



REVISED MARCH 2026

MVP Health Care Preventive Care Drug List

Your health is very important to us. And so are you!

Preventive care drugs are medications that the MVP Pharmacy & Therapeutics (P&T) Committee has determined may prevent the onset or recurrence of a disease or condition when taken correctly. Some MVP plans cover preventive care drugs as part of your pharmacy benefit. This means that, for the medications included on this list, you do not have to pay your deductible first. Instead, you will pay the cost-share determined by your MVP plan and Formulary* tier status (i.e., Tier 1, Tier 2, etc.). Please refer to your Certificate of Coverage (COC) to find your pharmacy benefits, limitations, and exclusions. To access your COC, sign in to Gia[®] at my.mvphealthcare.com and select *My Plan*, then *My Benefits*, then *Member Guide*. If you have a Self-Funded plan through your employer, also referred to as an Administrative Services Only (ASO) plan, call the MVP Customer Care Center at the number listed on the back of your MVP Member ID card.

How to Use the Preventive Care Drug List

You can jump to a specific drug category in this list by selecting the category in the Table of Contents. You can also use the Find tool by clicking on the magnifying glass in the upper right corner and typing in the drug name or other appropriate keyword(s).

If you need to check the cost of a drug, sign in to Gia at my.mvphealthcare.com and select *My Plan*, then *Manage Prescriptions*. This will bring you to the CVS Caremark[®] homepage where you will select *Plan & Benefits*, then *Check Drug Cost & Coverage*.

When reviewing the Preventive Care Drug List, please keep in mind that:

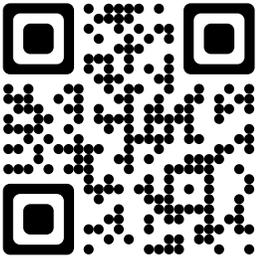
- The medications included on this list will still follow Formulary rules—this means that additional information such as Prior Authorization, Step Therapy, and/or Quantity Limits may be required before the medication is approved (this additional information is not included in the Preventive Care Drug List; please refer to the MVP Formulary or you can call the MVP Customer Care Center at the number listed on the back of your MVP Member ID card)
- Some drugs on this list are “non-Formulary” which means they are not listed on the Formulary and may require additional information such as Prior Authorization, Step Therapy, and/or Quantity Limits before they are approved—view the MVP Formulary or call the MVP Customer Care Center at the number on the back of your MVP Member ID card
- This list does not apply to excluded drugs, for example, drugs that are not approved by the Food and Drug Administration (FDA)

*List of covered drugs.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

- For brand name medications that have a generic option, you may be responsible for an additional cost-share if there is a difference in cost between the brand and generic drug
- Your plan may not cover brand name drugs when a generic is available
- For the diabetes equipment and supplies included in the Preventive Care Drug List, you do not have to pay your deductible first. However, you may have to pay the cost-share determined by your MVP plan. Your cost-share for diabetes equipment and supplies may be different from your cost-share for medications. Please refer to your COC to find your pharmacy benefits, limitations, and exclusions or call the MVP Customer Care Center at the number listed on the back of your MVP Member ID card
- This list is updated periodically and is not a full list of medications
- The list is reviewed by the MVP P&T Committee and is subject to change

We are here to help you navigate your health journey. If you have questions, please call the MVP Customer Care Center at the number listed on the back of your MVP Member ID card.



For a complete list of covered drugs, check your Formulary at mvphealthcare.com/prescriptions or scan the QR code with your smartphone or tablet.

