

## 2019 Expanded Preventative Drug List

The Envolve Pharmacy Solutions Expanded Preventative Drug List is an enhanced benefit for members within a high deductible plan. This list includes brand and generic medications that are not subject to the plan’s deductible and are commonly prescribed to prevent future health-related conditions.

This list is not all inclusive and represents branded products in CAPS, generics in lower case. Some dosage forms and strengths may not be included in the Expanded Preventative Drug List and are not covered. The list of medications is reviewed and updated throughout the year, please contact Envolve Pharmacy Solutions at 866.417.8726 to inquire about the status of the medication(s) that you take.

<b>Covered Generics</b>	Lowest copay
<b>Preferred Covered Brands</b>	Reduced copay
<b>Non-Preferred Covered Brands</b>	Highest copay

### Blood Clot Prevention

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
enoxaparin sodium <sup>QL</sup>	BRILINTA	COUMADIN
fondaparinux sodium <sup>QL</sup>	ELIQUIS STARTER PACK & ELIQUIS	
heparin sodium (porcine)	XARELTO STARTER PACK & XARELTO	
warfarin sodium		
aspirin-dipyridamole		
Cilostazol <sup>QL</sup>		
clopidogrel bisulfate <sup>QL</sup>		
dipyridamole		
pentoxifylline		
prasugrel hcl		

### Contraception

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
All oral generic contraceptives*		

\* Contraceptives are covered with no out-of-pocket costs under the Affordable Care Act (ACA)

**Prior Authorization (PA)** - A process under which a prescription claim is initially denied so that the health plan can evaluate the therapy before treatment starts. This process typically requires action from the physician, pharmacist, or patient to obtain coverage.

**Quantity Limits (QL)** - A limit on the number of pills or dosages of a prescription drug that will be covered, either per claim or per unit of time (e.g., monthly).

**Step Therapy (ST)** - Treatment guidelines used to recommend drug therapy beginning with a drug that is less expensive and/or with which there is more post-marketing safety experience. More expensive therapies are only used when the patient fails to respond to the first-line drug or after a PA.

## Diabetes

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
acarbose	ACCU-CHEK TEST STRIPS	GLUCOTROL
alogliptin benzoate	ALCOHOL PREP PADS	GLUCOTROL XL
alogliptin-metformin hcl	BYDUREON	GLUCOPHAGE
alogliptin-pioglitazone	BYDUREON BCISE	GLUCOPHAGE XR
chlorpropamide	BYDUREON PEN	STARLIX
glipizide-metformin hcl	BYETTA	PRANDIN
glyburide	FARXIGA	AMARYL
glyburide-metformin	GLYXAMBI	
metformin hcl	HUMULIN R U-500 <sup>QL</sup> (CONCENTRATED)	
miglitol	HUMULIN R U-500 KWIKPEN <sup>QL</sup>	
pioglitazone hcl	INVOKAMET	
pioglitazone hcl-glimepiride	INVOKAMET XR	
repaglinide-metformin hcl	INVOKANA	
tolazamide	JANUMET	
tolbutamide	JANUMET XR	
	JANUVIA	
	JARDIANCE	
	JENTADUETO	
	JENTADUETO XR	
	LANCETS	
	LANTUS	
	LANTUS SOLOSTAR	
	LEVEMIR <sup>QL</sup>	
	LEVEMIR FLEXTOUCH <sup>QL</sup>	
	NOVOLIN 70/30 FLEXPEN RELION	
	NOVOLIN R <sup>QL</sup>	
	NOVOLOG <sup>QL</sup>	
	NOVOLOG FLEXPEN <sup>QL</sup>	
	NOVOLOG MIX 70/30 <sup>QL</sup>	
	NOVOLOG MIX 70/30 PREFILLED FLEXPEN <sup>QL</sup>	
	NOVOLOG PENFILL	
	OZEMPIC	
	QTERN	
	SOLIQUA 100/33	
	SYNJARDY & SYNJARDY XR	
	SYRINGES	
	TOUJEO MAX SOLOSTAR	

