

Preventive Drug List

Preventive medications are those prescribed to prevent the occurrence of a disease or condition for those individuals with risk factors, or to prevent the recurrence of a disease or condition for those who have recovered, and do not include drugs used to treat an existing illness, injury or condition. Preventive medications are those used for the prevention of conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, and prenatal nutrient deficiency.

Only generic preventive drugs, listed in lowercase with **red font** are free and not subject to the deductible when purchased at mail order. Those diabetes drugs listed in **blue font** are covered at 80% and not subject to the deductible when purchased at mail order.

<u>Asthma</u>	<u>Asthma Cont.</u>	<u>Blood Pressure Cont.</u>	<u>Blood Pressure Cont.</u>
Advair	Zyflo	diltiazem	metolazone
Advair HFA	Zyflo CR	diltiazem HCl	metoprolol succinate
Aerospan	<u>Blood Pressure</u>	doxazosin mesylate	metoprolol tartrate
albuterol sulfate	acebutolol HCl	Dyrenium	metoprolol/hctz
	acetazolamide	Edarbi	Micardis
Arcapta Neohaler	amiloride HCl	Edarbyclor	Minizide
Asmanex	amlodipine besylate	Edecrin	minoxidil
Atrovent HFA	amlodipine besylate/benazepril	enalapril maleate	moexipril HCl
Brovana	amlodipine/atorvast cal	enalapril maleate/hctz	moexipril HCl/hctz
budesonide	Amturnide	Epaned	nadolol
caffeine citrated	atenolol	eplerenone	Naturetin-5
cromolyn sodium	Azor	Exforge	nicardipine HCl
Dilor-G guaifenesin/dyphylline	benazepril HCl	Exforge HCT	nifedipine
Dulera	benazepril HCl/hctz	Felodipine	nimodipine
dyphylline	bendroflumethiazide/nadolol	fosinopril sodium	nisoldipine
Flovent	Benicar	fosinopril sodium/hctz	Nymalize
Flovent HFA	Benicar HCT	furosemide	perindopril erbumine
Foradil	bisoprolol fumarate	guanfacine HCl	pindolol
ipratropium bromide	bisoprolol/hctz	hydralazine HCl	prazosin HCl
levalbuterol	bumetanide	hydrochlorothiazide	propranolol HCl
Lufyllin-GG-guaifenesin/dyphylline	Bystolic	hydrochlorothiazide/amilor HCl	propranolol/hctz
metaproterenol sulfate	candesartan	indapamide	quinapril
montelukast sodium	candesartan/hydrochlorothiazid	Innopran XL	quinapril HCl/hctz
Perforomist	captopril	irbesartan	ramipril
ProAir HFA	captopril/hydrochlorothiazide	irbesartan/hctz	reserpine
Qvar	Cardizem LA	isradipine	Salutensin Demi
racepinephine HCl	Cardura XL	labetalol HCl	sotalol HCl
Serevent Diskus	carvedilol	Levatol	spironolactone
Spiriva	chlorothiazide	Liptruzet	spironolactone/hctz
Symbicort	chlorthalidone	lisinopril	Tarka
terbutaline sulfate	chlorthalidone/atenolol	lisinopril/hydrochlorothiazide	Tekamlo
Theo-24	clonidine	losartan potassium	Tekturna
theophylline anhydrous	clonidine HCl	losartan/hydrochlorothiazide	Tekturna HCT
Tudorza Pressair	Clorpres- clonidine HCl/chlorthalidone	methazolamide	telmisartan
Ventolin HFA	Coreg CR	methyclothiazide	telmisartan/amlodipine
Xolair	Demser	methyldopa	telmisartan/hctz
zafirlukast	Dibenzyliline	methyldopa/hydrochlorothiazide	terazosin HCl