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Anticoagulants/Antiplatelets

ANTICOAGULANTS

warfarin
Jantoven
 ELIQUIS
 XARELTO

PLATELET AGGREGATION INHIBITORS

anagrelide
cilostazol
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
 AGRYLIN
 BRILINTA
 EFFIENT
 PLAVIX
 PLETAL
 YOSPRALA
 ZONTIVITY

Anticonvulsants

carbamazepine
carbamazepine ext-rel
divalproex sodium delayed-rel
divalproex sodium ext-rel
felbamate
lamotrigine
lamotrigine ext-rel
phenobarbital
topiramate
topiramate ext-rel
valproic acid
 Epitol
 CARBATROL
 DEPAKOTE
 DEPAKOTE ER

DEPAKENE SOLN
 DIACOMIT
 EPRONTIA
 FINTEPLA
 FYCOMPA
 LAMICTAL
 LAMICTAL XR
 MOTPOLY XR
 QUDEXY XR
 SUBVENITE
 TEGRETOL
 TEGRETOL-XR
 TOPAMAX
 TROKENDI XR
 XCOPRI

Behavioral Health

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel

citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel

Brand-name medications are displayed in **ALL UPPERCASE**; branded generic medications are displayed in **UPPER and lowercase italics** or **ALL UPPERCASE ITALICS**; generic medications are displayed in **all lowercase italics**. This is not an all-inclusive list and should only be used as a reference. MVP reserves the right to make changes to this drug list. Refer to your COC, your Summary of Benefits and Coverage (SBC), and any applicable Riders, for details about your plan's prescription drug coverage.

Behavioral Health *continued.*

escitalopram
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
mirtazapine
Nefazodone
nortriptyline
olanzapine/fluoxetine
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
vilazodone
 ANAFRANIL
 CELEXA
 CYMBALTA
 DESVENLAFAXINE ER
 EFFEXOR XR
 EMSAM
 FETZIMA
 FLUOXETINE 60 mg
 FORFIVO XL
 LEXAPRO
 NARDIL
 NORPRAMIN
 PAMELOR
 PARNATE
 PAXIL
 PAXIL CR
 PEXEVA
 PRISTIQ
 PROZAC
 REMERON

SERTRALINE
 SYMBYAX
 TRINTELLIX
 WELLBUTRIN SR
 ZOLOFT

ANTIPSYCHOTICS

aripiprazole
asenapine
chlorpromazine
clozapine
fluphenazine
haloperidol
haloperidol lactate
lithium carbonate
loxapine
lurasidone
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone
 ABILIFY
 ABILIFY ASIMTUFII
 ABILIFY MAINTENA
 ABILIFY MYCITE
 ARISTADA
 CLOZARIL
 EQUETRO
 FANAPT
 GEODON
 HALDOL DECANOATE
 INVEGA
 INVEGA SUSTENNA
 INVEGA TRINZA

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Behavioral Health continued.

LATUDA
LITHOBID
LYBALVI
PERSERIS
REXULTI
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SEROQUEL

SEROQUEL XR
VERSACLOZ
VRAYLAR
ZYPREXA
ZYPREXA ZYDIS

OBSESSIVE COMPULSIVE DISORDER

clomipramine
fluvoxamine
fluvoxamine ext-rel

Cardiovascular Conditions—Other**ANTIARRHYTHMIC AGENTS**

amiodarone
flecainide
sotalol

Pacerone
BETAPACE
INPEFA

Coronary Artery Disease**ANTIHYPERTENSIVES**

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibrate micronized
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel
omega-3-acid ethyl esters
pravastatin
rosuvastatin
simvastatin
Niacor

Prevalite
ANTARA
ATORVALIQ
COLESTID
CRESTOR
EZALLOR SPRINKLE
FENOFIBRIC ACID
FENOGLIDE
FIBRICOR
FLOLIPID
JUXTAPID
LESCOL XL
LIPITOR
LIPOFEN
LIVALO
LOPID
LOVAZA
NEXLETOL
QUESTRAN LIGHT
TRICOR
TRILIPIX

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Coronary Artery Disease continued.

VASCEPA
 WELCHOL
 ZETIA
 ZOCOR
 ZYPITAMAG

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
 ezetimibe/simvastatin
 CADUET
 NEXLIZET
 VYTORIN

Diabetes

Some MVP plans may offer a different co-pay or co-insurance for medications and supplies used to treat diabetes. Please refer to your plan documents for details.