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
	TRADJENTA	
	TRESIBA FLEXTOUCH <sup>QL</sup>	
	TRULICITY	
	VICTOZA	
	XIGDUO XR	
	XULTOPHY 100/3.6	

## Emotional Health

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
amitriptyline hcl	LATUDA	TRINTELLIX
amoxapine	VIIBRYD STARTER PACK & VIIBRYD	
bupropion hcl <sup>QL, ST</sup>	VRAYLAR	
citalopram hydrobromide <sup>QL</sup>		
clomipramine hcl		
desipramine hcl		
desvenlafaxine succinate		
doxepin hcl		
duloxetine hcl <sup>QL, PA</sup>		
escitalopram oxalate		
fluoxetine hcl		
fluvoxamine maleate		
imipramine hcl		
imipramine pamoate		
mirtazapine		
nortriptyline hcl		
paroxetine hcl		
protriptyline hcl		
sertraline hcl		
tranylcypromine sulfate		
trazodone hcl		
trimipramine maleate		
venlafaxine hcl		
aripiprazole <sup>PA</sup>		
chlorpromazine hcl		
clozapine		
fluphenazine hcl		

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
haloperidol		
lithium carbonate		
loxapine succinate		
olanzapine		
paliperidone		
perphenazine		
quetiapine fumarate		
risperidone		
thioridazine hcl		
thiothixene		
trifluoperazine hcl		

## Eye Conditions

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
betaxolol hcl (ophth)	Forteo	Boniva
bimatoprost		
brimonidine tartrate		
carteolol hcl (ophth)		
dorzolamide hcl		
phenylephrine hcl (ophth)		
pilocarpine hcl		
trifluridine		
timolol maleate (ophth)		

## Heart Conditions

Angina		
Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
isosorbide dinitrate	RANEXA	NITROLINGUAL PUMPSPRAY
isosorbide mononitrate		NITROSTAT
nitroglycerin		

Anti-Arrhythmics		
Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
quinidine gluconate	MULTAQ	PROCAINAMIDE HCL
mexiletine HCl		QUINIDINE GLUCONATE
flecainide acetate		NEXTERONE
propafenone HCl <sup>QL</sup>		
amiodarone HCl		
Miscellaneous		
Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
digoxin	MUSE	CADUET
amlodipine besylate-atorvastatin calcium	LETAIRIS	REVATIO
isoxsuprine hcl	TRACLEER	
sildenafil citrate (pulmonary hypertension)	BIDIL	
tadalafil (pulmonary hypertension)	CORLANOR	
	OPSUMIT	
	ADEMPAS	
	ENTRESTO	
	UPTRAVI	
	BRILINTA	

## High Blood Pressure

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
amlodipine besylate-benazepril hcl	BYSTOLIC	CARDURA
amlodipine besylate-olmesartan medoxomil	COREG CR	VASERETIC
atenolol & chlorthalidone		PRINIVIL
benazepril & hydrochlorothiazide		COZAAR
benazepril hcl		HYZAAR
bisoprolol & hydrochlorothiazide		ACCUPRIL
captopril		ACCURETIC
clonidine hcl		MAVIK
enalapril maleate <sup>QL</sup>		COREG
enalapril maleate & hydrochlorothiazide		TOPROL XL
fosinopril sodium		TIAZAC

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
fosinopril sodium & hydrochlorothiazide		PROCARDIA XL
guanfacine hcl		CALAN SR
hydralazine hcl		LASIX
lisinopril		ALDACTAZIDE
lisinopril & hydrochlorothiazide		DEMADEX
methyldopa		DYAZIDE
metoprolol & hydrochlorothiazide		MAXZIDE-25
minoxidil		FOSAMAX
moexipril hcl		
moexipril-hydrochlorothiazide		
nadolol & bendroflumethiazide		
olmesartan medoxomil		
olmesartan medoxomil-amlodipine-hydrochlorothiazide		
olmesartan medoxomil-hydrochlorothiazide		
perindopril erbumine		
phenoxybenzamine hcl		
prazosin hcl		
Ramipril <sup>QL</sup>		
telmisartan		
telmisartan-amlodipine		
acebutolol hcl		
atenolol		
betaxolol hcl		
bisoprolol fumarate <sup>QL</sup>		
carvedilol phosphate		
labetalol hcl		
metoprolol succinate		
metoprolol tartrate		
nadolol		
pindolol		
sotalol hcl		
sotalol hcl (afib/afib)		
amlodipine besylate <sup>QL</sup>		
diltiazem hcl		
diltiazem hcl coated beads <sup>QL</sup>		
felodipine		
isradipine		
nicardipine hcl		

