

BNSF Prescription Program

Preventive Therapy Drug List

(02/01/19)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

TRUVADA 200/300 mg

ANTICOAGULANTS/

ANTIPLATELETS

ANTICOAGULANTS

enoxaparin
fondaparinux
warfarin
Jantoven
ARIXTRA
BEVYXXA
COUMADIN
COUMADIN INJECTION
ELIQUIS
FRAGMIN
LOVENOX
(PRADAXA)
SAVAYSA
XARELTO

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
AGGRENOX
BRILINTA
CLOPIDOGREL KIT
DURLAZA
EFFIENT
(PLAVIX)
YOSPRALA
ZONTIVITY

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

ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine

topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
APTIOM
BANZEL
BRIVIACT
CARBATROL
CELONTIN
DEPAKENE
DEPAKOTE
DEPAKOTE ER
DILANTIN
FELBATOL
FYCOMPA
GABITRIL
KEPPRA
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
MYSOLINE
ONFI
OXTELLAR XR
PEGANONE
PHENYTEK
QUDEXY XR
ROWEEPRA
SABRIL
SPRITAM
TEGRETOL
TEGRETOL-XR
TOPAMAX
TRILEPTAL
TROKENDI XR
VIMPAT
ZARONTIN
(ZONEGRAN)

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
dofetilide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone
(BETAPACE)
(BETAPACE AF)
MULTAQ
NORPACE
NORPACE CR
RYTHMOL SR
SORINE

SOTYLIZE
TIKOSYN

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide dinitrate ext-rel
isosorbide mononitrate
isosorbide mononitrate ext-rel
DILATRATE-SR
ISORDIL

SL and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran
NITRO-BID
NITRO-DUR

CORONARY ARTERY DISEASE

ANTHYPERLIPIDEMICS

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
lovastatin
niacin ext-rel
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite
(ALTOPREV)
(ANTARA)
COLESTID
(CRESTOR)
FENOGLIDE
FIBRICOR
FLOLIPID
KYNAMRO
(LESCOL XL)
(LIPITOR)
LIPOFEN
(LIVALO)
LOPID
NIASPAN
PRAVACHOL
QUESTRAN/QUESTRAN LIGHT
(TRICOR)
(TRIGLIDE)
(TRILIPIX)

* Products are not covered by the BNSF Prescription Program, but are covered by the BNSF Medical Program.

() CVS Caremark Formulary Exclusions – you may be required to pay the full cost.

Some strengths or dosage forms may not be included in the BNSF Prescription Program Preventative Therapy Drug List.

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

WELCHOL
(ZETIA)
ZOCOR
ZYPITAMAG

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
CADUET
VYTORIN

DIABETES

DIAGNOSTIC AGENTS AND SUPPLIES

BLOOD GLUCOSE MONITORS -
ACCU-CHEK BRAND ONLY
BLOOD GLUCOSE STRIPS -
ACCU-CHEK BRAND ONLY
INSULIN SYRINGES (BD BRAND
ONLY), INFUSION SETS, AND
NEEDLES - ALL
KETONE BLOOD TEST STRIPS - ALL
LANCETS, LANCET DEVICES -
ACCU-CHEK BRAND ONLY
OMNIPOD INSULIN INFUSION PUMP
URINE TESTING STRIPS - ALL
V-GO INSULIN DELIVERY DEVICE

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

INHALED DIABETES AGENTS

AFREZZA

INJECTABLE DIABETES AGENTS

ADLYXIN
ADMELOG
(APIDRA)
BASAGLAR KWIKPEN
(BYDUREON)
(BYETTA)
FIASP
(HUMALOG)
(HUMULIN)
(LANTUS)
LEVEMIR
NOVOLIN
NOVOLOG
OZEMPIC
SOLIQUA
SYMLINPEN
(TOUJEO)
(TANZEUM)
TRESIBA
TRULICITY
VICTOZA
XULTOPHY

