

Preventive Care Drug List

January 2019

Preventive Drugs are medications that MVP Health Care®, in conjunction with its Pharmacy & Therapeutics (P&T) Committee, has determined may prevent the onset of a disease or condition when taken by a person who has developed risk factors for a disease or condition that has not yet manifested itself or has not become clinically apparent (asymptomatic), or may prevent the recurrence of a disease or condition from which a person has recovered.

High-Deductible Health Plans (HDHPs) may provide benefits only after a deductible has been met. However, Federal regulations do allow safe harbor coverage for qualifying preventive services and medications (those listed below) prior to the deductible being met. The preventive safe harbor does not include any drug or medication used to treat an existing illness, injury, or condition. A rider to allow this preventive coverage is required.

Medications on the Preventive Care Drug List are subject to Formulary and Tier status as well as pharmacy management

programs such as prior authorization, step therapy, brand/generic difference pricing, and/or quantity limits. Refer to the Prescription Drug Formulary online at mvphealthcare.com for more detailed information about coverage and Tier information.

This list is not a guarantee of coverage. Your specific plan documents determine your benefits, limitations, and exclusions. While every effort has been made to ensure accuracy, some information may be out of date. The Preventive Care Drug List is subject to change based on decisions made by the P&T Committee.

For drugs on this list that have a generic equivalent, the member will be responsible for an additional cost share of the difference in cost between the brand and the generic drug. Some plan designs do not cover brand drugs when a generic is available.

If you need more information about the content of this list, contact the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card.

Asthma

ACCOLATE	ALVESCO ^{EX}	BUDESONIDE INH	MONTELUKAST	ZAFIRLUKAST
ADVAIR DISKUS	ARNUIITY ELLIPTA	DULERA ^{EX}	PULMICORT FLEXHALER	ZYFLO CR ^{EX}
ADVAIR HFA	ASMANEX	FLOVENT DISKUS	QVAR	
AEROSPAN ^{EX}	BREO ELLIPTA	FLOVENT HFA	SYMBICORT	

Blood Pressure Control

ACCUPRIL	BETAXOLOL	DIOVAN/HCT	INDAPAMIDE	MICROZIDE
ACCURETIC	BISOPROLOL/HCTZ	DIURIL	INDERAL LA ^{EX}	MINIPRESS
ACEBUTOLOL	BUMETANIDE	DOXAZOSIN	INNOPRAN XL ^{EX}	MOEXIPRIL/HCTZ
ACEON	BYSTOLIC	DUTOPROL ^{EX}	INSPIRA	NADOLOL
ADALAT CC	BYVALSON	DYAZIDE	IRBESARTAN/HCTZ	NADOLOL/BENDROFLUM
ALDACTONE	CALAN/SR	DYNACIRC CR	ISOPTIN SR	NICARDIPINE
ALTACE	CANDESARTAN/HCT	DYRENIUM	ISRADIPINE	NIFEDIPINE/ER
AMILORIDE/HCTZ	CAPTOPRIL/HCTZ	EDARBI	KERLONE	NISOLDIPINE
AMLODIPINE	CARDIZEM CD/LA	EDARBYCLOR	LABETALOL	NORVASC
AMLODIPINE/BENAZEPRIL	CARDURA/XL	EDECIN	LASIX	NYMALIZE
AMLODIPINE/VALSARTAN	CARVEDILOL	ENALAPRIL/HCTZ	LEVATOL	OLMESARTAN/HCTZ
AMLOD/VALSART/HCTZ	CATAPRES-TTS ^{EX}	EPANED	LISINAPRIL/HCTZ	PERINDOPRIL
AMLOD/OLMESARTAN	CATAPRES ^{EX}	EPLERENONE	LOPRESSOR/HCT	PINDOLOL
ATACAND/HCTZ	CHLORTHALIDONE	EPROSARTAN	LOTENSIN/HCT	PRAZOSIN
ATENOLOL	CHLOROTHIAZIDE	EXFORGE/HCT	LOSARTAN/HCTZ	PRESTALIA
ATENOLOL/CHLORTHAL	CLONIDINE	FELODIPINE ER	LOTREL	PRINIVIL
AVALIDE	COREG/CR	FOSINOPRIL/HCTZ	MATZIM LA	PROCARDIA/XL
AVAPRO	CORGARD	FUROSEMIDE	MAVIK	PROPRANOLOL/ER
AZOR ^{EX}	CORZIDE	GUANFACINE	MAXZIDE	QBRELIS
BENAZEPRIL/HCTZ	COZAAR	HYDRALAZINE	METHYLCLOTHIAZIDE	QUINAPRIL/HCTZ
BENICAR/HCT	DEMADEX	HYDROCHLOROTHIAZIDE	METHYLDOPA/HCTZ	RAMIPRIL
BETAPACE	DILTIAZEM/ER/CD	HYZAAR	MICARDIS/HCT	RESERPINE

EX Excluded drug. Medical exception approval required.

PA Prior authorization is required.

