Preventive medications can help keep you from developing a health condition or help you manage a condition you already have. They can also improve your quality of life and reduce your overall health care costs by helping you stay healthy and avoid expensive treatment. The qualified high-deductible health plans offered by UPMC Health Plan come with a health savings account (HSA), and will they cover medications to manage certain health conditions before you meet your plan’s deductible.

If your doctor prescribes a preventive medication for you, you must pay the appropriate copayment—right from the beginning. The following is a list of the most commonly prescribed preventive drugs. The list is not all-inclusive and does not guarantee coverage. Please refer to your prescription drug rider, formulary book, and benefits information for details about your specific plan.

**ASTHMA/COPD**

- ADVAIR DISKUS
- ADVAIR HFA
- albuterol
- ANORO ELLIPTA
- ARCAPTA NEOHALER (ST)
- ASMANEX HFA
- ASMANEX TWISTHALER
- ATROVENT HFA
- BREO ELLIPTA
- BROVANA
- budesonide
- CINQAIR (PA)
- COMBIVENT RESPIMAT
- cromolyn oral inhalation
- DALIRESP (PA)
- FASENRA (PA)
- FLOVENT DISKUS
- FLOVENT HFA
- FLUTICASONE/SALMETEROL (generic AirDuo)
- INCRUSE ELLIPTA
- Inhaler assistive devices ipratropium/ albuterol oral inhalation ipratropium oral inhalation
- levalbuterol (ST)
- LONHALA MAGNAIR
- metaproterenol
- montelukast
- NUCALA (PA)
- PROAIR HFA (PA)
- SEREVENT DISKUS
- SPIRIVA HANDIHALER (ST)
- SPIRIVA RESPIMAT
- STIOLTO RESPIMAT
- STRIVERDI RESPIMAT
- terbutaline
- THEO-24 (theophylline)
- TRELLEGY ELLIPTA
- VENTOLIN HFA
- XOLAIR (PA)
- zafirlukast
- meta-N.supra.

**CAVITIES**

- CLINPRO
- PREVIDENT
- sodium fluoride rinse, gel, cream, paste, tabs, and drops
- stannous fluoride rinse and gel

**COLONOSCOPY PREPARATION**

- CLENPIQ
- polyethylene glycol*
- SUPREP

**DEPRESSION**

- citalopram
- escitalopram
- paroxetine
- fluoxetine
- sertraline

**BONE DISEASE AND FRACTURES**

- alendronate
- DUAVEE
- ibandronate
- raloxifene
- risedronate (ST)
- zoledronic acid 5 mg

**KEY**

<table>
<thead>
<tr>
<th>ST</th>
<th>Step therapy medication</th>
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<tbody>
<tr>
<td>PA</td>
<td>Prior authorization required</td>
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</table>

If your provider prescribes a medication that requires prior authorization or step therapy, or one that is nonformulary, he or she must submit a clinical request for review.

*Please note that some of these medications are subject to the Affordable Care Act (ACA) and may be covered by your plan at 100 percent.*
DIABETES

INSULINS
AFREZZA (PA)
BASAGLAR
HUMALOG
HUMULIN
LANTUS
TOUJEO SOLOSTAR

INSULIN/GLP-1 RECEPTOR AGONIST COMBINATIONS
INSULIN GLP-1 RECEPTOR AGONIST COMBINATIONS

XULTOPHY

NON-INSULINS
acarbose
chlorpropamide
CYCLOSET
glimepiride
glipizide ER
glipizide/metformin
Glucometers
glyburide
glyburide/metformin
GLYXAMBI
JARDIANCE
JENTADUETO
JENTADUETO XR
Lancets
Meters
metformin
miglitol
nateglinide
Needles
OZEMPIC
repaglinide
SYMLINPEN (ST)
SYNJARDY
SYNJARDY XR
Syringes
Test strips
TRADJENTA
TRULICITY
Victoza

HEART DISEASE AND STROKE

BLOOD THINNERS
aspirin, 81 mg & 325 mg*
aspirin/dipyridamole ER
BRILINTA
clopidogrel
dipyridamole
ELIQUIS
prasugrel
ticlopidine
warfarin
XARELTO
ZONTIVITY (PA)

CHOLESTEROL

HMG-COA REDUCTASE INHIBITORS*
atorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

OTHER AGENTS
cholestyramine
cholestyramine light, previalite
colestipol
ezetimibe
ezetimibe/simvastatin (ST)
fenofibrate
fenofibrate acid
gemfibrozil
PRALUENT (PA)
REPATHA (PA)
VASCEPA (PA)
WELCHOL

HIGH BLOOD PRESSURE

ACE INHIBITORS
benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril
trandolapril

ACE INHIBITORS/DIURETIC COMBINATIONS
benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ
lisinopril/HCTZ
moexipril/HCTZ
quinapril/HCTZ

KEY
ST = Step therapy medication
PA = Prior authorization required

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### ANGIOTENSIN II RECEPTOR ANTAGONISTS
- candesartan
- irbesartan
- losartan
- olmesartan
- telmisartan
- valsartan

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS
- irbesartan/HCTZ
- losartan/HCTZ
- valsartan/HCTZ

### BETA BLOCKERS
- acebutolol
- atenolol
- betaxolol
- bisoprolol
- metoprolol succinate
- metoprolol tartrate
- nadolol
- propranolol
- propranolol ER
- timolol

### BETA BLOCKER/DIURETIC COMBINATIONS
- atenolol/chlorthalidone
- bisoprolol/HCTZ
- metoprolol/HCTZ
- nadolol/bendroflumethiazide
- propranolol/HCTZ

### CALCIUM CHANNEL BLOCKERS
- amlodipine
- diltiazem
- diltiazem ER
- felodipine ER
- isradipine
- nicardipine
- nifedipine ER
- nisoldipine ER
- verapamil
- verapamil ER

### DIURETICS
- chlorothiazide
- chlorthalidone
- hydrochlorothiazide
- indapamide
- metolazone

### OTHER HIGH BLOOD PRESSURE COMBINATIONS
- amlodipine/benazepril

### MIGRAINE PREVENTION
- AIMOVIG (PA)
- EMGALITY (PA)

### MISCELLANEOUS ANTIVIRALS
- PREVYMIS (PA)
- SYNAGIS (PA)
- TRUVADA 200mg/300mg

### SMOKING CESSATION*
- bupropion SR
- CHANTIX (ST)
- nicotine gum, lozenges and patches
- NICOTROL (ST)

### VITAMINS OR MINERALS
- Folic acid*
- Pediatric multivitamins with fluoride*
- Prenatal vitamins

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Nondiscrimination statement

UPMC Health Plan\(^1\) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

\(^1\)UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., Community Care Behavioral Health Organization, and/or UPMC Benefit Management Services Inc.

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-833-0524 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-833-0524（TTY：711）。