tabs and drops  
Stannous fluoride rinse and gel

## COLONOSCOPY PREPARATION\*

CLENPIQ  
COLYTE, GOLYTELY, NULYTELY  
(polyethylene glycol)  
MOVIPREP  
OSMOPREP  
PLENVU  
PREPOPIK  
SUPREP

## DIABETES

### INSULINS

AFREZZA  
BASAGLAR  
HUMALOG  
HUMULIN  
LANTUS SOLOSTAR  
LEVEMIR  
TOUJEO SOLOSTAR  
TRESIBA

### INSULIN/GLP-I RECEPTOR AGONIST COMBINATIONS

SOLIQUA  
XULTOPHY

## NON-INSULIN MEDICINES

ACTOS<sup>†</sup> (pioglitazone)  
ACTOPLUS MET, DUETACT, OSENI  
(pioglitazone combinations)<sup>†</sup>  
AMARYL (glimepiride)  
AVANDIA<sup>†</sup>  
AVANDAMET<sup>†</sup>  
BYETTA<sup>†</sup>  
BYDUREON<sup>†</sup>  
chlorpropamide  
CYCLOSET  
dextrose  
FARXIGA<sup>†</sup>  
FORTAMET<sup>†</sup>, GLUCOPHAGE<sup>†</sup>  
(metformin)  
GLUCOTROL XL (glipizide)  
glipizide/metformin  
GLYNASE (glyburide)  
GLUCOVANCE (glyburide/  
metformin)  
GLYSET (miglitol)  
GLYXAMBI<sup>†</sup>  
INVOKAMET<sup>†</sup>  
INVOKAMET XR<sup>†</sup>  
INVOKANA<sup>†</sup>  
JANUVIA  
JANUMET  
JANUMET XR  
JARDIANCE<sup>†</sup>  
JENTADUETO  
JENTADUETO XR  
Lancets  
Needles  
OZEMPIC<sup>†</sup>  
PRANDIN (repaglinide)  
PRECOSE (acarbose)  
repaglinide/metformin  
SEGLUROMET<sup>†</sup>  
STARLIX (nateglinide)  
STEGLATRO<sup>†</sup>  
STEGLUJAN<sup>†</sup>  
SYMLINPEN<sup>†</sup>  
SYNJARDY<sup>†</sup>  
SYNJARDY XR<sup>†</sup>  
Syringes  
Test strips  
TRADJENTA  
TRULICITY<sup>†</sup>  
XIGDUO XR<sup>†</sup>

# Preventive Medicine List

## HEART DISEASE AND STROKE

### BLOOD THINNER MEDICINES

aspirin, 81 mg & 325 mg\*  
AGGRENOX  
(aspirin/dipyridamole ER)  
BEVYXXA  
BRILINTA  
clopidogrel  
COUMADIN (warfarin)  
DURLAZA ER  
EFFIENT (prasugrel)  
ELIQUIS†  
PERSANTINE (dipyridamole)  
ticlopidine  
XARELTO†  
ZONTIVITY†

### CHOLESTEROL LOWERING MEDICINES

#### HMG-COA REDUCTASE INHIBITORS\*

atorvastatin  
LESCOL† (fluvastatin)  
LIVALO†  
lovastatin  
PRAVACHOL† (pravastatin)  
rosuvastatin  
simvastatin

#### OTHER AGENTS

ANTARA (fenofibrate)  
COLESTID (colestipol)  
ezetimibe  
ezetimibe/simvastatin  
LIPOFEN  
LOFIBRA  
LOPID (gemfibrozil)  
NIASPAN (niacin)  
PRALUENT†  
PREVALITE, QUESTRAN  
(cholestyramine)  
TRILIPIX DR (fenofibric acid)  
WELCHOL (colesevelam)

## HIGH BLOOD PRESSURE

### ACE INHIBITORS

ACCUPRIL (quinapril)  
ACEON (perindopril)  
ALTACE (ramipril)  
captopril  
fosinopril  
LOTENSIN (benazepril)  
MAVIK (trandolapril)  
moexipril  
PRINIVIL, ZESTRIL (lisinopril)  
VASOTEC (enalapril)

