

## 2018 LiveWELL Health Plan PREVENTIVE DRUG LIST (\$4/\$12 Copay) - ALPHABETICAL by DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2018 PREVENTIVE DRUGS (\$4/\$12 Copay)	*ALL BRAND NAME PRODUCTS WITH GENERIC EQUIVALENTS ARE DISPENSED AT FULL RETAIL PRICE UNLESS OTHERWISE NOTED	QTY LIMIT/AGE RESTRICTIONS/LIMITS	COPAY (30 DAY/90 DAY)
BENIGN PROSTATIC HYPERPLASIA	TAMSULOSIN HCL CAP 0.4 MG	FLOMAX*		\$4/\$12
CHOLESTEROL	FLUVASTATIN SODIUM CAP 20 MG	LESCOL*		\$4/\$12
CHOLESTEROL	PRAVASTATIN	PRAVCHOL*		\$4/\$12
CHOLESTEROL	ROSUVASTATIN	CRESTOR*		\$4/\$12
CHOLESTEROL/TRIGLYCERIDES	FENOFIBRATE	ANTARA*		\$4/\$12
CHOLESTEROL/TRIGLYCERIDES	GEMFIBROZIL TAB 600 MG	LOPID*		\$4/\$12
DIABETES	B-D & ULTICARE INSULIN SYRINGES (ALL)	BECTON-DICKSON & ULTICARE BRANDS ONLY		\$4/\$12
DIABETES	B-D & ULTICARE PEN TIP NEEDLES	BECTON-DICKSON & ULTICARE BRAND ONLY		\$4/\$12
DIABETES	GLIMEPIRIDE	AMARYL*		\$4/\$12
DIABETES	GLIPIZIDE	GLUCOTROL*		\$4/\$12
DIABETES	GLIPIZIDE/GLIPIZIDE XL & ER	GLUCOTROL* GLUCOTROL XL*, GLUCOTROL ER*		\$4/\$12
DIABETES	GLIPIZIDE-METFORMIN HCL	METAGLIP*		\$4/\$12
DIABETES	GLYBURIDE/ GLYBURIDE MICRO	DIABETA/GLYNASE*		\$4/\$12
DIABETES	GLYBURIDE-METFORMIN	GLUCOVANCE*		\$4/\$12
DIABETES	INSULIN	HUMALOG (VIALS & KWIKPENS)		\$4/\$12
DIABETES	INSULIN	HUMULIN N,R, 70/30 (VIALS & KWIKPENS)		\$4/\$12
DIABETES	INSULIN	LANTUS (VIALS & SOLOSTAR)		\$4/\$12
DIABETES	INSULIN	LEVEMIR ( VIALS & FLEXTOUCH PENS)		\$4/\$12
DIABETES	METFORMIN HCL; METFORMIN XR & SL	GLUCOPHAGE*, GLUCOPHAGE XR*		\$4/\$12
DIABETES	ONE TOUCH DELICA LANCETS & LANCING DEVICE	LIFESCAN ONE TOUCH BRAND ONLY		\$4/\$12
DIABETES	ONE TOUCH VERIO FLEX METER & One TOUCH VERIO TEST STRIPS†	LIFESCAN ONE TOUCH BRAND ONLY	One meter/year	\$4/\$12
DIABETES	PIOGLITAZONE HCL	ACTOS*		\$4/\$12
DIABETES	PIOGLITAZONE HCL-METFORMIN HCL	ACTOPLUS MET*		\$4/\$12
DIABETES	REPAGLINIDE	PRANDIN*		\$4/\$12
GLAUCOMA	BRIMONIDINE TARTRATE OPHTH SOLN	ALPHAGAN*		\$4/\$12
GLAUCOMA	LATANOPROST OPHTH SOLN 0.005%	XALATAN*		\$4/\$12
GLAUCOMA	TIMOLOL MALEATE OPHTH GEL FORMING SOLN	TIMOPTIC GFS*		\$4/\$12
GLAUCOMA	TIMOLOL MALEATE OPHTH SOLN	TIMOPTIC*		\$4/\$12
GRAND MAL SEIZURES	CARBAMAZEPINE SUSP 100 MG/5ML	TEGRETOL SUSPENSION*		\$4/\$12
GRAND MAL SEIZURES	CARBAMAZEPINE TAB, CHEW TAB, XR & ER	TEGRETOL*		\$4/\$12
GRAND MAL SEIZURES	PHENYTOIN CHEW TAB 50 MG	DILANTIN INFATAB*		\$4/\$12
GRAND MAL SEIZURES	PHENYTOIN SODIUM EXTENDED CAP	DILANTIN*		\$4/\$12
