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

#### BONE DISEASE AND FRACTURES
- ACTONEL†, ATELVIA† (risedronate)
- BONIVA† (ibandronate)
- DUAVEE
- EVISTA (raloxifene)
- FOSAMAX†, FOSAMAX D†,
  - BINOSTO† (alendronate)
- RECLAST† (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† (pioglitazone)
- ACTOPLUS MET, DUETACT, OSENI (pioglitazone combinations)†
- AMARYL (glimepiride)
- AVANDIA†
- AVANDAMET†
- BYETTA†
- BYDUREON†
- chlorpropamide
- CYCLOSET
dextrose
- FARXIGA†
- FORTAMET†, GLUCOPHAGE† (metformin)
- GLUCOTROL XL (glipizide)
glipizide/metformin
- GLYNASE (glyburide)
- GLUCOVANCE (glyburide/metformin)
- GLYSET (miglitol)
- GLYXAMBI†
- INVOKAMET†
- INVOKAMET XR†
- INVOKANA†
- JANUVIA
- JANUMET
- JANUMET XR
- JARDIANCE†
- JENTADUETO
- JENTADUETO XR
- Lancets
- Needles
- OZEMPIC†
- PRANDIN (repaglinide)
- PRECOSE (acarbose)
- repaglinide/metformin
- SEGLUROMET†
- STARLIX (nateglinide)
- STEGLATRO†
- STEGLUJAN†
- SYMLINPEN†
- SYNJARDY†
- SYNJARDY XR†
- Syringes
- Test strips
- TRADJENTA
- TRULICITY†
- XIGDUO XR†
### 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
  - LECOL† (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
- 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)
amiodipine
- CALAN, VERELAN (verapamil)
- CARDIZEM LA, TIAZAC ER (diltiazem)
felodipine ER
- isradipine
- nicardipine
- SULAR ER (nisoldipine)

#### Diuretics
- chlorothiazide
- chlorthalidone
- hydrochlorothiazide
- indapamide
- metolazone
**Preventive Medicine List**

<table>
<thead>
<tr>
<th><strong>OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine/benazepril</td>
</tr>
<tr>
<td>amlodipine/olmesartan</td>
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<tr>
<td>amlodipine/olmesartan/HCTZ</td>
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<tr>
<td>amlodipine/valsartan†</td>
</tr>
<tr>
<td>amlodipine/valsartan/HCTZ†</td>
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<tr>
<td>BYVALSON</td>
</tr>
<tr>
<td>CADUET (amlodipine/atorvastatin)†</td>
</tr>
<tr>
<td>PRESTALIA</td>
</tr>
<tr>
<td>TARKA (trandolapril/verapamil)</td>
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<tr>
<td>TWYNSTA† (amlodipine/telmisartan)</td>
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<tr>
<th><strong>MIGRAINE PREVENTION</strong></th>
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<tbody>
<tr>
<td>AIMOVIG</td>
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<tr>
<th><strong>OBESITY†</strong></th>
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<tbody>
<tr>
<td>ADIPEX-P (phentermine)</td>
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<tr>
<td>BELVIQ</td>
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<tr>
<td>BELVIQ XR</td>
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<tr>
<td>CONTRAVE</td>
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<tr>
<td>diethylpropion</td>
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<tr>
<td>REGIMEX (benzphetamine)</td>
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<tr>
<td>LOMAIRA</td>
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<tr>
<td>phendimetrazine</td>
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<tr>
<td>SAXENDA</td>
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<tr>
<td>XENICAL</td>
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<table>
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<tr>
<th><strong>SMOKING-CESSATION</strong></th>
</tr>
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<tbody>
<tr>
<td>TRUVADA 200MG/300MG</td>
</tr>
<tr>
<td>PREVYMIS</td>
</tr>
<tr>
<td>SYNAGIS†</td>
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<tr>
<th><strong>MALARIA</strong></th>
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<tbody>
<tr>
<td>chloroquine</td>
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<tr>
<td>mefloquine</td>
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<tr>
<td>PRIMAQUINE</td>
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<tr>
<td>MALARONE (atovaquone/proguanil)</td>
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<table>
<thead>
<tr>
<th><strong>MISC ANTIVIRALS</strong></th>
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<tbody>
<tr>
<td>TRUVADA 200MG/300MG</td>
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<tr>
<th><strong>IMMUNIZATION:†</strong></th>
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<tr>
<th><strong>VITAMINS OR MINERALS</strong></th>
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<tbody>
<tr>
<td>folic acid*</td>
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<tr>
<td>Prenatal vitamins</td>
</tr>
<tr>
<td>Pediatric multivitamins with fluoride*</td>
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</tbody>
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*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%.

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

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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.

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