

High Deductible Health Plan Preventive Drug List
Effective January 1, 2013

The medications that qualify for the preventive drug list are outlined below by drug classification.

CARDIOVASCULAR MEDICATIONS			Wellmark Drug List Tier
Generic name		Brand Name*	
CALCIUM ANTAGONISTS			
nifedipine extended-release	–	ADALAT CC	1
verapamil	–	CALAN/SR, ISOPTIN/SR	1
nicardipine	–	CARDENE	1
diltiazem	–	CARDIZEM/LA/CD, DILACOR XR	1
isradipine	–	DYNACIRC	1
nimodipine	–	NIMOTOP	1
amlodipine	–	NORVASC	1
felodipine	–	PLENDIL	1
nifedipine extended-release	–	PROCARDIA XL	1
nisoldipine er	–	SULAR	1
diltiazem	–	TIAZAC, DILTZAC, TAZTIA XL	1
nifedipine	–	PROCARDIA	1
verapamil extended-release	–	VERELAN-PM, VERELAN SR	1
DIURETICS			
spironolactone/hctz	–	ALDACTAZIDE	1
spironolactone	–	ALDACTONE	1
methyclothiazide	–	AQUATENSEN, ENDURON	1
bumetanide	–	BUMEX	1
toremide	–	DEMADEXF	1
chlorothiazide	–	DIURIL	1
hctz/triamterene	–	DYAZIDE, MAXZIDE, MAXZIDE-25	1
hydrochlorothiazide	–	ESIDRIX, HYDRODIURIL	1
chlorthalidone	–	HYGROTON	1
furosemide	–	LASIX	1
indapamide	–	LOZOL	1
hctz/amiloride	–	MODURETIC	1
metolazone	–	ZAROXOLYN	1
BETA-ADRENERGIC ANTAGONIST DRUGS & BETA-BLOCKER/DIURETIC COMBINATIONS			
timolol	–	BLOCADREN	1
carvedilol	–	COREG	1
nadolol	–	CORGARD	1
nadolol/bendroflumethiazide	–	CORZIDE	1
propranolol	–	INDERAL	1
propranolol	–	INDERAL LA	1

hctz/propranolol	–	INDERIDE	1
metoprolol tartrate	–	LOPRESSOR	1
metoprolol/hctz	–	LOPRESSOR HCT	1
labetalol	–	TRANDATE	1
acebutolol	–	SECTRAL	1
atenolol	–	TENORMIN	1
chlorthalidone/atenolol	–	TENORETIC	1
metoprolol succinate	–	TOPROL XL	1
pindolol	–	VISKEN	1
bisoprolol	–	ZEBETA	1
hctz/ bisoprolol	–	ZIAC	1
ACE INHIBITORS & ACE/DIURETIC COMBINATIONS			
quinapril	–	ACCUPRIL	1
quinapril/hctz	–	ACCURETIC	1
captopril	–	CAPOTEN	1
captopril/hctz	–	CAPOZIDE	1
benazepril	–	LOTENSIN	1
benazepril/hctz	–	LOTENSIN HCT	1
trandolapril	–	MAVIK	1
fosinopril sodium	–	MONOPRIL	1
fosinopril sodium/hctz	–	MONOPRIL HCT	1
lisinopril	–	PRINIVIL	1
lisinopril/hctz	–	PRINZIDE	1
ramipril	–	ALTACE	1
moexipril/hctz	–	UNIRETIC	1
moexipril	–	UNIVASC	1
enalapril	–	VASOTEC	1
enalapril/hctz	–	VASERETIC	1
lisinopril	–	ZESTRIL	1
lisinopril/hctz	–	ZESTORETIC	1
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) & ARB/DIURETIC COMBINATIONS			
irbesartan/hctz	–	AVALIDE 150/12.5mg & 300/12.5mg only	1
irbesartan	–	AVAPRO	1
losartan/hydrochlorothiazide	–	COZAAR	1
losartan	–	HYZAAR	1
valsartan/hctz	–	DIOVAN HCT	1
eprosartan	–	TEVETEN 600mg	1
valsartan	–	DIOVAN	2
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS			
benazepril/amlodipine besylate	–	LOTREL	1
OTHER ANTIHYPERTENSIVE			
methyldopa	–	ALDOMET	1

