

## Drug List – Preventive Items and Services Offering - 2024

The Patient Protection and Affordable Care Act (PPACA) imposes a number of insurance reforms and mandates including a requirement to cover certain *preventive items and services* at 100 percent and ensure these items and services are not subject to deductibles or other cost-sharing limitations.

The following list of preventive medications should be used as a guide. It cannot be considered a comprehensive listing of medications available or covered without cost-sharing. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.

The availability or coverage of these medications without cost-sharing may be subject to criteria established by the terms of the health plan.

This list is subject to change as PPACA guidelines are updated or modified.

Please note: coverage of medications at \$0 cost share is dependent on the list of medications covered by your drug formulary.

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Medicine Category and Who is Covered	Examples of Medicines Covered
<b>Aspirin</b> Persons of any age	Generic, single-entity aspirin 81 mg  Includes copay exception review process
<b>Breast Cancer – Primary Prevention</b> Persons ≥ 35 years who meet criteria.  <i>(Only one of the available options described is chosen for coverage by a prescription drug plan)</i>	<b>Preferred Option: Copay Exception Review only:</b> Brand and generic tamoxifen (tablet, liquid solution); and for post-menopausal persons: raloxifene, anastrozole, and exemestane  <b>Non-Preferred Option:</b> Generic tamoxifen, raloxifene, anastrozole, exemestane, and brand Soltamox are all covered at POS for \$0 member-share without review. For other products not covered at \$0 cost-share at the point of service, a member- or prescriber-initiated copay exception review is available.
<b>Contraceptive Methods</b> Persons of any age capable of pregnancy  <i>(Only one of the available options described is chosen for coverage by a prescription drug plan)</i>	<i>Brand name contraceptives with a generic equivalent are \$0 cost share only when the prescriber indicates the brand product must be dispensed or generic is not available.</i> <b>Expanded Product Option*:</b> Covered products include all FDA-approved 16 contraceptive methods available through the pharmacy benefit, including: OTC contraceptive methods (condoms, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices.  <b>Preferred Product with Step Therapy Option*:</b> Covered products, available at no cost, include one or more Food and Drug Administration (FDA) approved “Preferred Products” from the 16 contraceptive methods available through the pharmacy benefit. The “Preferred Products” include: generic OTC spermicide and legend diaphragms; Today® contraceptive sponge; condoms; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena®; and the intradermal agent, Nexplanon®. <i>Step Therapy criteria are applied to select brand contraceptives.</i>  <b>Preferred Product Option*:</b> Covered products, available at no cost, include one or more Food and Drug Administration (FDA) approved “Preferred Products” from the 16 contraceptive methods available through the pharmacy benefit. The “Preferred Products” include: generic OTC spermicide and legend diaphragms; Today® contraceptive sponge; condoms; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena®; and the intradermal agent, Nexplanon®.  All options include copay exception review process.  <small>*coverage of medications at \$0 cost share is dependent on the list of medications covered by the member’s drug formulary.</small>
<b>Fluoride</b> Persons 6 months through <17 years	<b>Fluoride Chewable or Drops ≤ 1.0 MG generic</b> <b>Multivitamin/Fluoride (≤ 1.0 MG ) Chewable/Drops/Suspension generic</b>  Includes copay exception review process
<b>Folic Acid</b> Persons of any age	<b>Folic Acid Tablet 0.4 MG and 0.8 MG generic</b> <b>Multivitamin and Prenatal Vitamins with Folic Acid (0.4 MG and 0.8 MG) generic</b>  Includes copay exception review process
<b>HIV Prep</b> Persons of any age  Only for members lacking a history of treatment for HIV (using claims data).	<b>Emtricitabine / tenofovir disoproxil fumarate (TDF) generic - 200 mg / 300 mg dose only</b>  Includes copay exception review process

