

United Rentals High Deductible Health Plan (HDHP) - Health Savings Account (HSA) 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.

(01/01/22)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg
DESCOVY
TRUVADA 200/300 mg*

ANTICOAGULANTS/

ANTIPLATELETS

ANTICOAGULANTS

enoxaparin
fondaparinux
warfarin
Jantoven
ARIXTRA
ELIQUIS*
FRAGMIN*
LOVENOX
PRADAXA*
SAVAYSA*
XARELTO

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
ASPIRIN/OMEPRAZOLE DELAYED-REL*
BRILINTA
DURLAZA*
EFFIENT
PLAVIX*
YOSPRALA*
ZONTIVITY*

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

ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital

phenytoin
phenytoin sodium extended
Primidone
rufinamide
tiagabine
topiramate
*topiramate ext-rel**
valproic acid
vigabatrin
zonisamide
Epitol
APTIOM*
BANZEL TABLET
BRIVIACT
CARBATROL
CELONTIN
DEPAKOTE
DEPAKOTE ER
DIACOMIT
DILANTIN*
ELEPSIA XR*
EPIDIOLEX
FELBATOL
FINTEPLA
FYCOMPA
GABTRIL
KEPPRA*
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
LAMICTAL ODT
MYSOLINE
ONFI*
OXTELLAR XR
PHENYTEK
QUDEXY XR
ROWEEPR
SABRIL*
TEGRETOL
TEGRETOL-XR
TOPAMAX
TRILEPTAL
TROKENDI XR
VIMPAT
XCOPRI
ZARONTIN
ZONEGRAN*

CARDIOVASCULAR CONDITIONS –

OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
dofetilide
flecainide
propafenone
propafenone ext-rel

sotalol
sotalol AF
Pacerone
BETAPACE*
BETAPACE AF*
MULTAQ
NORPACE*
NORPACE CR
RYTHMOL SR
SORINE
SOTYLIZE
TIKOSYN

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate (except 40mg)
isosorbide mononitrate
isosorbide mononitrate ext-rel
ISORDIL*

SL and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran
NITRO-BID
NITRO-DUR

CORONARY ARTERY DISEASE

ANTIHYPERTENSIVES

atorvastatin
cholestyramine
colesevelam
colestipol
Ezetimibe
fenofibric acid
*Fenofibrate *exceptions apply*
fenofibric acid delayed-rel
lupastatin
lupastatin ext-rel
gemfibrozil
lovastatin
niacin ext-rel
pravastatin
rosuvastatin
simvastatin
*Niacor**
Prevalite
ALTOPREV*
ANTARA
COLESTID
CRESTOR*
EZALLOR SPRINKLE*
FENOFIBRATE
FENOFIBRIC ACID*
FENOGLIDE
FIBRICOR

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FLOLIPID*
LESCOL XL*
LIPITOR*
LIPOFEN
LIVALO*
LOPID
NIASPAN
PRALUENT
QUESTRAN/QUESTRAN LIGHT
REPATHA*
ROSZET*
TRICOR*
TRILIPIX
VASCEPA
WELCHOL
ZETIA*
ZOCOR*
ZYPITAMAG*

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
CADUET
EZETIMIBE/ROSUVASTATIN*
VYTORIN

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 – ALL*
Plan restrictions may apply

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INHALED DIABETES AGENTS

AFREZZA*

INJECTABLE DIABETES AGENTS

ADLYXIN*
ADMELOG*
APIDRA*
BASAGLAR KWIKPEN
BYDUREON BCISE*
BYETTA*
FIASP
HUMALOG*
HUMULIN*
INSULIN ASPART*
INSULIN ASPART 70/30*
INSULIN GLARGINE*
INSULIN LISPRO*
LANTUS*
LEVEMIR
LYUMJEV*
MYXREDLIN*
NOVOLIN
NOVOLOG
OZEMPIC
SEMGLEE*
SOLIQUA
SYMLINPEN