Blood Pressure Control *(continued)*

SOTALOL	TENORETIC	TORSEMIDE	VALSARTAN/HCTZ	ZEBETA
SPIRONOLACTONE/HCTZ	TENORMIN ^{EX}	TRANDATE	VASOTEC	ZESTORETIC ^{EX}
SULAR	TERAZOSIN	TRANDOLAPRIL	VERAPAMIL/ER	ZESTRIL
TARKA	TEVETEN	TRANDOLAPRIL/VERAP	VERAPAMIL ER PM	ZIAC
TEKTURN/HCT	TIAZAC	TRIAMTERENE/HCTZ	VERELAN	
TELMISARTAN/AMLODIPINE	TIMOLOL (ORAL)	TRIBENZOR	VERELAN PM	
TENEX	TOPROL XL	TWYNSTA	ZAROXOLYN	

Cholesterol Lowering

ANTARA	EZETIMIBE/SIMVASTATIN	LIPOFEN	OMEGA-3 ACID EE	TRILIPIX
ATORVASTATIN	FENOFIBRIC ACID	LIVALO	PRAVACHOL	VASCEPA
ATORVASTATIN/AMLOD	FENOFIBRATE*	LOFIBRA	PRAVASTATIN	VYTORIN
CADUET	FIBRICOR	LOPID	PREVALITE	WELCHOL
CHOLESTYRAMINE	FLUVASTATIN/XL	LOVASTATIN	QUESTRAN/LIGHT	ZETIA
COLESTID	GEMFIBROZIL	LOVAZA	ROSUVASTATIN	ZOCOR
COLESTIPOL	JUXTAPID ^{PA}	MEVACOR	SIMVASTATIN	ZYPITAMAG
CRESTOR	LESCOL/XL	NIACIN ER	TRICOR	
EZETIMIBE	LIPITOR	NIASPAN	TRIGLIDE	

Coagulation Disorder

AGGRENOX	BRILINTA	DIPYRIDAMOLE	PERSANTINE	WARFARIN
AGRYLIN	CILOSTAZOL	EFFIENT	PLAVIX	XARELTO
ANAGRELIDE	CLOPIDOGREL	ELIQUIS	PLETAL	ZONTIVITY
ASPIRIN/DYPRIDAMOLE	COUMADIN	JANTOVEN	PRADAXA ^{EX}	

Insulin Therapy

ADMELOG ^{EX}	HUMALOG/KWIKPEN ^{EX}	HUMULIN ^{EX}	NOVOLIN R	TOUJEO
AFREZZA ^{EX}	HUMALOG MIX 50-50 ^{EX}	LANTUS/SOLOSTAR	NOVOLOG MIX 70-30	TRESIBA
APIDRA/SOLOSTAR ^{EX}	HUMALOG MIX 75-25 ^{EX}	LEVEMIR/FLEXTOUCH	NOVOLOG/FLEXTOUCH	
BASAGLAR	HUMULIN 70-30/KWIKPEN ^{EX}	NOVOLIN 70-30	OZEMPIC	
FIASP	HUMULIN N/KWIKPEN ^{EX}	NOVOLIN N	SOLIQUA	

Diabetic Drugs

ACARBOSE	FORTAMET ^{PA}	GLYSET	NATEGLINIDE	SYMLIN
ACTOPLUS MET	GLIMEPIRIDE	GLYXAMBI	NESINA ^{EX}	SYNJARDY/XL
ACTOS	GLIPIZIDE/ER	INVOKAMET ^{EX}	ONGLYZA ^{EX}	TANZEUM
ADLYXIN ^{EX}	GLIPIZIDE/METFORMIN	INVOKANA ^{EX}	PIOGLITAZONE	TOLAZAMIDE
AMARYL	GLUCOPHAGE/XR	JANUMET/XR	PIOGLITAZONE/GLIMEPIRIDE	TOLBUTAMIDE
BYDUREON	GLUCOTROL/XL	JANUVIA	PIOGLITAZONE/METFORMIN	TRADJENTA ^{EX}
BYETTA	GLUCOVANCE	JARDIANCE	PRANDIMET	TRULICITY
CHLORPROPAMIDE	GLUMETZA ^{PA}	JENTADUETO/XR ^{EX}	PRANDIN	VICTOZA
CYCLOSET	GLYBURIDE	KOMBIGLYZE XR ^{EX}	PRECOSE	XIGDUO XR
DIABETA	GLYBURIDE MICRO	METFORMIN/ER	REPAGLINIDE	
DUETACT	GLYBURIDE/METFORMIN	MICRONASE	RIOMET	
FARXIGA	GLYNASE	MIGLITOL	STARLIX	

Bone Density

ACTONEL	BINOSTO	ETIDRONATE	FOSAMAX PLUS D	RISEDRONATE
ALENDRONATE	BONIVA	EVISTA	IBANDRONATE	
ATELVIA	CALCITONIN NS	FOSAMAX	RALOXIFENE	

Vitamins, Minerals, and Combinations

MOST BRAND AND GENERIC ARE INCLUDED: PRENATAL VITAMINS; PRESCRIPTION MULTIVITAMINS WITH FLUORIDE AND IRON.

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

*Select strengths are excluded. Please refer to the Prescription Drug Formulary document for specific strengths.