

PPO 2500 Preventive Drug List

Updated January 10, 2008

The medications that qualify for the preventive drug list are outlined below by drug classification followed by the general medical condition being treated.

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
nimodipine	–	NIMOTOP	1
amlodipine	–	NORVASC	1
felodipine	–	PLENDIL	1
nifedipine extended-release	–	PROCARDIA XL	1
diltiazem	–	TIAZAC	1
nifedipine	–	PROCARDIA	1
verapamil extended-release	–	VERELAN-PM	1
DIURETICS			
spironolactone/hctz	–	ALDACTAZIDE	1
spironolactone	–	ALDACTONE	1
methyclothiazide	–	AQUATENSEN, ENDURON	1
bumetanide	–	BUMEX	1
toremide	–	DEMADEX	1
chlorothiazide	–	DIURIL	1
hctz/triamterene	–	DYAZIDE, MAXZIDE	1
hydrochlorothiazide	–	MICROZIDE	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	–	NORMODYNE, TRANDATE	1
acebutolol	–	SECTRAL	1
atenolol	–	TENORMIN	1
hctz/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/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	2
irbesartan	–	AVAPRO	2
valsartan	–	DIOVAN	2
valsartan/hctz	–	DIOVAN HCT	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, SORBITRATE, DILATRATE-SR	1
nitroglycerin	–	NITROSTAT, NITRO-BID, NITROL, NITRO-DUR	1
ANTILIPIDEMIC DRUGS			
colestipol	–	COLESTID	1
fenofibrate (micronized)	–	LOFIBRA	1
gemfibrozil	–	LOPID	1
cholestyramine/sucrose	–	QUESTRAN	1
cholestyramine/aspartame	–	QUESTRAN LIGHT	1
amlodipine/atorvastatin	–	CADUET	2
niacin	–	NIASPAN	2
fenofibrate	–	TRICOR	2
ezetimibe	–	ZETIA	2
HMG-COA REDUCTASE INHIBITORS & COMBINATIONS			
lovastatin	–	MEVACOR	1
pravastatin	–	PRAVACHOL	1
simvastatin	–	ZOCOR	1
rosuvastatin	–	CRESTOR	2
atorvastatin calcium	–	LIPITOR	2
ENDOCRINE MEDICATIONS			
Generic name		Brand Name*	
ANTIDIABETIC AGENTS - ALPHA-GLUCOSIDASE INHIBITORS			
acarbose	–	PRECOSE	2
ANTIDIABETIC AGENTS - MEGLITINIDES			
repaglinide	–	PRANDIN	2
ANTIDIABETIC AGENTS - SULFONYLUREAS			
glimepiride	–	AMARYL	1
glyburide	–	DIABETA, GLYCRON, GLYNASE, MICRONASE	1

glipizide	–	GLUCOTROL	1
glipizide	–	GLUCOTROL XL	1
ANTIDIABETIC AGENTS - THIAZOLIDINEDIONES (TZDs)			
pioglitazone	–	ACTOS	2
rosiglitazone maleate	–	AVANDIA	2
ANTIDIABETIC AGENTS - OTHER			
metformin	–	GLUCOPHAGE	1
metformin	–	GLUCOPHAGE XR	1
glyburide/metformin	–	GLUCOVANCE	1
pioglitazone/metformin	–	ACTOPLUS MET	2
rosiglitazone maleate/metformin	–	AVANDAMET	2
rosiglitazone maleate / glimepiride	–	AVANDRYL	2
exenatide	–	BYETTA	2
pioglitazone/glimepiride	–	DUETACT	2
sitagliptin / metformin	–	JANUMET	2
sitagliptin	–	JANUVIA	2
pramlintide	–	SYMLIN	2
INSULIN			
insulin, lisopr & prot	–	HUMALOG MIX, HUMALOG MIX PEN	2
insulin, lisopr	–	HUMALOG, HUMALOG PEN	2
insulin, human	–	HUMULIN, HUMULIN PEN	2
insulin, glargine	–	LANTUS	2
insulin, human	–	NOVOLIN, NOVOLIN INNOLET	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	2
alendronate	–	FOSAMAX plus D	2
alendronate	–	FOSAMAX SOLUTION	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	–	VENTOLIN, PROVENTIL	1
albuterol	–	ACCUNEB	1
metaproterenol	–	ALUPENT	1
pirbuterol	–	MAXAIR AUTOHALER	2
BRONCHODILATORS - COMBINATIONS			
albuterol sulfate/ipratropium	–	DUONEB	1
fluticasone/salmeterol	–	ADVAIR / HFA	2
BRONCHODILATORS - OTHER			
cromolyn	–	INTAL	1
ipratropium	–	ATROVENT INHALER	2
tiotropium bromide	–	SPIRIVA HANDIHALER	2
nedocromil	–	TILADE	2
PULMONARY CORTICOSTEROIDS			
mometasone furoate	–	ASMANEX	2
fluticasone propionate	–	FLOVENT ROTADISK / HFA	2
budesonide	–	PULMICORT RESPULES	2
budesonide	–	PULMICORT TURBUHALER / FLEXHALER	2
LEUKOTRIENE MODIFIERS			
montelukast sodium	–	SINGULAIR	2
zafirlukast	–	ACCOLATE	2

***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.**

DISCLAIMER:

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 is 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 at 1-800-233-6282. Please note, this list may change as new drugs enter the

market, drugs become obsolete, or as the definition of “preventive” evolves over time.