



Preventive Drug List

Updated January 2022

Your health plan is making an effort to reduce your health care costs by giving you tools to help you stay healthy and productive. Below are the medications included on your Preventive Drug List. These medications help protect against or manage some high risk medical conditions. Taking these medications as directed by your prescriber can help avoid serious health problems. That may mean fewer doctor visits and hospitalizations, reducing your total health care costs.

In the drug list below, generic drugs are shown in lowercase type. Brand name drugs are shown in uppercase type.

Antiasthmatic/Bronchodilators

ADVAIR DISKUS INHALER *generic Wixela only for HDHPs*

ADVAIR HFA INHALER

albuterol/ipratropium neb soln

aminophylline tab

ARNUITY ELLIPTA INHALER

ASMANEX HFA INHALER

ASMANEX INHALER

budesonide inh susp

FLOVENT DISKUS INHALER

FLOVENT HFA INHALER

fluticasone/salmeterol inhaler

ipratropium neb soln

METAPROTERENOL SYRUP

montelukast chew tab

montelukast tab

theophylline CR tab

theophylline ER tab

theophylline soln

wixela inhaler *brand Advair Diskus only for non-HDHP plans*

Anticoagulants

ELIQUIS TAB

warfarin tab

XARELTO TAB

Antidiabetics

acarbose tab

glimepiride tab

glipizide ER tab

glipizide tab

glipizide/metformin tab

glyburide micronized tab

glyburide tab

glyburide/metformin tab

metformin ER tab

metformin tab

- Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.



NOVOLIN N
 NOVOLIN N FLEXPEN
 NOVOLIN R
 NOVOLIN R FLEXPEN
 pioglitazone tab
 repaglinide tab
 tolazamide tab

Antihyperlipidemics

atorvastatin tab 10mg
 atorvastatin tab 20mg
 atorvastatin tab 40mg
 atorvastatin tab 80mg
 cholestyramine lite powder
 cholestyramine lite powder pack
 cholestyramine powder
 cholestyramine powder pack
 colesevelam pack
 colesevelam tab
 colestipol granule
 colestipol powder
 colestipol tab
 ezetimibe tab
 ezetimibe/simvastatin tab
 fenofibrate cap 67mg, 134mg, 200mg
 fenofibrate tab 48mg, 54mg, 145mg,
 160mg
 fenofibric acid DR cap
 fluvastatin cap
 gemfibrozil tab
 lovastatin tab
 omega-3-acid ethyl esters cap
 pravastatin tab
 rosuvastatin tab 10mg
 rosuvastatin tab 20mg
 rosuvastatin tab 40mg

rosuvastatin tab 5mg
 simvastatin tab

Antihypertensives

acebutolol cap
 acetazolamide ER cap
 acetazolamide tab
 amiloride tab
 amiloride/hydrochlorothiazide tab
 amlodipine tab
 amlodipine/atorvastatin tab
 amlodipine/benazepril cap
 amlodipine/olmesartan tab
 amlodipine/valsartan tab
 amlodipine/valsartan/
 hydrochlorothiazide tab
 atenolol tab
 atenolol/chlorthalidone tab
 benazepril tab
 betaxolol tab
 bisoprolol tab
 bisoprolol/hydrochlorothiazide tab
 bumetanide tab
 carvedilol tab
 chlorothiazide tab
 CHLORTHALIDONE TAB
 clonidine patch
 clonidine tab
 diltiazem ER cap
 diltiazem ER tab
 diltiazem tab
 doxazosin tab
 enalapril/hydrochlorothiazide tab
 eplerenone tab
 ethacrynic tab
 felodipine ER tab

