

# Versiti Preventive Therapy Drug List

Treatments marked in **red** text with an asterisk (\*) require trial and failure of preferred, covered options or approval via prior authorization to be covered. Please refer to the CVS Caremark® Performance Drug List for preferred medication options that are available.

(10/01/21)

## ANTICOAGULANTS/ ANTIPLATELETS

### ANTICOAGULANTS

*enoxaparin*  
*fondaparinux*  
*warfarin*  
*Jantoven*

### PLATELET AGGREGATION INHIBITORS

*aspirin 81 mg*  
*clopidogrel*  
*dipyridamole*  
*dipyridamole ext-rel/aspirin*  
*prasugrel*

*Over-the-Counter (OTC) products require a prescription.  
Coverage may vary by plan.*

## CARDIOVASCULAR CONDITIONS - OTHER

### ANTIARRHYTHMIC AGENTS

*amiodarone*  
*disopyramide*  
*dofetilide*  
*flecainide*  
*propafenone*  
*propafenone ext-rel*  
*sotalol*  
*sotalol AF*  
*Pacerone*

### ORAL ANTIANGINAL AGENTS

*isosorbide dinitrate (except 40mg)*  
*isosorbide mononitrate*

*SL and chewable formulations are not included  
on this list.*

### TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

*nitroglycerin transdermal*  
*Minitrans*

## CORONARY ARTERY DISEASE

### ANTHYPERLIPIDEMICS

*atorvastatin*  
*cholestyramine*  
*colesevelam*  
*colestipol*  
*ezetimibe*  
*Fenofibrate – exceptions apply\**  
*fenofibric acid delayed-rel*

*fluvastatin*  
*fluvastatin ext-rel*  
*gemfibrozil*  
*lovastatin*  
*niacin ext-rel*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*  
*Prevalite*

### COMBINATION ANTHYPERLIPIDEMICS

*amlodipine/atorvastatin*  
*ezetimibe/simvastatin*

## DIABETES

### DIAGNOSTIC AGENTS AND SUPPLIES

BLOOD GLUCOSE MONITORS - ALL \*

*Plan restrictions may apply*

BLOOD GLUCOSE STRIPS - ALL \*

*Plan restrictions may apply*

INSULIN DELIVERY DEVICES\*

*Plan restrictions may apply*

INSULIN SYRINGES, INFUSION SETS,  
AND NEEDLES\*

*Plan restrictions may apply*

*Over-the-Counter (OTC) products require a prescription.  
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### INJECTABLE DIABETES AGENTS

*BASAGLAR KWIKPEN*  
*FIASP*  
*LEVEMIR*  
*NOVOLIN*  
*NOVOLOG*  
*OZEMPIC*  
*SOLIQUA*  
*SYMLINPEN*  
*TOUJEO*  
*TRESIBA*  
*TRULICITY*  
*VICTOZA*  
*XULTOPHY*

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### ORAL DIABETES AGENTS

*acarbose*  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide/metformin*  
*metformin*  
*metformin ext-rel*  
*miglitol*

*nateglinide*  
*pioglitazone*  
*pioglitazone/glimepiride*  
*pioglitazone/metformin*  
*repaglinide*  
*ACTOPLUS MET*  
*ACTOPLUS MET XR*  
*AMARYL*  
*DUETACT*  
*FARXIGA*  
*GLUCOTROL*  
*GLUCOTROL XL*  
*GLYXAMBI*  
*JANUMET*  
*JANUMET XR*  
*JANUVIA*  
*JARDIANCE*  
*METAGLIP*  
*PRECOSE*  
*RYBELSUS*  
*STARLIX*  
*SYNJARDY*  
*SYNJARDY XR*  
*XIGDUO XR*

## HYPERTENSION

### ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

*amlodipine/benazepril*  
*benazepril*  
*benazepril/hydrochlorothiazide*  
*candesartan*  
*candesartan/hydrochlorothiazide*  
*captopril*  
*captopril/hydrochlorothiazide*  
*enalapril*  
*enalapril/hydrochlorothiazide*  
*fosinopril*  
*fosinopril/hydrochlorothiazide*  
*irbesartan*  
*irbesartan/hydrochlorothiazide*  
*lisinopril*  
*lisinopril/hydrochlorothiazide*  
*losartan*  
*losartan/hydrochlorothiazide*  
*moexipril*  
*olmesartan*  
*olmesartan/hydrochlorothiazide*  
*perindopril*  
*quinapril*  
*quinapril/hydrochlorothiazide*  
*ramipril*  
*telmisartan*  
*telmisartan/hydrochlorothiazide*

*Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.*

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check your benefit plan should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

*trandolapril*  
*trandolapril/verapamil ext-rel*  
*valsartan*  
*valsartan/hydrochlorothiazide*

#### **BETA-BLOCKERS AND COMBINATION AGENTS**

*acebutolol*  
*atenolol*  
*atenolol/chlorthalidone*  
*betaxolol*  
*bisoprolol*  
*bisoprolol/hydrochlorothiazide*  
*carvedilol*  
*carvedilol phosphate ext-rel*  
*labetalol*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metoprolol/hydrochlorothiazide*  
*nadolol*  
*pindolol*  
*propranolol*  
*propranolol ext-rel*  
*propranolol/hydrochlorothiazide*  
*timolol maleate*

#### **CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS**

*amlodipine*  
*diltiazem*  
*diltiazem XR*  
*felodipine ext-rel*  
*isradipine*  
*nicardipine*  
*nifedipine*  
*nifedipine ext-rel*  
*nisoldipine ext-rel*  
*verapamil*  
*verapamil ext-rel*  
*Cartia XT*  
*Dilt-XR*  
*Nifediac CC*  
*Taztia XT*

#### **DIURETICS**

*amiloride/hydrochlorothiazide*  
*chlorthalidone*  
*hydrochlorothiazide*  
*indapamide*  
*spironolactone/hydrochlorothiazide*  
*triamterene/hydrochlorothiazide*

#### **OTHER ANTIHYPERTENSIVE AGENTS**

*aliskiren*  
*amlodipine/olmesartan*  
*amlodipine/telmisartan*  
*amlodipine/valsartan/*  
*hydrochlorothiazide*  
*clonidine*  
*clonidine transdermal*  
*guanfacine*

*hydralazine*  
*methyldopa*  
*methyldopa/hydrochlorothiazide*  
*minoxidil*  
*olmesartan/amlodipine/*  
*hydrochlorothiazide*

#### **OSTEOPOROSIS**

*alendronate*  
*calcitonin*  
*calcitonin/salmon*  
*ibandronate*  
*raloxifene*  
*risedronate*  
*zoledronic acid 5 mg/100 mL*

#### **RESPIRATORY DISORDERS**

##### **RESPIRATORY AGENTS**

*budesonide suspension*  
*cromolyn sodium nebulizer solution*  
*fluticasone/salmeterol*  
*montelukast*  
*zafirlukast*

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