DIAGNOSTIC AGENTS AND SUPPLIES

alcohol swabs/skin cleanser

BLOOD GLUCOSE MONITORS

ACCU-CHEK
 ADVOCATE
 ASSURE
 BLULINK
 CARESENS
 CLEVER
 CONTOUR
 DIATHRIVE
 EMBRACE
 FORA
 FREESTYLE
 GLUCOCARD
 ONETOUCH
 PRODIGY
 RELION

BLOOD GLUCOSE STRIPS**BLOOD GLUCOSE & BLOOD PRESSURE MONITOR**

ADVOCATE
 CLEVER CHEK
 DUO-CARE
 FORA
 NEUTEK

BLOOD GLUCOSE & BLOOD CHOLESTEROL MONITOR

CONTINUOUS GLUCOSE MONITOR, RECEIVER, SENSOR,
 TRANSMITTER

DEXCOM

FREESTYLE

GUARDIAN

CONTROL SOLUTIONS

INSULIN DELIVERY DEVICES AND SUPPLIES

OMNIPOD

V-GO

INSULIN SYRINGES AND NEEDLES

KETONE BLOOD TEST STRIPS

LANCETS, LANCET DEVICES

URINE TESTING STRIPS

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

\$30 claim dollar limit on lancets per 30-day supply.

\$20 claim limit per claim for all alcohol pads/swabs.

200 pads/swabs per 30 days.

INHALED DIABETES AGENTS

AFREZZA

INJECTABLE DIABETES AGENTS

ADMELOG

APIDRA

BASAGLAR

BYDUREON BCISE

BYETTA

FIASP

HUMALOG

HUMULIN

INSULIN ASPART

INSULIN DEGLUDEC

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Diabetes continued.

INSULIN GLARGINE
 INSULIN LISPRO
 LANTUS
 LEVEMIR
 LYUMJEV
 MOUNJARO
 MYXREDLIN
 NOVOLIN
 NOVOLOG
 OZEMPIC
 REZVOGLAR
 SEMGLEE
 SOLIQUA
 SYMLINPEN
 TOUJEO
 TRESIBA
 TRULICITY
 VICTOZA

ORAL DIABETES AGENTS

acarbose
alogliptin/metformin
diazoxide
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide micronized
glyburide/metformin
metformin
metformin ext-rel
miglitol

nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
 ACTOPLUS MET
 ACTOS
 AMARYL
 CYCLOSET
 DUETACT
 FARXIGA
 GLUCOTROL XL
 GLUMETZA
 GLYNASE
 GLYXAMBI
 INVOKAMET
 INVOKANA
 JANUMET
 JANUMET XR
 JANUVIA
 JARDIANCE
 JENTADUETO
 JENTADUETO XR
 KAZANO
 RIOMET
 RYBELSUS
 SYNJARDY
 SYNJARDY XR
 TRAJENTA
 TRIJARDY XR
 XIGDUO XR
 ZITUVIO

Hypertension**ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS**

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide

candesartan
candesartan/hydrochlorothiazide
captopril
enalapril
enalapril/hydrochlorothiazide

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Hypertension continued.

fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide
 ACCUPRIL
 ACCURETIC
 ALTACE
 ATACAND
 AVALIDE
 AVAPRO
 BENICAR
 BENICAR HCT
 COZAAR
 DIOVAN
 DIOVAN HCT
 EDARBI
 EDARBYCLOR
 EPANED
 HYZAAR
 LOTENSIN
 LOTENSIN HCT
 LOTREL
 MICARDIS

MICARDIS HCT
 PRESTALIA
 QBRELIS
 VALSARTAN
 VASERETIC
 VASOTEC
 ZESTORETIC
 ZESTRIL

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel
timolol maleate
 BYSTOLIC
 COREG
 COREG CR
 CORGARD
 LOPRESSOR
 TENORETIC
 TENORMIN
 TOPROL-XL
 TRANDATE
 ZIAC

Hypertension continued.