GRAND MAL SEIZURES	PHENYTOIN SUSP 125 MG/5ML	DILANTIN*		\$4/\$12
GRAND MAL SEIZURES	VALPROATE SODIUM SYRUP 250 MG/5ML (BASE EQUIV)	DEPEKENE*		\$4/\$12
HIGH BLOOD PRESSURE	AMLODIPINE BESYLATE/AMLODIPINE-BENAZEPRIL	NORVASC*, LOTREL*		\$4/\$12
HIGH BLOOD PRESSURE	ATENOLOL	TENORMIN*		\$4/\$12
HIGH BLOOD PRESSURE	BENAZEPRIL/ BENAZEPRIL HCTZ	LOTENSIN* LOTENSIN HCTZ*		\$4/\$12
HIGH BLOOD PRESSURE	CANDESARTAN/CANDESARTAN HCTZ	ATACAND*/ATACAND HCTZ		\$4/\$12
HIGH BLOOD PRESSURE	CARVEDILOL	COREG*		\$4/\$12
HIGH BLOOD PRESSURE	DILTIAZEM HCL	CARDIZEM*/ CARDIZEM CD & LA		\$4/\$12
HIGH BLOOD PRESSURE	ENALAPRIL/ ENALAPRIL HCTZ	VASOTEC*/VASERETIC*		\$4/\$12
HIGH BLOOD PRESSURE	EPROSARTAN/ EPROSARTAN HCTZ	TEVENTEN*/TEVETEN HCTZ*		\$4/\$12

## 2018 LiveWELL Health Plan PREVENTIVE DRUG LIST (\$4/\$12 Copay) - ALPHABETICAL by DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2018 PREVENTIVE DRUGS (\$4/\$12 Copay)	*ALL BRAND NAME PRODUCTS WITH GENERIC EQUIVALENTS ARE DISPENSED AT FULL RETAIL PRICE UNLESS OTHERWISE NOTED	QTY LIMIT/AGE RESTRICTIONS/LIMITS	COPAY (30 DAY/90 DAY)
HIGH BLOOD PRESSURE	FELODIPINE ER	PLENDIL*		\$4/\$12
HIGH BLOOD PRESSURE	FOSINOPRIL/FOSINOPRIL HCTZ	MONOPRIL*		\$4/\$12
HIGH BLOOD PRESSURE	HYDROCHLOROTHIAZIDE	MICROZIDE*		\$4/\$12
HIGH BLOOD PRESSURE	IRBESARTAN/ IRBESARTAN HCTZ	AVAPRO*/ AVALIDE*		\$4/\$12
HIGH BLOOD PRESSURE	ISRADIPINE	DYNACIRC*		\$4/\$12
HIGH BLOOD PRESSURE	LISINOPRIL & LISINOPRIL HYDROCHLOROTHIAZIDE	PRINIVIL*, ZESTRIL*, ZESTORETIC*		\$4/\$12
HIGH BLOOD PRESSURE	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	HYZAR*		\$4/\$12
HIGH BLOOD PRESSURE	LOSARTAN POTASSIUM TAB	COZAAR*		\$4/\$12
HIGH BLOOD PRESSURE	METOPROLOL TARTRATE	LOPRESSOR*		\$4/\$12
HIGH BLOOD PRESSURE	MOEXIPRIL HCL	UNIVASC*/UNIRETIC*		\$4/\$12
HIGH BLOOD PRESSURE	NIFEDIPINE, NIFEDIPINE SR	PROCARDIA*, PROCARDIA XL*, ADALAT CC		\$4/\$12
HIGH BLOOD PRESSURE	PROPRANOLOL HCL ORAL SOLN	INDERAL* INDERAL SR*		\$4/\$12
HIGH BLOOD PRESSURE	PROPRANOLOL HCL/PROPRANOLOL XL & LA	INDERAL* INDERAL XL &ER*		\$4/\$12
HIGH BLOOD PRESSURE	QUINAPRIL/ QUNIPRIL HCTZ	ACCUPRIL* ACCURETIC*		\$4/\$12
HIGH BLOOD PRESSURE	RAMIPRIL	RAMIPRIL*		\$4/\$12
HIGH BLOOD PRESSURE	TELMISARTAN/TELMISARTAN HCTZ	MICARDIS*/MICARDIS HCT		\$4/\$12
HIGH BLOOD PRESSURE	TRANDOLAPRIL	MAVIK*		\$4/\$12
HIGH BLOOD PRESSURE	VALSARTAN/VALSARTAN HCTZ	DIOVAN* DIOVAN HCTZ*		\$4/\$12