methyldopa/hctz	–	ALDORIL	1
hydralazine/hctz	–	APRESAZIDE	1
hydralazine	–	APRESOLINE	1
doxazosin	–	CARDURA	1
clonidine	–	CATAPRES	1
clonidine hcl/chlorthalidone	–	CLORPRES	1
terazosin	–	HYTRIN	1
minoxidil	–	LONITEN	1
prazosin	–	MINIPRESS	1
guanfacine	–	TENEX	1
guanabenz	–	WYTENSIN	1
VASODILATING DRUGS			
isosorbide mononitrate	–	IMDUR	1
isosorbide dinitrate	–	ISORDIL, MONOKET, ISOCHRON, ISODITRATE ER	1
nitroglycerin	–	NITROSTAT, NITRO-BID, NITRO-DUR, NITROLINGUAL, MINITRAN, NITREK	1
ANTILIPIDEMIC DRUGS			
colestipol	–	COLESTID	1
fenofibrate (micronized)	–	LOFIBRA	1
gemfibrozil	–	LOPID	1
cholestyramine/sucrose	–	QUESTRAN	1
cholestyramine/aspartame	–	QUESTRAN LIGHT	1
fenofibrate	–	TRICOR; TRIGLIDE 160mg	1
niacin	–	NIASPAN	2
ezetimibe	–	ZETIA	2
HMG-COA REDUCTASE INHIBITORS & COMBINATIONS			
amlodipine/atrovastatin	–	CADUET	1
lovastatin	–	MEVACOR	1
pravastatin	–	PRAVACHOL	1
simvastatin	–	ZOCOR	1
atorvastatin/calcium		LIPITOR	1
ENDOCRINE MEDICATIONS			
Generic name		Brand Name*	
ANTIDIABETIC AGENTS - ALPHA-GLUCOSIDASE INHIBITORS			
acarbose	–	PRECOSE	1
ANTIDIABETIC AGENTS - SULFONYLUREAS			
glimepiride	–	AMARYL	1
glyburide	–	DIABETA, GLYNASE, MICRONASE	1
glipizide	–	GLUCOTROL	1
glipizide	–	GLUCOTROL XL	1
ANTIDIABETIC AGENTS - THIAZOLIDINEDIONES (TZDs)			
pioglitazone	–	ACTOS	1

rosiglitazone maleate	–	AVANDIA	2
ANTIDIABETIC AGENTS - OTHER			
metformin	–	GLUCOPHAGE, FORTAMET	1
metformin	–	GLUCOPHAGE XR	1
glyburide/metformin	–	GLUCOVANCE	1
pioglitazone/metformin	–	ACTOPLUS MET	1
pioglitazone/metformin xr	–	ACTOPLUS MET XR	2
rosiglitazone maleate/metformin	–	AVANDAMET	2
rosiglitazone maleate / glimepiride	–	AVANDARYL	2
exenatide	–	BYETTA	2
Exenatide xr for inj susp	–	BYDUREON	2
sitagliptin / metformin	–	JANUMET	2
sitagliptin	–	JANUVIA	2
pramlintide	–	SYMLIN, SYMLIN PEN	2
INSULIN			
insulin, lisopr & prot	–	HUMALOG MIX, HUMALOG MIX PEN	2
insulin, lisopr	–	HUMALOG, HUMALOG PEN	2
insulin, human	–	HUMULIN, HUMULIN PEN, RELION	2
insulin, glargine	–	LANTUS	2
insulin, human	–	NOVOLIN, NOVOLIN INNOLET, RELION	2
insulin, human aspart & prot	–	NOVOLOG MIX, NOVOLOG MIX PENFILL	2
insulin, human aspart	–	NOVOLOG, NOVOLOG PENFILL	2
DRUGS TO TREAT OSTEOPOROSIS			
risedronate	–	ACTONEL	2
risedronate	–	ACTONEL with calcium	2
alendronate	–	FOSAMAX	1
alendronate	–	FOSAMAX plus D	2
raloxifene	–	EVISTA	2
NUTRITION, BLOOD MODIFIERS,ELECTROLYTES			
Generic name		Brand Name*	
DRUGS AND VITAMINS AFFECTING COAGULATION			
warfarin sodium	–	COUMADIN	1
dipyridamole	–	PERSANTINE	1
cilostazol	–	PLETAL	1
ticlopidine	–	TICLID	1
RESPIRATORY MEDICATIONS			
Generic name		Brand Name*	
BRONCHODILATORS - BETA AGONISTS, LONG ACTING			
salmeterol	–	SEREVENT DISKUS	2
BRONCHODILATORS - BETA AGONISTS, SHORT ACTING			
albuterol	–	PROAIR HFA	1
albuterol	–	ACCUNEB	1
metaproterenol	–	ALUPENT	1

BRONCHODILATORS - COMBINATIONS			
albuterol sulfate/ipratropium	–	DUONEB	1
mometasone furoate/formoterol fumarate	–	DULERA	2
BRONCHODILATORS - OTHER			
cromolyn	–	INTAL	1
ipratropium	–	ATROVENT INHALER	2
tiotropium bromide	–	SPIRIVA HANDIHALER	2
PULMONARY CORTICOSTEROIDS			
mometasone furoate	–	ASMANEX	1
budesonide	–	PULMICORT RESPULES .5mg/ml & .25mg/ml	1
beclomethasone	–	QVAR	1
LEUKOTRIENE MODIFIERS			
montelukast sodium	–	SINGULAIR	1
zafirlukast	–	ACCOLATE	1

***For Tier 1 medications, the Brand Name provided is for reference only. In these cases, only the Tier 1 product is exempt from the deductible. Products that are Tier 2 have no generic and are exempt from the deductible.**

DISCLAIMER:

This list is being provided for illustrative purposes only. For purposes of your qualified high deductible health plan, these drugs have been identified as being “preventive”. When you purchase a “preventive” drug using your high deductible health plan, you do not have to meet your health plan deductible. However, your regular drug cost sharing does apply and may be based upon whether the drug is a generic (Tier One), preferred brand (Tier Two), or non-preferred brand drug (Tier Three). Your cost-sharing is defined in your member materials. If you have questions, please call Wellmark customer service; the number is on your Wellmark ID card. Please note, this list may change as new drugs enter the market, drugs become obsolete, or as the definition of “preventive” evolves over time. Changes may occur throughout the year and plan exclusions may override this list.

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