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

ORAL DIABETES AGENTS

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
chlorpropamide
glimepiride

glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
repaglinide/metformin
tolbutamide
ACTOPLUS MET
ACTOPLUS MET XR
(ACTOS)
AMARYL
DUETACT
FARXIGA
(FORTAMET)
GLUCOPHAGE
GLUCOPHAGE XR
GLUCOTROL
GLUCOTROL XL
(GLUMETZA)
GLYNASE
GLYSET
GLYXAMBI
(INVOKAMET)
(INVOKAMET XR)
(INVOKANA)
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
(JENTADUETO)
(JENTADUETO XR)
(KAZANO)
(KOMBIGLYZE XR)
METAGLIP
(NESINA)
(ONGLYZA)
(OSENI)
PRANDIN
PRECOSE
QTERN
(RIOMET)
SEGLUROMET
STARLIX
STEGLATRO
STEGLUJAN
SYNJARDY
SYNJARDY XR
(TRADJENTA)
XIGDUO XR

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
(ALPROLIX)

BENEFIX
CORIFACT
(ELOCTATE)
FEIBA
(HELIXATE FS)
HEMOFIL M
HUMATE-P
IDELVION
IXINITY
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
MONOCLATE-P
MONONINE
NOVOEIGHT
NUWIQ
PROFILNINE SD
RECOMBINATE
RIXUBIS
TRETEN
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide
ACCPRIL
ACCURETIC
ALTACE
(ATACAND)
(ATACAND HCT)
AVALIDE
AVAPRO
(BENICAR)

** Products are not covered by the BNSF Prescription Program, but are covered by the BNSF Medical Program.*

() CVS Caremark Formulary Exclusions – you may be required to pay the full cost.

Some strengths or dosage forms may not be included in the BNSF Prescription Program Preventative Therapy Drug List.

*Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.*

(BENICAR HCT)
COZAAR
(DIOVAN)
(DIOVAN HCT)
(EDARBI)
(EDARBYCLOR)
EPANED
HYZAAR
LOTENSIN
LOTENSIN HCT
LOTREL
MICARDIS
MICARDIS HCT
PRESTALIA
PRINIVIL
QBRELIS
TARKA
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
nadolol/bendroflumethiazide
pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate
BYSTOLIC
BYVALSON
COREG
COREG CR
CORGARD
CORZIDE
(DUTOPROL)
INDERAL LA
KAPSPARGO
LEVATOL
LOPRESSOR
LOPRESSOR HCT
TENORETIC
TENORMIN
TOPROL-XL
TRANDATE
ZIAC

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel

diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Cartia XT
Dilt-XR
(Matzim LA)
Nifediac CC
Taztia XT
ADALAT CC
CALAN
CALAN SR
(CARDIZEM)
(CARDIZEM CD)
(CARDIZEM LA)
ISOPTIN SR
(NORVASC)
PROCARDIA
PROCARDIA XL
SULAR
TIAZAC
VERELAN
VERELAN PM

DIURETICS

amiloride/hydrochlorothiazide
chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
ALDACTAZIDE
DIURIL
DYAZIDE
MAXZIDE

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanabenz
guanfacine
hydralazine
methyl dopa
methyl dopa/hydrochlorothiazide
minoxidil
olmesartan/amlodipine/
hydrochlorothiazide
AZOR
CATAPRES
CATAPRES-TTS
(EXFORGE)
(EXFORGE HCT)
TEKTURNA
TEKTURNA HCT
TRIBENZOR

TWYNSTA

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS
ALLERGENIC EXTRACTS*

IMMUNIZATIONS
VACCINES*

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
maprotiline
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
Irenka
ANAFRANIL
APLENZIN
CELEXA
(CYMBALTA)
DESVENLAFAXINE ER
(EFFEXOR XR)
EMSAM
(FETZIMA)
FLUOXETINE 60 mg
FORFIVO XL
KHEDEZLA
LEXAPRO
MARPLAN
NARDIL
NORPRAMIN
(OLEPTRO)
PAMELOR
PARNATE
PAXIL
PAXIL CR
PEXEVA
PRISTIQ
PROZAC
REMERON
SURMONTIL

* Products are not covered by the BNSF Prescription Program, but are covered by the BNSF Medical Program.

() CVS Caremark Formulary Exclusions – you may be required to pay the full cost.

Some strengths or dosage forms may not be included in the BNSF Prescription Program Preventative Therapy Drug List.