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FUROSEMIDE SOLN
 furosemide soln
 furosemide tab
 guanfacine IR tab
 hydralazine tab
 hydrochlorothiazide cap
 hydrochlorothiazide tab
 indapamide tab
 irbesartan tab
 isradipine cap
 labetalol tab
 lisinopril tab
 lisinopril/hydrochlorothiazide tab
 losartan tab
 losartan/hydrochlorothiazide tab
 methazolamide tab
 METHYCLOTHIAZIDE TAB
 methyldopa tab
 methyldopa/hydrochlorothiazide tab
 metolazone tab
 metoprolol ER tab
 metoprolol tab
 metoprolol/hydrochlorothiazide tab
 minoxidil tab
 nadolol tab
 nadolol/bendroflumethiazide tab
 nicardipine cap
 nifedipine cap
 nifedipine ER tab
 nimodipine cap
 nisoldipine ER tab
 olmesartan tab
 olmesartan/hydrochlorothiazide tab
 pindolol tab
 prazosin cap
 propranolol ER cap
 PROPRANOLOL SOLN
 propranolol tab
 propranolol/hydrochlorothiazide tab
 sotalol AF tab
 sotalol tab
 spironolactone tab
 spironolactone/hydrochlorothiazide tab
 terazosin cap
 timolol maleate tab
 torsemide tab
 trandolapril/verapamil ER tab
 triamterene cap
 triamterene/hydrochlorothiazide cap
 TRIAMTERENE/HYDROCHLOROTHIAZIDE
 CAP 50-25mg
 triamterene/hydrochlorothiazide tab
 valsartan tab
 valsartan/hydrochlorothiazide tab
 verapamil SR cap
 verapamil SR cap
 VERAPAMIL SR CAP 360mg
 verapamil SR tab
 verapamil tab

Antiplatelet

anagrelide cap
 cilostazol tab
 clopidogrel tab 75mg
 dipyridamole tab
 prasugrel tab
 ticlopidine tab

Osteoporosis

alendronate tab
 ALENDRONATE TAB 40MG
 calcitonin nasal spray

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ibandronate tab 150mg
risedronate DR tab
risedronate tab

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Contraceptives Only Formulary

Updated January 2022

As a part of Health Care Reform, the following contraceptive drugs are available with a \$0 copayment.

afirmelle tab	blisovi fe 1/20 tab
aftera tab	briellyn tab
afterpill tab	camila tab
altavera tab	camrese lo tab
alyacen 1/35 tab	camrese tab
alyacen 7/7/7 tab	caziant tab
amethia lo tab	CERVICAL CAP
amethia tab	cesia tab
amethyst tab	chateal eq tab
apri tab	chateal tab
aranelle tab	CONTRACEPTIVE FILM
ashlyna tab	CONTRACEPTIVE FOAM
aubra eq tab	CONTRACEPTIVE GEL
aubra tab	cryselle-28 tab
aurovela 1.5/30 tab	cyclafem 1/35 tab
aurovela 1/20 tab	cyclafem 7/7/7 tab
aurovela 24 fe tab	cyred eq tab
aurovela fe 1.5/30 tab	cyred tab
aurovela fe 1/20 tab	dasetta 1/35 tab
aviane tab	dasetta 7/7/7 tab
ayuna tab	daysee tab
azurette tab	deblitane tab
balziva tab	delyla tab
bekyree tab	DEPO-SUBQ PROVERA 104
blisovi 24 fe tab	desogestrel/ethinyl estra tab
blisovi fe 1.5/30 tab	dolishale tab

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drospirenone/ethinyl estr tab
econtra ez tab
econtra one-step tab
elinest tab
ELLA TAB
emoquette tab
ENCARE
enpresse-28 tab
enskyce tab
errin tab
estarylla tab
ethynodiol diacetate/ethi tab
fallback solo tab
falmina tab
fayosim tab
FEMALE CONDOMS
femynor tab
gianvi tab
gildagia tab
gildess 1.5/30 tab
gildess 1/20 tab
gildess 24 fe tab
gildess fe 1.5/30 tab
gildess fe 1/20 tab
hailey 1.5/30 tab
hailey 24 fe tab
hailey fe 1.5/30 tab
hailey fe 1/20 tab
heather tab
iclevia tab