<u>Blood Pressure Cont.</u>	<u>Diabetes</u>	<u>Diabetes Cont.</u>	<u>Representative Prenatal Vitamins</u>
Teveten	acarbose	Nesina	All prescription strength prenatal vitamins
Teveten HCT	Actoplus Met XR	Onglyza	qualify as preventive medications
timolol maleate	Apidra	Oseni	Citrnatal
torsemide	Apidra SoloStar	pioglitazone HCl	Duet
trandolapril	Avandamet	pioglitazone HCl/metformin HCl	Duet DHA
triamterene/hctz	Avandaryl	pioglitazone/glimepiride	Duet DHA EC Stuartnatal
Tribenzor	Avandia	Prandimet	Duet DHA Stuartnatal
valsartan	Bydureon	Prandin	Duet Stuartnatal
valsartan/hydrochlorothiazide	Byetta	Riomet	foltabs prenatal plus d
verapamil	chlorpropamide	Symlin	Gesticare
<u>Cholesterol</u>	Cycloset	SymlinPen 120	Gesticare DHA
Advicor	Farxiga	SymlinPen 60	iron b-g suc-p/pnv2/folic acid
Altoprev	glimepiride	Tanzeum	materna
amlodipine/atorvast cal	glipizide	tolazamide	maternal plus 90
Antara	Glipizide ER- glipizide	tolbutamide	Natachew
atorvastatin calcium	glipizide/metformin HCl	Tradjenta	Natafort
cholestyramine/aspartame	Glumetza	Victoza	OB Complete
cholestyramine/sucrose	glyburide	Osteoporosis	OB Complete DHA
Colestid	glyburide micronized	alendronate sodium	Precare
colestipol HCl	glyburide/metformin	Atelvia	Precare Conceive
Crestor	Glyset	Binosto	Precare Premier
fenofibrate	Humalog	calcitonin-salmon	pregnate vit/fe fumarate/fa
fenofibrate, micronized	Humalog Mix 50/50	etidronate disodium	pregnate vitamin
fenofibric acid	Humalog Mix 75/25	Forteo	pregnate vitamin/fe fumarate/fa
Fenoglide	Humulin 70/30	Fosamax Plus D	pregnate vitamin/iron/fa
fluvastatin sodium	Humulin N	ibandronate sodium	Primacare Advantage
gemfibrozil	Humulin R	raloxifene	pv w-o cal/fe carb-fes04/fa
Lescol XL	Invokana	risedronate sodium	Stuart Prenatal
Liptruzet	Janumet	Skelid	Stuartnatal Plus
Livalo	Janumet XR		Stuartnatal Plus 3
lovastatin	Januvia		Tricare DHA
niacin	Jentaduet		Viva DHA
Niacor	Kazano		
omega-3 acid ethyl esters	Kombiglyze XR		
pravastatin sodium	Lantus		
Simcor	Lantus SoloStar		
simvastatin	Levemir		
Triglide	metformin HCl		
Vytorin	nateglinide		

Some Diabetic Test Strips and supplies will be covered at 80% before the deductible. Some Diabetic Test Strips may have lower costs to you and may even have a testing meter available free of charge to both you and Honeywell. Contact your prescription drug provider and ask them about their Free Diabetic Meter Program to see if one is right for you. Express Scripts members should contact member services at 1-800-631-7781. CIGNA members should contact CIGNA Home Delivery Pharmacy at 1-800-835-3784. Kaiser members should call 1-800-464-4000 and Group Health Alliance members should call 1-888-901-4636.

Note: This is not an all inclusive list of drugs covered in these categories and is subject to change. Specific medications may no longer be available. Please contact your prescription drug provider for additional information.

New Required Preventive Care for Women

Effective January 1, 2013, the Health Plan will cover 100% of the cost of eight additional Recommended Preventive Services provided by a Network Provider for women who participate in the Health Plan. When a woman Health Plan participant receives these Recommended Preventive Services from a Network Provider, the Health Plan will not require a co-payment, co-insurance or deductible payment.

These eight additional Recommended Preventive Services for women, including the frequency at which the Health Plan will cover them at no cost when provided by a Network Provider, are described in the chart below. These services are in addition to the other Recommended Preventive Services for women, including mammograms, screenings for cervical cancer, and prenatal care, already covered by the Health Plan at no cost for women Health Plan participants who receive them from a Network Provider.

Type of Preventive Service	Frequency of No-Cost Coverage
Well-woman visits. Preventive care visit for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care	Annually as well as any additional visits needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.
Screening for gestational diabetes.	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Human papillomavirus testing. High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and should occur no more frequently than every 3 years.
Counseling for sexually transmitted infections.	Annually.
Counseling and screening for human immune-deficiency virus.	Annually.
Contraceptive methods and counseling. All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity	Available at no cost when purchasing a generic contraceptive through mail order. Contraceptives that do not have a generic alternative and no therapeutic alternative will be covered at no cost through mail order. Generic contraceptives purchased through a medical provider will be covered at no cost. Brand contraceptives purchased through a medical provider will only be covered at no cost when a generic alternative and therapeutic alternative is not available.
Breastfeeding support, supplies, and counseling. Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	In conjunction with each birth.
Screening and counseling for interpersonal and domestic violence.	Annually.

REMEMBER: The Health Plan will NOT cover the cost of any Recommended Preventive Services, including those described above, provided by an Out-of-Network Provider.