



Small Group \$0 Drug List

NOTE: For plans having a prescription drug copay (non HSA-qualified), all drugs listed are a \$0 copay. For HSA-qualified plans, only the drugs highlighted in blue are \$0/first dollar (as preventive) due to IRS regulations. The others listed would be subject to deductible/coinsurance.

DRUG NAME	DRUG NAME	DRUG NAME
ACEBUTOLOL HCL	ESCITALOPRAM OXALATE	METHYLDOPA
ALBUTEROL SULFATE SYRUP	ESTRADIOL	METHYLDOPA/ HYDROCHLOROTHIAZIDE
ALENDRONATE SODIUM	ESTROPIPATE	METOLAZONE
ALLOPURINOL	FLUOXETINE HCL CAPSULE	METOPROLOL TARTRATE
AMILORIDE/ HYDROCHLOROTHIAZIDE	FLUTICASONE PROPIONATE NASAL SPRAY	METOPROLOL/ HYDROCHLOROTHIAZIDE
AMITRIP HCL/ CHLORDIAZEPOXIDE	FOLIC ACID	MINOCYCLINE HCL CAPSULE
AMITRIPTYLINE HCL	FOSINOPRIL SODIUM	MONTELUKAST SODIUM
AMLODIPINE BESYLATE	FUROSEMIDE	NORTRIPTYLINE HCL
AMOXICILLIN	GLIMEPIRIDE	PAROXETINE HCL
AMPICILLIN TRIHYDRATE	GLIPIZIDE	PENICILLIN V POTASSIUM
ATENOLOL	GLYBURIDE	PRAVASTATIN SODIUM
ATENOLOL/CHLORTHALIDONE	GLYBURIDE,MICRONIZED	PRAZOSIN HCL
ATORVASTATIN CALCIUM	GUANFACINE HCL	PREDNISONE
BACLOFEN	HYDRALAZINE HCL	PROPRANOLOL HCL TABLET
BENAZEPRIL HCL	HYDROCHLOROTHIAZIDE	QUINAPRIL HCL
BISOPROLOL FUMARATE	HYDROXYCHLOROQUINE SULFATE	RAMIPRIL
BISOPROLOL FUMARATE/HCTZ	IMIPRAMINE HCL	SERTRALINE HCL
CAPTOPRIL	INDAPAMIDE	SIMVASTATIN
CARVEDILOL	IRBESARTAN	SODIUM FLUORIDE
CHLOROTHIAZIDE	ISOSORBIDE MONONITRATE	SOTALOL
CHLORTHALIDONE	ISOSORBIDE MONONITRATE ER	SOTALOL AF
CITALOPRAM HYDROBROMIDE	LABETALOL HCL	SPIRONOLACTONE
CLONIDINE HCL	LATANOPROST	SULFAMETHOXAZOLE/ TRIMETHOPRIM
CYCLOBENZAPRINE HCL	LEVOTHYROXINE SODIUM	TAMSULOSIN HCL
DICYCLOMINE HCL	LISINOPRIL	TERAZOSIN HCL
DIGOXIN	LISINOPRIL/ HYDROCHLOROTHIAZIDE	TIMOLOL MALEATE DROPS
DILTIAZEM HCL TABLET	LITHIUM CARBONATE	TRANDOLAPRIL
DILTIAZEM 24HR CD CAPSULE	LOSARTAN POTASSIUM	TRAZODONE HCL
DOXAZOSIN MESYLATE	LOSARTAN/ HYDROCHLOROTHIAZIDE	TRIAMTERENE/ HYDROCHLOROTHIAZIDE
ENALAPRIL MALEATE	LOVASTATIN	VENLAFAXINE HCL SR CAPSULE
ENALAPRIL/ HYDROCHLOROTHIAZIDE	MEDROXYPROGESTERONE ACETATE	VERAPAMIL HCL
ERGOCALCIFEROL (VITAMIN D2)	METFORMIN HCL TABLET	WARFARIN SODIUM

Not all forms or strengths of a listed drug may be covered at \$0.



Small Group HDHP \$0 Drug List

NOTE: The following list of preventive medications are covered at no additional cost to you under your WPS High-Deductible Health Plan (HDHP):

DRUG NAME
ACEBUTOLOL HCL
ALBUTEROL SULFATE SYRUP
ALENDRONATE SODIUM
AMILORIDE/HYDROCHLOROTHIAZIDE
AMLODIPINE BESYLATE
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATORVASTATIN CALCIUM
BENZAEPRILOL HCL
BISOPROLOL FUMARATE
BISOPROLOL FUMARATE/HCTZ
CARVEDILOL
CHLOROTHIAZIDE
CHLORTHALIDONE
CLONIDINE HCL
DILTIAZEM HCL TABLET
DILTIAZEM 24HR CD CAPSULE
ENALAPRIL MALEATE
ENALAPRIL/HYDROCHLOROTHIAZIDE
GLIMEPIRIDE
GLIPIZIDE
GLYBURIDE
GLYBURIDE, MICRONIZED
HYDROCHLOROTHIAZIDE

DRUG NAME
INDAPAMIDE
IRBESARTAN
LISINOPRIL
LISINOPRIL HYDROCHLOROTHIAZIDE
LOSARTAN POTASSIUM
LOSARTAN HYDROCHLOROTHIAZIDE
LOVASTATIN
METFORMIN HCL TABLET
METOLAZONE
METOPROLOL TARTRATE
METOPROLOL/ HYDROCHLOROTHIAZIDE
MONTELUKAST SODIUM
PRAVASTATIN SODIUM
PROPRANOLOL HCL TABLET
QUINAPRIL HCL
RAMIPRIL
SIMVASTATIN
SODIUM FLUORIDE
SPIRONOLACTONE
TRIAMTERENE/HYDROCHLOROTHIAZIDE
VERAPAMIL HCL
WARFARIN SODIUM

Not all forms or strengths of a listed drug may be covered at \$0.