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

TOFRANIL
TRINTELLIX
VENLAFAXINE ER
VIIBRYD
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT

ANTIPSYCHOTICS

aripiprazole
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone
(ABILIFY)
(ABILIFY MAINTENA)
ARISTADA
CLOZARIL
EQUETRO
(FANAPT)
FAZACLO
GEODON
HALDOL
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA
LATUDA
REXULTI
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SEROQUEL
(SEROQUEL XR)
VERSACLOZ
VRAYLAR
ZYPREXA
ZYPREXA ZYDIS

OBSESSIVE COMPULSIVE DISORDER

fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene
risedronate
zoledronic acid 5 mg/100 mL
ACTONEL
ATELVIA
BINOSTO

BONIVA
BONIVA INJECTION
EVISTA
FORTEO
FOSAMAX
FOSAMAX PLUS D
(MIACALCIN NASAL SPRAY)
PROLIA
RECLAST
TYMLOS

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade
ANTABUSE
BUNAVAIL
PROBUPHINE
SUBLOCADE
SUBOXONE FILM
VIVITROL
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
phendimetrazine
phendimetrazine ext-rel
phentermine
ADIPEX-P
BELVIQ
BELVIQ XR
(CONTRAVE)
LOMAIRA
(QSYMIA)
REGIMEX
SAXENDA
XENICAL

BOWEL PREPARATIONS

peg 3350/electrolytes
Gavilyte
CLENPIQ
COLYTE
GOLYTELY
MOVIPREP
NULYTELY
OSMOPREP
PLENVU
PREPOPIK
SUPREP

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrilex
nicotine transdermal
CHANTIX
NICODERM CQ
NICORETTE GUM
NICORETTE LOZENGE
NICOTROL INHALER

NICOTROL NS
ZYBAN

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

MISCELLANEOUS

cholecalciferol (D3)

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

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
cromolyn sodium nebulizer solution
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel
ACCOLATE
ADVAIR
ADVAIR HFA
AIRDUO RESPICLICK
(ALVESCO)
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
BREO ELLIPTA
CINQAIR
(DULERA)
(FASENRA)
FLOVENT DISKUS
FLOVENT HFA
NUCALA
PULMICORT
PULMICORT FLEXHALER
QVAR REDIHALER
SINGULAIR
SPIRIVA RESPIMAT 1.25 mcg
SYMBICORT
SYNAGIS
XOLAIR
ZYFLO
ZYFLO CR

SUPPLIES

SPACER DEVICES
SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
Mefloquine
ARAKODA
MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED
PRODUCTS

** Products are not covered by the BNSF Prescription Program, but are covered by the BNSF Medical Program.*

() CVS Caremark Formulary Exclusions – you may be required to pay the full cost.

Some strengths or dosage forms may not be included in the BNSF Prescription Program Preventative Therapy Drug List.

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase Italics, and generic products in lowercase italics.

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE
HAEGARDA
TAKHZYRO

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf
ASTAGRAF XL
CELLCEPT
ENVARUS XR
MYFORTIC
NEORAL
NULOJIX
(PROGRAF)
RAPAMUNE
SANDIMMUNE
ZORTRESS

MULTIPLE SCLEROSIS AGENTS

glatiramer
AUBAGIO
AVONEX
BETASERON
COPAXONE
(EXTAVIA)
GILENYA
LEMTRADA
OCREVUS
PLEGRIDY
REBIF
TECFIDERA
TYSABRI

WOMEN'S HEALTH**ANTIESTROGENS**

tamoxifen
SOLTAMOX

AROMATASE INHIBITORS

anastrozole
exemestane

letrozole
ARIMIDEX
AROMASIN
FEMARA

CONTRACEPTIVES

CONTRACEPTIVES - ALL
PRESCRIPTION FORMULATIONS

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

PRENATAL VITAMINS

folic acid
PRENATAL VITAMINS
- PRESCRIPTION

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

** Products are not covered by the BNSF Prescription Program, but are covered by the BNSF Medical Program.*

() CVS Caremark Formulary Exclusions – you may be required to pay the full cost.

Some strengths or dosage forms may not be included in the BNSF Prescription Program Preventative Therapy Drug List.

*Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.*