incassia tab
introvale tab
isibloom tab
jaimiess tab
jasmiel tab
jencycla tab
jolessa tab
jolivette tab
juleber tab
junel 1.5/30 tab
junel 1/20 tab
junel fe 1.5/30 tab
junel fe 1/20 tab
junel fe 24 tab
kaitlib fe tab
kalliga tab
kariva tab
kelnor 1/35 tab
kelnor 1/50 tab
kimidess tab
kurvelo tab
KYLEENA IUD
larin 1.5/30 tab
larin 1/20 tab
larin 24 fe tab
larin fe 1.5/30 tab
larin fe 1/20 tab
larissia tab
layolis fe tab
leena tab

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lessina tab
levonest tab
levonorgestrel and ethiny tab
LEVONORGESTREL TAB
levonorgestrel tab
levonorgestrel/ethinyl es tab
levora 0.15/30-28 tab
LILETTA IUD
lillow tab
lo-zumandimine tab
loestrin 1.5/30-21 tab
loestrin 1/20-21 tab
loestrin fe 1.5/30 tab
loestrin fe 1/20 tab
lojaimiess tab
lomedia 24 fe tab
loryna tab
low-ogestrel tab
lutra tab
lyleq tab
lyza tab
marlissa tab
medroxyprogesterone aceta
microgestin 1.5/30 tab
microgestin 1/20 tab
microgestin 24 fe tab
microgestin fe 1.5/30 tab
microgestin fe 1/20 tab
microgestin fe tab
mili tab

MIRENA IUD
mono-lynyah tab
mononessa tab
my choice tab
my way tab
myzilra tab
necon 0.5/35-28 tab
necon 1/35 tab
necon 7/7/7 tab
new day tab
next choice one dose tab
next choice tab
nikki tab
nora-be tab
norethindrone & ethinyl e tab
norethindrone acetate/eth tab
norethindrone tab
norethindrone/ethinyl est tab
norgestimate/ethinyl estr tab
norgestrel/ethinyl estrad tab
norlyda tab
norlyroc tab
nortrel 0.5/35 (28) tab
nortrel 1/35 (28) tab
nortrel 1/35 tab
nortrel 7/7/7 tab
NUVARING
nylia 1/35 tab
nylia 7/7/7 tab
nymyo tab

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ocella tab	tarina 24 fe tab
opcicon one-step tab	tarina fe 1/20 eq tab
option 2 tab	tarina fe 1/20 tab
orsythia tab	tilia fe tab
ORTHO DIAPHRAGM	TODAY SPONGE
ORTHO EVRA	tri-estarylla tab
PARAGARD INTRAUTERINE COP IUD	tri-legest fe tab
philith tab	tri-linyah tab
pimtrea tab	tri-lo-estarylla tab
pirmella 1/35 tab	tri-lo-marzia tab
pirmella 7/7/7 tab	tri-lo-mili tab
PLAN B ONE-STEP TAB	tri-lo-sprintec tab
PLAN B TAB	tri-mili tab
portia-28 tab	tri-nymyo tab
preventeza tab	tri-previfem tab
previfem tab	tri-sprintec tab
quasense tab	tri-vylibra lo tab
react tab	tri-vylibra tab
reclipsen tab	tri femynor tab
rivelsa tab	trinessa lo tab
setlakin tab	trinessa tab
sharobel tab	trivora-28 tab
simliya tab	tulana tab
simpesse tab	velivet tab
SKYLA IUD	vestura tab
solia tab	vienva tab
sprintec 28 tab	viorele tab
sronyx tab	volnea tab
syeda tab	vyfemla tab
take action tab	vylibra tab

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wera tab
wymzya fe tab
XULANE
xulane
zafemy
zarah tab
zenchent fe tab
zenchent tab
zeosa tab
zovia 1/35 tab
zovia 1/35e tab
zovia 1/50e tab
zumandimine tab

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Health Care Reform

Preventive Drug Coverage Guidelines

November 2021

The Affordable Care Act (ACA) requires that eligible people get certain preventive services at no cost. The following four categories and related drugs are clinical recommendations in the ACA. They are included in the ACA as preventive services. The ACA was passed in 2010.

