Certain health plans provide a specific benefit for preventive outpatient drugs that are considered maintenance drugs used to treat common disease states. Plan terms vary and members should consult their benefit plan documents to determine whether they have coverage for preventive maintenance drugs and, if so, with lower or no member cost sharing. Some strengths or dosage forms may not be included in the HSA Preventive Drug List, regardless of their appearance in this document. Certain products or categories may not be covered or may be subject to utilization management edits such as step therapy, prior authorization or quantity limits. Please check with your plan provider should you have any questions about coverage. If your benefit includes mail order, please note that some drugs and supplies may not be available through this service.

### ANTICOAGULANTS/ANTITHROMBOTICS
- enoxaparin
- fondaparinux
- warfarin
- ELIQUIIS
- XARELTO

### PLATELET AGGREGATION INHIBITORS
- clopidogrel
- prasugrel
- BRILINTA

### CORONARY ARTERY DISEASE
#### ANTIHYPERLIPIDEMICS
- atorvastatin
- cholestryamine
- colesvelam
- colestipol
- ezetimibe
- fenofibrate (except fenofibrate 120 mg tablet)
- fenofibric acid
- fenofibric acid delayed-rel
- fluvastatin
- gemfibrozil
- lovastatin
- niacin ext-rel
- omega-3 acid ethyl esters
- pravastatin
- rosuvastatin
- simvastatin
- VASCEPA

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

### DIABETES
#### SUPPLIES
- INSULIN SYRINGES, AND NEEDLES - BD Products

### INJECTABLE DIABETES AGENTS
- BASAGLAR

### ORAL DIABETES AGENTS
- acarbose
- alogliptin
- glimepiride
- glipizide
- glipizide ext-rel
- glipizide/metformin
- glyburide
- glyburide, micronized
- glyburide/metformin
- metformin
- metformin ext-rel
- miglitol
- nateglinide
- pioglitazone
- pioglitazone/glimepiride
- pioglitazone/metformin
- repaglinide
- repaglinide/metformin
- FARXIGA
- JANUMET
- JANUMET XR
- JANUVIA
- GLYXAMBI
- SYNYARDY
- XIGDUO XR

### HYPERTENSION
#### ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS
- amlodipine/benazepril
- benazepril
- benazepril/hydrochlorothiazide
- candesartan
- candesartan/hydrochlorothiazide
- captopril
- captopril/hydrochlorothiazide
- enalapril
- enalapril/hydrochlorothiazide
- eprosartan

### CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS
- amlodipine
- amlodipine/hydrochlorothiazide
- diltiazem - select products
- felodipine ext-rel

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase italics, and generic products in lowercase italics.

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 HSA Preventive Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The HSA Preventive Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor’s counsel.

106-39839A 092419
isradipine
Nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel

diuretics
chlorothiazide
chlordihalidone
furosemide
hydrochlorothiazide
indapamide
methyclothiazide
spiromolactone
spiromolactone/hydrochlorothiazide
torsemide
triasterene/hydrochlorothiazide

other antihypertensive agents
amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methylidopa
minoxidil

mental health
antidepressants
amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clopiomazine
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
desipramine
duloxetine delayed-rel
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
maprotiline
mitazapine
nortriptlyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptlyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine

Venlafaxine ext-rel

antipsychotics
aripiprazole
chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

Aristada
Latuda

Respiratory disorders
Respiratory agents
albuterol nebulizer solution
albuterol inhaler
budesonide suspension
cromolyn sodium
ipratropium nebulizer solution
ipratropium/albuterol nebulizer solution
levalbuterol nebulizer solution
montelukast
theophylline
zafirlukast
Advair
Advair HFA
Asmanex HFA
Asmanex Twisthaler
Breo Ellipta
Proair HFA
Proair Respliclick
Qvar Redihaler
Spiriva Handihaler
Spiriva Respimat

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.
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 HSA Preventive Drug List has been adopted by the referenced health plan. CVS Caremark makes no representations regarding its compliance with applicable legal requirements. The HSA Preventive Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor’s counsel.

106-39939A  092419