Medicine Category and Who is Covered	Examples of Medicines Covered
<p><b>Immunizations</b> The age for coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan)</i></p>	<p><b>Option 1:</b> Covered immunizations include those that are routine vaccines and non-routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age limitations.</p> <p><b>Option 2:</b> This option only includes routine vaccines as defined by the ACIP.</p> <p>Both options include copay exception review process.</p>
<p><b>Medications used to prepare for Colonoscopy</b> Persons <math>\geq 45</math> and <math>\leq 75</math> years of age</p> <p>Limit of 2 prescriptions per year; Package size limitations may apply</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan)</i></p>	<p><b>Generic Only Option:</b> Covered products include legend and over-the-counter medicines such as: Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic.</p> <p><b>Generic Plus Brand Option:</b> Covered products include the above listed generics plus select brands.</p> <p>Both options include copay exception review process.</p>
<p><b>Statins</b> Persons <math>\geq 40</math> years and <math>\leq 75</math> years</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan)</i></p>	<p>Covered products may include generic low to moderate dose statins such as:</p> <ul style="list-style-type: none"> <li>Atorvastatin <math>\leq 20\text{mg}</math></li> <li>Fluvastatin <math>\leq 80\text{mg}</math></li> <li>Lovastatin <math>\leq 40\text{ mg}</math></li> <li>Pitavastatin <math>\leq 4\text{mg}</math></li> <li>Pravastatin <math>\leq 80\text{mg}</math></li> <li>Rosuvastatin <math>\leq 10\text{mg}</math></li> <li>Simvastatin <math>\leq 40\text{mg}</math></li> </ul> <p><b>Standard Program Option 1:</b> generic low/moderate dose statins</p> <p><b>Trend Management Program Option 2:</b> generic low/moderate dose statins only for members meeting CVD medical history and Rx risk factor requirements (using claims data).</p> <p>Both options include copay exception review process.</p>
<p><b>Tobacco Cessation</b> Persons 18 and older</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan)</i></p>	<p>Bupropion sustained release 150mg generic; Varenicline; and Nicotine</p> <p><b>Smoking Cessation Option 1</b> All FDA approved products listed above are covered with no limitations.</p> <p><b>Smoking Cessation Option 2</b> All FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for a usual co-payment amount.</p> <p><b>Smoking Cessation Option 3</b> All FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for 100% of the prescription cost.</p> <p><b>Smoking Cessation Option 4</b> All <u>Generic</u> FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for a usual co-payment amount.</p> <p>All options include copay exception review process.</p>

## 2024 Consumer Directed Healthcare (CDH) Preventive Medications - Standard Plus

This list provides examples of commonly prescribed preventive medications. It is not an all-inclusive list; however, many examples of the medications are listed in each category.

This list does not indicate coverage. Please check with your plan administrator and/or benefit information materials if you have questions on coverage. Your cost share will be determined by your plan's drug coverage and formulary plan.

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

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.

### **ASTHMA/COPD**

ACCOLATE (zafirlukast)  
ADVAIR DISKUS (wixela inhub, fluticasone/salmeterol)  
ADVAIR HFA  
AIRDUO DIGIHALER  
AIRSUPRA  
albuterol HFA  
albuterol nebulizer solution  
albuterol oral  
ANORO ELLIPTA  
ARNUITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
ATROVENT HFA  
BREO ELLIPTA  
BREZTRI AEROSPHERE  
BROVANA (arformoterol)  
budesonide oral inhalation  
COMBIVENT RESPIMAT  
cromolyn nebulizer solution  
DULERA  
FASENRA  
formoterol  
Inhaler and nebulizer assistive devices

### **ASTHMA/COPD (CONTINUED)**

ipratropium/albuterol nebulizer solution  
ipratropium nebulizer solution  
LONHALA MAGNAIR  
metaproterenol  
montelukast  
NUCALA  
Peak flow meters  
QVAR REDIHALER  
roflumilast  
Spirometers  
SPIRIVA HANDIHALER (tiotropium cap-inhaler)  
SPIRIVA RESPIMAT  
STIOLTO RESPIMAT  
SYMBICORT (breyna)  
terbutaline oral  
TEZSPIRE  
THEO-24  
theophylline  
TRELEGY ELLIPTA  
XOLAIR  
XOPENEX nebulizer solution (levabuterol)  
YUPELRI  
zileuton ER  
ZYFLO