Breast Cancer Prevention

Prescribe for women who are at increased risk of breast cancer (5-year risk of three percent or greater) and at a low risk for adverse drug effects. This applies to women without symptoms age 35 years or older. Also, they should not have a prior diagnosis of breast cancer, ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS). These drugs should not be used in women who have a history of thromboembolic events (deep venous thrombosis, pulmonary embolus, stroke, or transient ischemic attack).

Medications	Coverage Guideline	Age Guideline
anastrozole	1 mg daily for up to 5 years	Women, age 35 and older
exemestane	25 mg daily for up to 5 years	Women, age 35 and older
tamoxifen	20 mg daily for up to 5 years	Women, age 35 and older
raloxifene	60 mg daily for up to 5 years	Women, age 35 and older

Cardiovascular Disease Primary Prevention

To prevent cardiovascular events and mortality, prescribe low-to-moderate statins for adults without a history of cardiovascular disease when they 1) are 40 to 75 years of age, 2) have greater than or equal to one risk factor, such as dyslipidemia, diabetes, hypertension, or smoking, and 3) when the calculated 10-year risk of a cardiovascular event is greater than or equal to 10 percent.

Medications	Coverage Guideline	Age Guideline
atorvastatin	10-20 mg for moderate-intensity regimen	Adults aged 40-75 years
lovastatin	20 mg for low-intensity regimen 40 mg for moderate-intensity regimen	Adults aged 40-75 years
pravastatin	10-20 mg for low-intensity regimen 40-80 mg for moderate-intensity regimen	Adults aged 40-75 years
rosuvastatin	5-10 mg once daily for moderate-intensity regimen. Quantity Limits apply	Adults aged 40-75 years
simvastatin	10 mg for low-intensity regimen 20-40 mg for moderate-intensity regimen	Adults aged 40-75 years

Colorectal Cancer Screening

Medications	Coverage Guideline	Age Guideline
Bowel Prep: peg 3350/electrolytes solution and trilyte	Limited to 2 fills/calendar year	Covered for screening for colorectal cancer in adults between the ages of 45 and 75

Heart Attack Prevention

Medications	Coverage Guideline	Age Guideline
aspirin	Prescribe when potential benefit (due to reduced heart attacks) outweighs the potential harm (due to an increase in GI hemorrhage) in men ages 45-79 years and women ages 55-79 years	aspirin is covered for women of all ages and men between 45 and 79

HIV preexposure prophylaxis (PrEP)

Medications	Coverage Guideline	Age Guideline
Descovy	If emtricitabine/tenofovir disoproxil is not appropriate therapy as part of the prior authorization	None
emtricitabine/tenofovir disoproxil fumarate	Offer PrEP with effective antiretroviral therapy for HIV-negative people at high risk of acquiring HIV infection, which included men who have sex with men, those at risk through heterosexual contact, and people who inject drugs	None

Smoking Cessation

Medications	Coverage Guideline	Age Guideline
bupropion (Zyban equivalent) Nicotrol Nasal Spray Nicotrol Inhaler Nicotine Kits nicotine patch (Nicoderm equivalent) nicotine gum (Nicorette equivalent) nicotine lozenge (Commit equivalent) Chantix	Provide tobacco cessation intervention to those adults that use tobacco products. Includes FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications)	18 years and older



Vitamins and Minerals

Medications	Coverage Guideline	Age Guideline
fluoride	Prescribe to preschool children older than 6 months of age whose primary water source is deficient in fluoride	0 months to five years
folic acid	Prescribe to women planning or capable of pregnancy as a daily supplement containing 0.4 to 0.8 mg (400 to 800 ug) of folic acid	No age guidelines
iron	Prescribe to children aged 6 to 12 months who are at increased risk of iron deficiency anemia	0 months to 1 year