HIGH BLOOD PRESSURE	VERAPAMIL HCL	CALAN*/CALAN SR*		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	UMECLIDINIUM BRM/VILANTEROL TR	ANORO ELLIPTA		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	FLUTICASONE/FUROATE INHALATION POWDER	ARNUITY ELLIPTA		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	ATROVENT HFA		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	FLUTICASONE/VILANTEROL INHALATION POWDER	BREO ELLIPTA		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	FLUTICASONE PROPIONATE	FLOVENT HFA		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	BUDESONIDE INHAL AERO POWD 90 AND 180 MG/ACT(BREATH ACT)	PULMICORT FLEXHALER		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	BUDESONIDE INHALATION SUSP	PULMICORT RESPULES*		\$4/\$12
LUNG FUNCT (COPD & ASTHMA)	FORMOTEROL/BUDESONIDE	SYMBICORT HFA, GENERIC AIRDUO		\$4/\$12
MENTAL HEALTH	CITALOPRAM HYDROBROMIDE	CELEXA*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML	CELEXA*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	DULOXETINE HCL	CYMBALTA*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	ESCITALOPRAM OXALATE ORAL SOLN 5 MG/5ML (BASE EQUIV)	LEXAPRO*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	ESCITALOPRAM OXALATE TAB 5 MG	LEXAPRO*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	FLUOXETINE HCL	PROZAC*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	FLUOXETINE HCL SOLUTION 20 MG/5ML	PROZAC*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	PAROXETINE HCL	PAXIL*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	SERTRALINE HCL	ZOLOFT*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
MENTAL HEALTH	VENLAFAXINE HCL; VENLAFAXINE HCL SR	EFFEXOR*, EFFEXOR XR*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISP'D	\$4/\$12
OSTEOPOROSIS	ALENDRONATE SODIUM	FOSAMAX*		\$4/\$12
OSTEOPOROSIS	IBANDRONATE SODIUM	BONIVA*		\$4/\$12
PRENATAL VITAMINS	PNV #14/FERROUS FUM/FOLIC ACID	COMPLETENATE TABLET CHEW		\$4/\$12

## 2018 LiveWELL Health Plan PREVENTIVE DRUG LIST (\$4/\$12 Copay) - ALPHABETICAL by DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2018 PREVENTIVE DRUGS (\$4/\$12 Copay)	*ALL BRAND NAME PRODUCTS WITH GENERIC EQUIVALENTS ARE DISPENSED AT FULL RETAIL PRICE UNLESS OTHERWISE NOTED	QTY LIMIT/AGE RESTRICTIONS/LIMITS	COPAY (30 DAY/90 DAY)
PRENATAL VITAMINS	PNV66/IRON FUMARATE/FA/DSS/DHA	FOLCAL DHA CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV W-CA NO.37/IRON/FA/OMEGA-3	FOLCAPS OMEGA-3 CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV NO.15/IRON FUM & PS CMP/FA	FOLIVANE-OB CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV66/IRON FUMARATE/FA/DSS/DHA	PNV-DHA + DOCUSATE SOFTGEL		\$4/\$12