### **BONE DISEASE AND FRACTURES**

ACTONEL (risedronate)  
ATELVIA DR (risedronate DR)  
BINOSTO  
BONIVA oral (ibandronate)  
DUAVEE  
EVISTA (raloxifene)  
FOSAMAX (alendronate)  
FOSAMAX D  
RECLAST (zoledronic acid)

### **CAVITIES**

CLINPRO  
GEL-KAM  
periomed  
PREVIDENT  
sodium fluoride rinse, gel, cream, paste, tabs and drops

### **COLONOSCOPY PREPARATION\***

gavilyte-c  
gavilyte-n  
GOLYTELY solution (PEG-3350/ electrolytes, gavilyte-g)  
sodium, potassium and magnesium sulfates  
SUFLAVE  
SUTAB

# 2024 CDH Preventive Medications - Standard Plus

## DEPRESSION

citalopram  
escitalopram  
fluoxetine  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
PAXIL (paroxetine)  
PAXIL CR (paroxetine ER)  
sertraline

## DIABETES

### INSULINS

BASAGLAR  
HUMALOG  
HUMULIN  
LYUMJEV  
SEMGLEE  
TOUJEO MAX SOLOSTAR  
TOUJEO SOLOSTAR  
TRESIBA  
TRESIBA FLEXTOUCH

### INSULIN/GLP-1 RECEPTOR AGONIST COMBINATIONS

SOLIQUA

### NON-INSULINS

ACTOS (pioglitazone)  
ACTOPLUS MET  
(pioglitazone/metformin)  
AMARYL (glimepiride)  
BRENZAVVY  
BYDUREON  
BYETTA  
CYCLOSET  
DUETACT (pioglitazone/glimepiride)  
FARXIGA  
glipizide  
glipizide/metformin  
Glucometers  
GLUCOTROL XL (glipizide ER)  
glyburide  
glyburide/metformin  
GLYNASE (glyburide micronized)  
GLYXAMBI  
JANUMET

## NON-INSULINS (continued)

JANUMET XR  
JANUVIA  
JARDIANCE  
Lancets and lancing devices  
metformin  
metformin ER  
miglitol  
Misc. diabetic supplies (e.g. control solution, sensors, transmitters, insulin pumps and accessories, readers, pods, Tempo smart button)  
MOUNJARO  
nateglinide  
Needles  
OSEN  
OZEMPIC  
PRECOSE (acarbose)  
repaglinide  
repaglinide/metformin  
RIOMET (metformin solution)  
RIOMET ER suspension  
RYBELSUS  
saxagliptin  
saxagliptin/metformin  
SEGLUROMET  
STEGLATRO  
SYMLINPEN  
SYNJARDY  
SYNJARDY XR  
Syringes  
Test strips  
TRIJARDY XR  
TRULICITY  
XIGDUO XR

## HEART DISEASE AND STROKE

### BLOOD THINNERS

aspirin, 81 mg\* & 325 mg  
aspirin/dipyridamole ER  
BRILINTA  
clopidogrel  
dabigatran  
dipyridamole  
DURLAZA ER  
EFFIENT (prasugrel)  
ELIQUIS  
jantoven  
warfarin  
XARELTO  
ZONTIVITY

## CHOLESTEROL LOWERING

### HMG-COA REDUCTASE INHIBITORS\*

ATORVALIQ  
atorvastatin  
FLOLIPID suspension  
fluvastatin  
LESCOL XL (fluvastatin ER)  
LIVALO  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin  
ZYPITAMAG

### OTHER CHOLESTEROL LOWERING AGENTS

CADUET (amlodipine/atorvastatin)  
colesevelam  
COLESTID (colestipol)  
ezetimibe  
ezetimibe/simvastatin  
FENOGLIDE (fenofibrate)  
FIBRICOR (fenofibric acid)  
LOPID (gemfibrozil)  
NEXLETOL  
NEXLIZET  
NIACOR  
niacin  
NIASPAN (niacin ER)  
QUESTRAN (cholestyramine)  
QUESTRAN LIGHT  
(cholestyramine light, prevalite)  
REPATHA  
ROSZET  
TRILIPIX (fenofibric acid DR)  
VASCEPA (icosapent ethyl)

