



**\$0 copay
drugs**

**EMHS Employee Health Plan
POWERED BY BEACON HEALTH**

The generic versions of the medications listed below are free of cost to EMHS Employee Health Plan participants. Items marked with an asterisk require prior authorization or step therapy. Contact Geisinger, the administrator of the pharmacy benefit, if you have questions: 1-800-988-4861

**Coronary Artery Disease
(High Cholesterol)**

ATORVASTATIN
ATORVASTATIN/
AMLODIPINE
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
COLESTIPOL
EZETIMIBE
FENOFIBRATE
FENOFIBRIC ACID
FLUVASTATIN
GEMFIBROZIL
LOVASTATIN
NIACIN ER
PRAVASTATIN
ROSUVASTATIN
SIMVASTATIN

Depression

BUPROPION
BUPROPION SR
BUPROPION XL
CITALOPRAM
DESVENLAFAXINE ER*
DULOXETINE
ESCITALOPRAM
FLUOXETINE
FLUVOXAMINE
MAPROTELIN
MIRTAZAPINE
NEFAZODONE
PAROXETINE
PHENELZINE
SERTRALINE
TRANLYCPROMINE
TRAZODONE
TRAZODONE
VENLAFAXINE
VENLAFAXINE XR

Diabetes

ACARBOSE
CHLORPROPAMIDE
BLOOD SUGAR TEST
STRIPS (LIFESCAN
PRODUCTS)
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE XL
GLIPIZIDE/METFORMIN
GLYBURIDE
GLYBURIDE MICRONIZED
GLYBURIDE/METFORMIN
INSULIN SYRINGES/PEN
NEEDLES
LANCETS
METFORMIN
METFORMIN ER
MIGLITOL
NATEGLINIDE
PIOGLITAZONE
PIOGLITAZONE/
GLIMEPIRIDE
PIOGLITAZONE/
METFORMIN
TOLAZAMIDE
TOLBUTAMIDE

**Hypertension (High Blood
Pressure)**

ACEBUTOLOL
ACETAZOLAMIDE
AMILORIDE
AMILORIDE W/ HCTZ
AMLODIPINE
ATENOLOL
ATENOLOL W/
CHLORTHALIDONE
BENAZEPRIL
BENAZEPRIL W/ HCTZ
BENAZEPRIL/AMLODIPINE
BETAXOLOL
BISOPROLOL
BISOPROLOL W/ HCTZ

BUMETANIDE
CANDESARTAN
CILEXETIL*
CAPTOPRIL
CAPTOPRIL W/ HCTZ
CARVEDILOL
CHLOROTHIAZIDE
CHLORTHALIDONE
CLONIDINE
DILTIAZEM
DILTIAZEM ER
DILTIAZEM SR
DOXAZOSIN
ENALAPRIL
ENALAPRIL W/ HCTZ
EPLERENONE
EPROSARTAN
FELODIPINE
FOSINOPRIL
FOSINOPRIL W/ HCTZ
FUROSEMIDE
GUANABENZ
GUANFACINE
HYDRALAZINE
HYDROCHLOROTHIAZIDE
(HCTZ)
INDAPAMIDE
IRBESARTAN
IRBESARTAN W/ HCTZ
ISOSORBIDE DINITRATE
ISOSORBIDE
MONONITRATE
ISRADIPINE
LABETALOL
LISINOPRIL
LISINOPRIL W/ HCTZ
LOSARTAN
LOSARTAN W/ HCTZ
METHYLCLOTHIAZIDE
METHYLDOPA
METHYLDOPA W/ HCTZ
METOLAZONE
METOPROLOL SUCCINATE
METOPROLOL TARTRATE



\$0 copay drugs

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MOEXIPRIL
MOEXIPRIL W/HCTZ
NADOLOL
NADOLOL W/ BENDROFLUMETHIAZIDE
NICARDIPINE
NIFEDIPINE
NIFEDIPINE ER
NIMODIPINE
NISOLDIPINE
OLMESARTAN*
OLMESARTAN/
AMLODIPINE W/HCTZ*
OLMESARTAN W/HCTZ*
PERINDOPRIL
PINDOLOL
PRAZOSIN
PROPRANOLOL
PROPRANOLOL W/ HCTZ
QUINAPRIL
QUINAPRIL W/ HCTZ
RAMIPRIL
RESERPINE
SOTALOL
SOTALOL AF
SPIRONOLACTONE
SPIRONOLACTONE W/ HCTZ
TELMISARTAN W/AMLODIPINE*
TERAZOSIN
TIMOLOL
TORSEMIDE
TRANDOLAPRIL
TRANDOLAPRIL/
VERAPAMIL
TRIAMTERENE W/ HCTZ
VALSARTAN W/ HCTZ
VERAPAMIL
VERAPAMIL SR