TOUJEO
TRESIBA
TRULICITY
VICTOZA
XULTOPHY

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ORAL DIABETES AGENTS

acarbose
*Alogliptin**
*alogliptin/metformin**
*alogliptin/pioglitazone**
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS*
AMARYL
DUETACT
FARXIGA
GLUCOTROL XL
GLUMETZA* – and its generics*
GLYXAMBI
INVOKAMET*
INVOKAMET XR*
INVOKANA*
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO*
JENTADUETO XR*
KAZANO*
KOMBIGLYZE XR*
METAGLIP
NESINA*
ONGLYZA*
OSEN*
PRECOSE
QTERN*
RIOMET*
RYBELSUS
SEGLUROMET*
STEGLATRO*
STEGLUJAN*
SYNJARDY
SYNJARDY XR
TRADJENTA*
TRIJARDY XR*
XIGDUO XR

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE

ALPHANINE SD
ALPROLIX*
BENEFIX
COAGADEX
CORIFACT
ELOCTATE
ESPEROCT
FEIBA*
HEMOFIL M
HUMATE-P
IDELVION
IXINITY
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
MONONINE
NOVOEIGHT
NUWIQ
PROFLININE
RECOMBINATE
RIXUBIS
TRETEN
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
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
trandolapril
valsartan
valsartan/hydrochlorothiazide
ACCUPRIL
ACCURETIC
ALTACE
ATACAND*
ATACAND HCT*
AVALIDE
AVAPRO
BENICAR*
BENICAR HCT*
COZAAR*
DIOVAN*

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DIOVAN HCT*
EDARBI*
EDARBYCLOR*
EPANED
HYZAAR*
LOTENSIN
LOTENSIN HCT
LOTREL
MICARDIS*
MICARDIS HCT*
PRESTALIA*
PRINIVIL
QBRELIS
TARKA
TRANDOLAPRIL/VERAPAMIL EXT-REL
VASERETIC
VASOTEC
ZESTORETIC*
ZESTRIL

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
nebivolol
pindolol
propranolol
propranolol ext-rel
timolol maleate
BYSTOLIC*
COREG
COREG CR*
CORGARD
DUTOPROL*
INDERAL LA*
KAPSPARGO*
LEVATOL
LOPRESSOR
TENORETIC
TENORMIN
TOPROL-XL*
TRANDATE
ZIAC

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
*diltiazem ext-rel**
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel

verapamil
verapamil ext-rel
Cartia XT
CONJUPRI*
Dilt-XR
*Matzim LA**
Nifediac CC
Taztia XT
CALAN SR
CARDIZEM*
CARDIZEM CD*
CARDIZEM LA*
ISOPTIN SR
KATERZIA*
NORVASC*
PROCARDIA XL
SULAR
TIAZAC
VERELAN
VERELAN PM

DIURETICS

amiloride/hydrochlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
ALDACTAZIDE
DIURIL
MAXZIDE
THALITONE*

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/ hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
minoxidil
olmesartan/amlodipine/ hydrochlorothiazide
AZOR*
CATAPRES-TTS
EXFORGE*
EXFORGE HCT*
METHYLDOPA
TEKTURNA
TEKTURNA HCT
TRIBENZOR
TWINSTA

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS
ALLERGENIC EXTRACTS – ALL*
Plan restrictions may apply

IMMUNIZATIONS

VACCINES – ALL*
Plan restrictions may apply

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
mirtazapine
nortriptyline
paroxetine HCl tablet
*paroxetine HCl ext-rel**
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
Irenka
ANAFRANIL
APLENZIN
CELEXA
CYMBALTA*
DESVENLAFAXINE ER*
DRIZALMA SPRINKLE*
EFFEXOR XR*
EMSAM
FETZIMA*
FLUOXETINE 60 mg*
FORFIVO XL
LEXAPRO*
MARPLAN
NARDIL
NORPRAMIN
OLEPTRO*
PAMELOR
PARNATE
PAXIL*
PAXIL CR*
PEXEVA*
PRISTIQ*
PROZAC*
REMERON
SERTRALINE CAP*
TRINTELLIX
VIIBRYD*
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT*