## HIGH BLOOD PRESSURE (HBP)

### ACE INHIBITORS

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

# 2024 CDH Preventive Medications - Standard Plus

## ACE INHIBITORS/DIURETIC COMBINATIONS

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

## ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan  
eprosartan  
irbesartan  
losartan  
olmesartan  
telmisartan  
valsartan

## ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

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

## BETA BLOCKERS

acebutolol  
betaxolol  
bisoprolol  
CORGARD (nadolol)  
LOPRESSOR  
(metoprolol tartrate)  
metoprolol succinate ER  
nebivolol  
pindolol  
propranolol  
propranolol ER  
TENORMIN (atenolol)  
timolol

## BETA BLOCKER/DIURETIC COMBINATIONS

metoprolol/HCTZ  
propranolol/HCTZ  
TENORETIC  
(atenolol/chlorthalidone)  
ZIAC (bisoprolol/HCTZ)

## CALCIUM CHANNEL BLOCKERS

amlodipine  
CALAN SR (verapamil SR)  
CARDIZEM (diltiazem)  
CARDIZEM CD (cartia XT, diltiazem CD)  
CARDIZEM LA (diltiazem ER, matzim LA)  
felodipine ER  
isradipine  
nicardipine  
nifedipine  
PROCARDIA XL (nifedipine ER)  
SULAR ER (nisoldipine ER)  
TIAZAC ER (diltiazem ER, tiadylt ER, taztia XT)  
verapamil  
verapamil ER  
VERELAN PM (verapamil ER PM)

## DIURETICS

chlorthalidone  
DIURIL suspension  
hydrochlorothiazide  
indapamide  
metolazone

## OTHER HBP & COMBINATIONS

amlodipine/benazepril  
amlodipine/olmesartan  
amlodipine/olmesartan/HCTZ  
amlodipine/telmisartan  
amlodipine/valsartan  
amlodipine/valsartan/HCTZ  
Blood pressure monitors  
CADUET (amlodipine/atorvastatin)  
PRESTALIA  
trandolapril/verapamil ER

## MALARIA

ARAKODA  
chloroquine  
mefloquine  
MALARONE (atovaquone/proguanil)  
primaquine

## MIGRAINE PREVENTION

AIMOVIG  
AJOVY  
EMGALITY 120mg  
QULIPTA

## MISC ANTIVIRALS

APRETUDE\*  
BEYFORTUS  
DESCOVY\*  
emtricitabine/ tenofovir disoproxil fumarate (TDF) 200mg/300mg\*  
PREVYMIS  
SYNAGIS

## OBESITY

ADIPEX-P (phentermine)  
benzphetamine  
CONTRAVE  
diethylpropion  
diethylpropion ER  
IMCIVREE  
LOMAIRA  
PLENITY  
phendimetrazine  
phendimetrazine ER  
QSYMIA  
SAXENDA  
WEGOVY  
XENICAL

## SMOKING-CESSATION\*

bupropion SR 150mg  
CHANTIX (varenicline)  
NICOTROL  
NICODERM CQ (nicotine patches)  
NICORETTE (nicotine gum and lozenges)  
NICOTROL NS

# 2024 CDH Preventive Medications - Standard Plus

## **VACCINATION\***

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Anthrax, BCG, Cholera, COVID-19,  
Diphtheria, Haemophilus Influenza  
B, Hepatitis A and B, Human  
Papillomavirus, Influenza, Japanese  
Encephalitis, Measles, Meningococcal,  
Monkey/smallpox, Mumps, Pertussis,  
Pneumococcal, Poliovirus, Rabies,  
Respiratory syncytial virus, Rotavirus,  
Rubella, Shingles, Tetanus, Tick-borne  
encephalitis, Typhoid, Varicella,  
Yellow Fever, Zoster

## **VITAMINS OR MINERALS**

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

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

**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](https://www.express-scripts.com).**

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