

PV3 Preventive Drug List

These drugs are covered in full for HSA qualifying plans.

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
 methyl dopa
 prazosin
 reserpine
 terazosin
 methyl dopa / 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
 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

Generic Thyroid Hormones

levothyroxine
 liothyronine

continued »

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 plans and is subject to change without prior notification. Select brand name medications are only covered under Human Insulin and Asthma categories. 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.

PV3 Preventive Drug List, continued

These drugs are covered in full for HSA qualifying plans.

Generic 2nd Generation Antidepressants

citalopram
escitalopram
fluoxetine
fluvoxamine
paroxetine
sertraline
venlafaxine
mirtazapine
bupropion

Generic Osteoporosis Therapy

alendronate
ibandronate

Human Insulin (selected drugs only)

Humulin R
Humulin N
Humulin 70/30
Novolin R
Novolin N
Novolin 70/30

Asthma (selected drugs only)

Asmanex (120, 14, 30, 60, 7)
inhalers
aminophylline
budesonide inhaler
cromolyn
Flovent diskus
Flovent HFA
Intal
monteleukast
pulmicort flexhaler
theophylline
zafirlukast

Miscellaneous

pentoxifylline CR
digoxin