ANTI PSYCHOTICS

asenapine
aripiprazole
chlorpromazine
Clozapine
fluphenazine
fluphenazine decanoate

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haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone
ABILIFY*
ABILIFY MAINTENA
ABILIFY MYCITE*
ARISTADA
CAPLYTA*
CLOZARIL
EQUETRO
FANAPT*
GEODON*
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA*
LATUDA
LYBALVI*
REXULTI
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SECUADO*
SEROQUEL*
SEROQUEL XR*
VERSACLOZ
VRAYLAR
ZYPREXA
ZYPREXA ZYDIS

OBSESSIVE COMPULSIVE DISORDER

clomipramine
fluvoxamine
fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene
risedronate
zoledronic acid 5 mg/100 mL
ACTONEL
ATELVIA
BINOSTO
BONIVA
BONIVA INJECTION
EVENITY*
EVISTA
FORTEO
FOSAMAX
FOSAMAX PLUS D
MIACALCIN NASAL SPRAY*
PROLIA
RECLAST
TERIPARATIDE*

TYMLOS

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade
BUNAVAIL
SUBLOCADE*
SUBOXONE FILM*
VIVITROL
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
phendimetrazine
phentermine
ADIPEX-P
CONTRAVE*
LOMAIRA*
PHENDIMETRAZINE ER*
QSYMIA
SAXENDA
WEGOVY
XENICAL*

BOWEL PREPARATIONS

peg 3350/electrolytes
Gavilyte
CLENPIQ
GOLYTELY*
MOVIPREP*
NULYTELY
OSMOPREP*
PLENVU*
SUPREP*
SUTAB*

SMOKING DETERRENTS*

bupropion ext-rel
nicotine polacrilex
nicotine transdermal
CHANTIX
NICODERM CQ
NICORETTE GUM
NICORETTE LOZENGE
NICOTROL INHALER
NICOTROL NS
ZYBAN

Plan restrictions may apply

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MISCELLANEOUS

cholecalciferol (D3)

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RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension

*budesonide/formoterol**

*cromolyn sodium nebulizer solution
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel*
Wixela Inhub*
ACCOLATE
ADVAIR
ADVAIR HFA
AIRDUO RESPICLICK*
ALVESCO*
ARNUITY ELLIPTA
ASMANEX*
ASMANEX HFA*
BREO ELLIPTA
CINQAIR*
DULERA*
FASENRA
FLOVENT DISKUS
FLOVENT HFA
NUCALA
PULMICORT*
PULMICORT FLEXHALER*
QVAR REDIHALER
SINGULAIR*
SPIRIVA RESPIMAT 1.25 mcg
SYMBICORT
SYNAGIS
TRELEGY ELLIPTA
XOLAIR
ZYFLO*

SUPPLIES

SPACER DEVICES
SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
primaquine
ARAKODA*
MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED
PRODUCTS
Plan restrictions may apply

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE*
HAEGARDA*
ORLADEYO*
TAKHZYRO

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
everolimus
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus

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Gengraf

ASTAGRAF XL*
CELLCEPT*
ENVARUS XR*
MYFORTIC*
NEORAL
NULOJIX
PROGRAF*
RAPAMUNE*
SANDIMMUNE
ZORTRESS*

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
glatiramer
AUBAGIO
AVONEX*
BAFIERTAM*
BETASERON
COPAXONE
EXTAVIA*
GILENYA

KESIMPTA
LEMTRADA*
MAVENCLAD
MAYZENT
OCREVUS
PLEGRIDY*
PONVORY*
REBIF
TECFIDERA*
TYSABRI
VUMERITY
ZEPOSIA*

WOMEN'S HEALTH

ANTIESTROGENS
tamoxifen
SOLTAMOX

AROMATASE INHIBITORS

anastrozole
exemestane
letrozole

ARIMIDEX
AROMASIN
FEMARA

CONTRACEPTIVES

CONTRACEPTIVES – ALL
PRESCRIPTION FORMULATIONS*
*Limitations on brand-name products
may apply*

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

PRENATAL VITAMINS

folic acid
PRENATAL VITAMINS
Plan restrictions may apply

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