### ACE INHIBITORS/DIURETIC COMBINATIONS

ACCURETIC (quinapril/HCTZ)  
captopril/HCTZ  
fosinopril/HCTZ  
LOTENSIN HCT (benazepril/HCTZ)  
moexipril/HCTZ  
VASERETIC (enalapril/HCTZ)  
ZESTORETIC (lisinopril/HCTZ)  
LOTENSIN HCT (benazepril/HCTZ)

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan  
EDARBI†  
irbesartan  
losartan  
olmesartan  
telmisartan  
valsartan

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

candesartan/HCTZ  
EDARBYCLOR†  
irbesartan/HCTZ  
losartan/HCTZ  
olmesartan/HCTZ  
telmisartan/HCTZ  
valsartan/HCTZ

## BETA BLOCKERS

acebutolol  
betaxolol  
bisoprolol  
BYSTOLIC  
CORGARD (nadolol)  
INNOPRAN XL (propranolol)  
TENORMIN (atenolol)  
TOPROL XL, LOPRESSOR  
(metoprolol)

### BETA BLOCKER/DIURETIC COMBINATIONS

CORZIDE  
(nadolol/bendroflumethiazide)  
LOPRESSOR HCT  
(metoprolol/HCTZ)  
propranolol/HCTZ  
TENORETIC  
(atenolol/chlorthalidone)  
ZIAC (bisoprolol/HCTZ)

### CALCIUM CHANNEL BLOCKERS

ADALAT CC, PROCARDIA XL  
(nifedipine)  
amlodipine  
CALAN, VERELAN (verapamil)  
CARDIZEM LA, TIAZAC ER  
(diltiazem)  
felodipine ER  
isradapine  
nicardipine  
SULAR ER (nisoldipine)

### DIURETICS

chlorothiazide  
chlorthalidone  
hydrochlorothiazide  
indapamide  
metolazone

# Preventive Medicine List

## OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS

amlodipine/benazepril  
amlodipine/olmesartan  
amlodipine/olmesartan/HCTZ  
amlodipine/valsartan<sup>†</sup>  
amlodipine/valsartan/HCTZ<sup>†</sup>  
BYVALSON  
CADUET  
(amlodipine/atorvastatin)<sup>†</sup>  
PRESTALIA  
TARKA (trandolapril/verapamil)  
TWYNSTA<sup>†</sup>  
(amlodipine/telmisartan)

## MALARIA

chloroquine  
mefloquine  
PRIMAQUINE  
MALARONE (atovaquone/  
proguanil)

## MISC ANTIVIRALS

TRUVADA 200MG/300MG  
PREVYMIS  
SYNAGIS<sup>†</sup>

## MIGRAINE PREVENTION

AIMOVIG

## OBESITY<sup>†</sup>

ADIPEX-P (phentermine)  
BELVIQ  
BELVIQ XR  
CONTRAVE  
diethylpropion  
REGIMEX (benzphetamine)  
LOMAIRA  
phendimetrazine  
SAXENDA  
XENICAL

## SMOKING-CESSATION\*

CHANTIX  
NICOTROL  
NICODERM CQ  
Nicotine gum, lozenges and  
patches  
ZYBAN (bupropion SR 150mg)

## IMMUNIZATION:\*

Antrax, BCG, Cholera, Diphtheria,  
Haemophilus Influenza B,  
Hepatitis A and B, Human  
Papillomavirus, Influenza,  
Japanese Encephalitis, Measles,  
Meningococcal, Mumps, Pertussis,  
Pneumococcal, Poliovirus, Rabies,  
Rotavirus, Rubella, Tetanus,  
Typhoid, Varicella, Yellow Fever,  
Zoster

## VITAMINS OR MINERALS

folic acid\*  
Prenatal vitamins  
Pediatric multivitamins with  
fluoride\*

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

<sup>†</sup>Prior Authorization may be required before medication will be covered.

**Express Scripts manages your prescription benefit for your employer, plan sponsor, or health plan. For specific questions on coverage, please call the phone number on your member ID card or visit our website [express-scripts.com](http://express-scripts.com).**

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