PRENATAL VITAMINS	PNV COMBO#47/IRON/FA #1/DHA	PNV-DHA SOFTGEL		\$4/\$12
PRENATAL VITAMINS	PNV WITH CA #68/IRON/FA#1/DHA	PNV-OMEGA SOFTGEL		\$4/\$12
PRENATAL VITAMINS	PNV W-CA #40/IRON FUM/FA CMB#1	PNV-SELECT TABLET		\$4/\$12
PRENATAL VITAMINS	PNV69/IRON,CARBONYL/FA/DSS/DHA	PRENAISSANCE PLUS SOFTGEL		\$4/\$12
PRENATAL VITAMINS	PRENATAL VIT #76/IRON,CARB/FA	PRENATABS RX TABLET		\$4/\$12
PRENATAL VITAMINS	PNV NO.118/IRON FUMARATE/FA	PRENATAL 19 CHEWABLE TABLET		\$4/\$12
PRENATAL VITAMINS	PNV119/IRON FUMARATE/FA/DSS	PRENATAL 19 TABLET		\$4/\$12
PRENATAL VITAMINS	PNV W-O CA NO5/FE FUMARATE/FA	PRENATAL-U CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV119/IRON FUMARATE/FA/DSS	SE-NATAL 19 TABLET		\$4/\$12
PRENATAL VITAMINS	PNV NO10/IRON FUM&P/FA/OMEGA-3	SE-TAN DHA CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV#16/IRON FUM & PS/FA/OM-3	TARON-C DHA CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV39/IRON FUMARATE/FA/DSS/DHA	TARON-PREX PRENATAL DHA CAP		\$4/\$12
PRENATAL VITAMINS	PNV80/IRON FUMARATE/FA/DSS/DHA	TL-SELECT CAPSULE		\$4/\$12
PRENATAL VITAMINS	PRENATAL VIT 15/IRON CB/FA/DSS	TRIADVANCE TABLET		\$4/\$12
PRENATAL VITAMINS	PNV NO.22/IRON CBN&GLUC/FA/DSS	VINACAL PRENATAL TABLET		\$4/\$12
PRENATAL VITAMINS	PNV NO.4/IRON CBN&GLUC/FA/DOSS	VINATE CALCIUM PRENATAL TABLET		\$4/\$12
PRENATAL VITAMINS	PRENATAL VIT27&CALCIUM/IRON/FA	VINATE ONE TABLET		\$4/\$12
PRENATAL VITAMINS	PNV/FERROUS FUMARATE/FA/SE	VINATE-M TABLET		\$4/\$12
PRENATAL VITAMINS	PNV WITH CA #68/IRON/FA#1/DHA	VIRT-PN PLUS SOFTGEL		\$4/\$12
PRENATAL VITAMINS	PRENATAL VIT #76/IRON,CARB/FA	VOL-TAB RX TABLET		\$4/\$12
PRENATAL VITAMINS	PNV34/IRON,CARBONYL/FA/DSS/DHA	VP-CH-PNV PRENATAL SOFTGEL		\$4/\$12
PRENATAL VITAMINS	PRENATAL NO.52/IRON/FA/DHA	VP-PNV-DHA CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV COMBO#47/IRON/FA #1/DHA	ZATEAN-PN DHA CAPSULE		\$4/\$12
PRENATAL VITAMINS	PNV WITH CA #68/IRON/FA#1/DHA	ZATEAN-PN PLUS SOFTGEL		\$4/\$12
PRENATAL VITAMINS	PNV W-CA #40/IRON FUM/FA CMB#1	ZATEAN-PN TABLET		\$4/\$12
STROKE PREVENTION	CLOPIDOGREL BISULFATE	PLAVIX*		\$4/\$12
STROKE PREVENTION	WARFARIN SODIUM	COUMADIN*		\$4/\$12
THYROID	LEVOTHYROXINE SODIUM (ALL STRENGTHS)	SYNTHROID*, LEVOTHROID*, LEVOXYL*		\$4/\$12
THYROID	METHIMAZOLE	TAPAZOLE*		\$4/\$12
Revised: 03/01/2018				