

Preventive Care Drug List

January 2021

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 While every effort has been made to ensure accuracy, some information may be out of date.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	ARNUITY ELLIPTA	DULERA ^{EX}	PULMICORT FLEXHALER	ZYFLO CR ^{EX}
ADVAIR HFA	ASMANEX	FLOVENT DISKUS	QVAR	
AEROSPAN ^{EX}	BREO ELLIPTA	FLOVENT HFA	SYMBICORT	

Behavioral Health

ABILIFY	DESVENLAFAXINE ER	LATUDA	PHENELZINE SULFATE	TRIFLUOPERAZINE HCL
ABILIFY MAINTENA	DOXEPIN HCL	LEXAPRO	PRISTIQ	TRINTELLIX
AMITRIPTYLINE HCL	DULOXETINE HCL	LITHIUM/ER	PROCHLORPERAZINE	VENLAFAXINE HCL/ER
AMOXAPINE	EFFEXOR XR	LITHOBID	PROTRIPTYLINE HCL	VRAYLAR
ANAFRANIL	EMSAM	LOXAPINE	PROZAC	WELLBUTRIN SR
ARIPIRAZOLE/ODT	EQUETRO	MAPROTILINE HCL	QUETIAPINE /ER	WELLBUTRIN XL ^{EX}
ARISTADA	ESCITALOPRAM OXALATE	MIRTAZAPINE/ODT	REMERON	ZIPRASIDONE HCL
BUPROPION HCL	FANAPT	NARDIL	REXULTI	ZOLOFT
BUPROPION HCL ER (SR)	FAZACLO	NEFAZODONE HCL	RISPERDAL	ZYPREXA
BUPROPION HCL ER (XL)	FETZIMA	NORTRIPTYLINE HCL	RISPERIDONE	
CELEXA	FLUOXETINE DR	NUPLAZID ^{PA}	SAPHRIS	
CHLORPROMAZINE HCL	FLUOXETINE HCL	OLANZAPINE/ODT	SEROQUEL/XR	
CITALOPRAM	FLUPHENAZINE HCL	PALIPERIDONE ER	SERTRALINE	
CLOMIPRAMINE HCL	FLUVOXAMINE /ER	PARNATE	SURMONTIL	
CLOZAPINE/ODT	FORFIVO XL ^{EX}	PAROXETINE HCL/ER	THIORIDAZINE HCL	
CLOZARIL	HALOPERIDOL	PAXIL	THIOTHIXENE	
CYMBALTA	IMIPRAMINE HCL	PERPHENAZINE	TRANLYCYPROMINE	
DESIPRAMINE HCL	INVEGA	PEXEVA	TRAZODONE	

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

Blood Pressure Control

ACCUPRIL	CAPTOPRIL/HCTZ	EXFORGE/HCT	MICARDIS/HCT	TENEX
ACCURETIC	CARDIZEM CD/LA	FELODIPINE ER	MICROZIDE	TENORETIC
ACEBUTOLOL	CARDURA/XL	FOSINOPRIL/HCTZ	MINIPRESS	TENORMIN ^{EX}
ACEON	CARVEDILOL	FUROSEMIDE	MOEXIPRIL/HCTZ	TERAZOSIN
ADALAT CC	CATAPRES-TTS ^{EX}	GUANFACINE	NADOLOL	TEVETEN
ALDACTONE	CATAPRES ^{EX}	HYDRALAZINE	NADOLOL/BENDROFLUM	THIAZAC
ALTACE	CHLORTHALIDONE	HYDROCHLOROTHIAZIDE	NICARDIPINE	TIMOLOL (ORAL)
AMILORIDE/HCTZ	CHLOROTHIAZIDE	HYZAAR	NIFEDIPINE/ER	TOPROL XL
AMLODIPINE	CLONIDINE	INDAPAMIDE	NISOLDIPINE	TORSEMIDE
AMLODIPINE/BENAZEPRIL	COREG/CR	INDERAL LA ^{EX}	NORVASC	TRANDATE
AMLODIPINE/VALSARTAN	CORGARD	INNOPRAN XL ^{EX}	NYMALIZE	TRANDOLAPRIL
AMLOD/VALSART/HCTZ	CORZIDE	INSPIRA	OLMESARTAN/HCTZ	TRANDOLAPRIL/VERAP
AMLOD/OLMESARTAN	COZAAR	IRBESARTAN/HCTZ	PERINDOPRIL	TRIAMTERENE/HCTZ
ATACAND/HCTZ	DEMADEX	ISOPTIN SR	PINDOLOL	TRIBENZOR
ATENOLOL	DILTIAZEM/ER/CD	ISRADIPINE	PRAZOSIN	TWYNSTA
ATENOLOL/CHLORTHAL	DIOVAN/HCT	KERLONE	PRESTALIA	VALSARTAN/HCTZ
AVALIDE	DIURIL	LABELALOL	PRINIVIL	VASOTEC
AVAPRO	DOXAZOSIN	LASIX	PROCARDIA/XL	VERAPAMIL/ER
AZOR ^{EX}	DUTOPROL ^{EX}	LEVATOL	PROPRANOLOL/ER	VERAPAMIL ER PM
BENAZEPRIL/HCTZ	DYAZIDE	LISINOPRIL/HCTZ	QBRELIS	VERELAN
BENICAR/HCT	DYNACIRC CR	LOPRESSOR/HCT	QUINAPRIL/HCTZ	VERELAN PM
BETAPACE	DYRENIUM	LOTENSIN/HCT	RAMIPRIL	ZAROXOLYN
BETAXOLOL	EDARBI	LOSARTAN/HCTZ	RESERPINE	ZEBETA
BISOPROLOL/HCTZ	EDARBYCLOR	LOTREL	SOTALOL	ZESTORETIC ^{EX}
BUMETANIDE	EDECIN	MATZIM LA	SPIRONOLACTONE/HCTZ	ZESTRIL
BYSTOLIC	ENALAPRIL/HCTZ	MAVIK	SULAR	ZIAC
BYVALSON	EPANED	MAXZIDE	TARKA	
CALAN/SR	EPLERENONE	METHYCLOTHIAZIDE	TEKURNA/HCT	
CANDESARTAN/HCT	EPROSARTAN	METHYLDOPA/HCTZ	TELMISARTAN/AMLODIPINE	

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

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

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.

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