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nimodipine
nisoldipine ext-rel
verapamil
verapamil ext-rel
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC
Taztia XT
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
 KATERZIA
 NORLIQVA
 NORVASC
 NYMALIZE
 PROCARDIA XL
 SULAR
 TIAZAC
 VERAPAMIL ER
 VERELAN
 VERELAN PM

DIURETICS

amiloride
amiloride/hydrochlorothiazide
bumetadine
chlorthalidone
furosemide oral solution
hydrochlorothiazide

indapamide
metolazone
spironolactone
spironolactone/hydrochlorothiazide
toremide
triamterene
triamterene/hydrochlorothiazide
 ALDACTONE
 ALDACTAZIDE
 BUMEX
 DIURIL
 DYRENIUM
 LASIX
 MAXZIDE

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/ hydrochlorothiazide
clonidine
clonidine transdermal
doxazosin
eplerenone
guanfacine
hydralazine
isoxsuprine
methyldopa
olmesartan/amlodipine/ hydrochlorothiazide
prazosin
terazosin
 AZOR
 CARDURA
 CATAPRES-TTS
 EXFORGE
 EXFORGE HCT
 TEKTURNA
 TEKTURNA HCT
 TRIBENZOR

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SUPPLIES**BLOOD PRESSURE MONITORING—ACCESSORIES,
DEVICE, KIT**

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

Osteoporosis

alendronate

calcitonin

calcitonin/salmon

ibandronate

raloxifene

risedronate

ACTONEL

AELVIA

BINOSTO

EVISTA

FORTEO

FOSAMAX

FOSAMAX PLUS D

MIACALCIN NASAL SPRAY

PROLIA

TERIPARATIDE

TYMLOS

Preventive Care Services**AGENTS FOR CHEMICAL DEPENDENCY**

acamprosate calcium

buprenorphine sublingual

buprenorphine/naloxone sublingual

disulfiram

naltrexone

SUBOXONE FILM

VIVITROL

ZUBSOLV

Respiratory Disorders**RESPIRATORY AGENTS**

albuterol HFA

albuterol inh solution

arformoterol inh soln

budesonide suspension

budesonide/formoterol

fluticasone furoate/vilanterol ellipta

fluticasone propionate HFA

fluticasone/salmeterol

ipratropium inh solution

levalbuterol inh soln

montelukast

terbutaline

zafirlukast

zileuton ext-rel

Breyna

Wixela Inhub

ACCOLATE

ADVAIR

ADVAIR HFA

AIRDUO RESPICLICK

ANORO ELLIPTA

ARMONAIR DIGIHALER

ARNUITY ELLIPTA

ASMANEXHFA

BEVESPI

BROVANA

BREO ELLIPTA

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Respiratory Disorders continued.

FLOVENT DISKUS
 FLOVENT HFA
 INCRUSE ELLIPTA
 PULMICORT
 PULMICORT FLEXHALER
 QVAR REDHALER
 SEREVENT DISKUS
 SINGULAIR
 SPRIVA HANDIHALER
 SPIRIVA RESPIMAT 1.25 mcg
 STIOLTO
 SYMBICORT
 TUDORZA
 XOPENEX
 YUPELRI
 ZYFLO

SUPPLIES

PEAK FLOW METERS

DENTAL CARIES PREVENTION

PEDIATRIC MULTIVITAMINS WITH FLUORIDE—ALL
 MARKETED PRODUCTS

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
everolimus
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf
 ASTAGRAF XL
 CELLCEPT
 ENVARUSUS XR
 MYFORTIC
 NEORAL
 PROGRAF
 RAPAMUNE
 SANDIMMUNE
 ZORTRESS

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS

PRENATAL VITAMINS

PRENATAL VITAMINS

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.