

Small Group \$0 Drug List

NOTE: The following list of preventive medications are covered at no additional cost to you under your WPS prescription benefit:

DRUG NAME
ACEBUTOLOL HCL
ALBUTEROL SULFATE
ALENDRONATE SODIUM
AMILORIDE/HYDROCHLOROTHIAZIDE
AMLODIPINE BESYLATE
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATORVASTATIN CALCIUM
BENZAEPRILOL HCL
BISOPROLOL FUMARATE
BISOPROLOL HYDROCHLOROTHIAZIDE
CARTIA XT (PREVENTIVE)
CARVEDILOL
CHLORTHALIDONE
CITALOPRAM HBR
CLONIDINE HCL
DENTA 5000 PLUS
DENTAGEL
DILTIAZEM HCL
DILTIAZEM 24HR ER (CD)
ENALAPRIL MALEATE
ENALAPRIL/HYDROCHLOROTHIAZIDE
ESCITALOPRAM OXALATE (PREVENTIVE)
FLUOXETINE DR
FLUOXETINE HCL
FLUVOXAMINE MALEATE
FLUVOXAMINE MALEATE ER
GEMFIBROZIL
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLIPIZIDE XL
GLYBURIDE
GLYBURIDE MICRONIZED
HYDROCHLOROTHIAZIDE

DRUG NAME
INDAPAMIDE
IRBESARTAN
JANTOVEN
LISINAPRIL
LISINAPRIL-HYDROCHLOROTHIAZIDE
LOSARTAN POTASSIUM
LOSARTAN-HYDROCHLOROTHIAZIDE
LOVASTATIN
METFORMIN HCL
METFORMIN HCL ER
METHYLDOPA
METOLAZONE
METOPROLOL TARTRATE
METOPROLOL/HYDROCHLOROTHIAZIDE
MONTELUKAST SODIUM
PAROXETINE ER
PAROXETINE HCL
PRAVASTATIN SODIUM
PROPRANOLOL HCL
QUINAPRIL HCL
RAMIPRIL
SERTRALINE HCL
SF
SF 5000 PLUS
SIMVASTATIN
SODIUM FLUORIDE
SODIUM FLUORIDE 5000 PLUS
SPIRONOLACTONE
TRIAMTERENE/HYDROCHLOROTHIAZIDE
VERAPAMIL ER
VERAPAMIL ER PM
VERAPAMIL HCL
VERAPAMIL SR
WARFARIN SODIUM

Not all forms or strengths of a listed drug may be covered at \$0. This list is subject to change.

