

PV1 Generic (Preventive) Drug List

These drugs are covered in full for HSA qualifying plans and some large group commercial PPO plans. Please contact Customer Service at the number on the back of your ID card to see if your plan qualifies.

Ace Inhibitors (hypertension)

benazepril
benazepril / amlodipine
captopril
enalapril
fosinopril
lisinopril
moexipril
quinapril
ramipril
trandolapril
benazepril / HCTZ
captopril / HCTZ
enalapril / HCTZ
fosinopril / HCTZ
lisinopril / HCTZ
moexipril / HCTZ
quinapril / HCTZ

Adrenergic Agents (hypertension)

clonidine
doxazosin
guanabenz
guanfacine immediate release
methyldopa
prazosin
reserpine
terazosin
methyldopa / HCTZ

Vasodilators (chest pain)

hydralazine
isosorbide dinitrate
isosorbide mononitrate
nitroglycerin
nitroglycerin transdermal patch
hydralazine / HCTZ

Antiarrhythmic Agents

amiodarone
disopyramide
flecainide
mexiletine
propafenone
quinidine gluconate CR
quinidine sulfate
quinidine sulfate CR
sotalol

Antihyperlipidemics (high cholesterol)

atorvastatin
cholestyramine
cholestyramine light
colestipol
fenofibrate
fluvastatin
gemfibrozil
lovastatin
pravastatin
simvastatin

Beta-Blockers (hypertension)

acebutolol
atenolol
atenolol / chlorthalidone
betaxolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
nadolol
nadolol / bendroflumethiazide
pindolol
propranolol
timolol
atenolol / HCTZ
bisoprolol / HCTZ
metoprolol / HCTZ
propranolol / HCTZ

Blood Thinning Agents

warfarin
cilostazol
clopidogrel
dipyridamole
ticlopidine

Calcium Channel Blockers (hypertension)

amlodipine
amlodipine / benazepril
diltiazem
diltiazem ER
diltiazem CR
felodipine
isradipine
nicardipine
nifedipine
nifedipine ER
nisoldipine
nimodipine
verapamil
verapamil CR

Diuretics (hypertension)

amiloride
bumetanide
chlorothiazide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide (HCTZ)
indapamide
methyclothiazide
metolazone
spironolactone
torsemide
amiloride / HCTZ
spironolactone / HCTZ
triamterene / HCTZ

Oral Antidiabetic Agents (diabetes)

acarbose
chlorpropamide
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide / metformin
glyburide
glyburide micronized
glyburide / metformin
metformin
metformin ER
tolazamide
tolbutamide

Angiotensin II Receptor Blockers (ARBs)

candesartan
eprosartan
irbesartan
losartan
candesartan / HCTZ
eprosartan / HCTZ
irbesartan / HCTZ
losartan / HCTZ
valsartan / HCTZ

Miscellaneous

pentoxifylline CR
digoxin

This is not a complete list of medications covered under your plan. This list represents certain common generic medications that are covered in full for HSA-qualified and some large group commercial PPO plans and is subject to change without prior notification. Brand name medications are not covered under this PV1 Generic (Preventive) Drug List. If you have questions about your pharmacy benefit, please visit premera.com/MyPharmacyPlus. If you don't have access to our web site, please call the customer service number listed on the back of your ID card.