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
Nifedipine <sup>QL</sup>		
nimodipine		
nisoldipine		
acetazolamide		
amiloride & hydrochlorothiazide		
amiloride hcl		
bumetanide		
chlorothiazide		
chlorthalidone		
ethacrynic acid		
furosemide		
hydrochlorothiazide		
indapamide		
methazolamide		
methyclothiazide		
metolazone		
toremide		
triamterene & hydrochlorothiazide		

## High Cholesterol

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
cholestyramine	PRALUENT	TRILIPIX
cholestyramine light	REPATHA	COLESTID
colesevelam hcl	REPATHA SURECLICK	COLESTID FLAVORED
ezetimibe	VASCEPA	ANTARA
ezetimibe-simvastatin <sup>QL</sup>		LOPID
fenofibrate		MEVACOR
fenofibrate micronized		NIASPAN
fluvastatin sodium <sup>QL</sup>		PRAVACHOL
lovastatin		ZOCOR
niacin (antihyperlipidemic)		
pravastatin sodium		
rosuvastatin calcium <sup>QL</sup>		

## Osteoporosis

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
alendronate sodium <sup>QL</sup>	MIACALCIN	FOSAMAX PLUS D
calcitonin (salmon)		
ibandronate sodium		
risedronate sodium <sup>QL</sup>		

## Respiratory Conditions

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
albuterol sulfate <sup>QL</sup>	ADVAIR DISKUS <sup>QL</sup> & ADVAIR HFA <sup>QL</sup>	
budesonide (inhalation) <sup>QL</sup>		
cromolyn sodium	ANORO ELLIPTA	
ipratropium bromide	ARNUITY ELLIPTA <sup>QL</sup>	
ipratropium-albuterol	ASMANEX HFA <sup>QL</sup> & ASMANEX TWISTHALER METERED DOSES <sup>QL</sup>	
levalbuterol hcl		
terbutaline sulfate	ASMANEX TWISTHALER 7 METERED DOSES	
theophylline	ATROVENT HFA	
	BEVESPI AEROSPHERE	
	COMBIVENT RESPIMAT	
	DALIRESP <sup>QL</sup>	
	DULERA	
	FLOVENT DISKUS <sup>QL</sup> & FLOVENT HFA <sup>QL</sup>	
	INCRUSE ELLIPTA	
	PERFOROMIST <sup>QL</sup>	
	PROAIR HFA	
	SYMBICORT <sup>QL</sup>	
	PULMICORT FLEXHALER <sup>QL</sup>	
	SEREVENT DISKUS <sup>QL</sup>	
	SPIRIVA RESPIMAT <sup>QL</sup>	
	PROAIR RESPICLICK	



## Seizure Disorders

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
phenobarbital	VIMPAT	FYCOMPA
tigababine hcl		ONFI
phenytoin sodium		PEGANONE
carbamazepine		SABRIL
lamotrigine		SPRITAM
levetiracetam		
oxcarbazepine		
primidone		
topiramate		
zonisamide		

## Substance Use Disorders

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
buprenorphine hcl		
buprenorphine hcl-naloxone hcl dehydrate <sup>QL</sup>		

## Thyroid Conditions

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
levothyroxine sodium	SYNTHROID	
liothyronine sodium		
methimazole		
propylthiouracil		

## Vitamins and Minerals

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
Oral generic prenatal vitamins*		

\* Prenatal vitamins are covered with no out-of-pocket costs under the Affordable Care Act (ACA)

## Women's Health

Covered Generics	Preferred Covered Brands	Non-Preferred Covered Brands
	ESTRING	