

High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

Preventive Therapy Drug List

(12/01/23)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg
APRETUDE
DESCOVY
TRUVADA 200/300 mg

ANTICOAGULANTS/

ANTIPLATELETS

ANTICOAGULANTS

dabigatran
enoxaparin
fondaparinux
warfarin
Jantoven
ARIXTRA
ELIQUIS
FRAGMIN
LOVENOX
PRADAXA
PRADAXA PAK
SAVAYSA
XARELTO

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
BRILINTA
EFFIENT
PLAVIX
YOSPRALA
ZONTIVITY

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

ANTICONSULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
methsuximide
oxcarbazepine

phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
Phenytek
APTIOM
BANZEL
BRIVIACT
CARBATROL
CELONTIN
DEPAKOTE
DEPAKOTE ER
DIACOMIT
DILANTIN
ELEPSIA XR
EPIDIOLEX
EPRONTIA
FELBATOL
FINTEPLA
FYCOMPA
KEPPRA
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
MOTPOLY XR
MYSOLINE
ONFI
OXTELLAR XR
QUDEXY XR
ROWEEPRA
SABRIL
TEGRETOL
TEGRETOL-XR
TOPAMAX
TRILEPTAL
TROKENDI XR
VIMPAT
XCOPRI
ZARONTIN
ZONEGRAN
ZONISADE
ZTALMY

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
SOTYLIZE
TIKOSYN

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate ext-rel
ISORDIL

*Sublingual and chewable formulations are not included
on this list.*

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
NITRO-BID
NITRO-DUR

MISCELLANEOUS

INPEFA
LODOCO

CORONARY ARTERY DISEASE

ANTIHYPERTENSIVES

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel

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

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite
ALTOPREV
ANTARA
ATORVALIQ
COLESTID
CRESTOR
EZALLOR SPRINKLE
FENOFIBRIC ACID
FENOGLIDE
FIBRICOR
FLOLIPID
LESCOL XL
LIPITOR
LIPOFEN
LIVALO
LOPID
PRALUENT
QUESTRAN/QUESTRAN LIGHT
REPATHA
TRICOR
TRILIPIX
VASCEPA
WELCHOL
ZETIA
ZOCOR
ZYPITAMAG

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
CADUET
EZETIMIBE/ROSUVASTATIN
ROSZET
VYTORIN

DIABETES

DIAGNOSTIC AGENTS AND SUPPLIES

BLOOD GLUCOSE MONITORS - ALL
BLOOD GLUCOSE STRIPS - ALL
CONTROL SOLUTIONS
INSULIN DELIVERY DEVICES
INSULIN SYRINGES, INFUSION SETS,
AND NEEDLES - ALL
KETONE BLOOD TEST STRIPS - ALL
LANCETS, LANCET DEVICES
URINE TESTING STRIPS - ALL

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

INHALED DIABETES AGENTS

AFREZZA

INJECTABLE DIABETES AGENTS

ADMELOG
APIDRA
BASAGLAR
BYDUREON BCISE
BYETTA

FIASP
HUMALOG
HUMULIN
INSULIN ASPART
INSULIN DEGLUDEC
INSULIN GLARGINE
INSULIN LISPRO
LANTUS
LEVEMIR
LYUMJEV
MOUNJARO
MYXREDLIN
NOVOLIN
NOVOLOG
OZEMPIC
REZVOGLAR
SEMGLEE
SOLIQUA
SYMLINPEN
TOUJEO
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
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin ext-rel
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS
AMARYL
BRENZAVVY
DUETACT
FARXIGA
GLUCOTROL XL
GLUMETZA
GLYXAMBI
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA

JARDIANCE
JENTADUETO
JENTADUETO XR
KAZANO
KOMBIGLYZE XR
METAGLIP
METFORMIN
NESINA
ONGLYZA
OSEN
QTERN
RIOMET
RYBELSUS
SEGLUROMET
STEGLATRO
STEGLUJAN
SYNJARDY
SYNJARDY XR
TRADJENTA
TRIJARDY XR
XIGDUO XR

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
ALTUVIIIO
BENEFIX
COAGADEX
CORIFACT
ELOCTATE
ESPEROCT
FEIBA
HEMLIBRA
HEMOFIL M
HUMATE-P
IDELVION
IXINITY
JIVI
KOATE
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ
PROFILNINE
RECOMBINATE
RIXUBIS
TRETEN
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril

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

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
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
 ATACAND HCT
 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
 INDERAL LA
 KAPSPARGO
 LEVATOL
 LOPRESSOR
 TENORETIC
 TENORMIN
 TOPROL-XL
 TRANDATE

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

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

DIURETICS

amiloride/hydrochlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide

spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
 ALDACTAZIDE
 DIURIL
 MAXZIDE
 THALITONE

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methyl dopa
minoxidil
olmesartan/amlodipine/
hydrochlorothiazide
 AZOR
 CATAPRES-TTS
 EXFORGE
 EXFORGE HCT
 TEKTURN
 TEKTURN HCT
 TRIBENZOR

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS
 ALLERGENIC EXTRACTS - ALL

IMMUNIZATIONS
 VACCINES - ALL

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine

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

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

venlafaxine
venlafaxine ext-rel
vilazodone
Irenka
ANAFRANIL
APLENZIN
AUVELITY
CELEXA
CYMBALTA
DESVENLAFAXINE ER
EFFEXOR XR
EMSAM
FETZIMA
FLUOXETINE 60 mg
FORFIVO XL
LEXAPRO
MARPLAN
NARDIL
NORPRAMIN
OLEPTRO
PAMELOR
PARNATE
PAXIL
PAXIL CR
PRISTIQ
PROZAC
REMERON
SERTRALINE
TRINTELLIX
VIIBRYD
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT

ANTIMANIC

lithium carbonate
lithium carbonate ext-rel
LITHIUM
LITHOBID ER

ANTIPSYCHOTICS

aripiprazole
asenapine
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
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
CAPLYTA
CLOZARIL
EQUETRO
FANAPT
GEODON
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA
LATUDA
LYBALVI
PERSERIS
REXULTI
RISPERDAL
RISPERDAL CONSTA
RYKINDO
SAPHRIS
SECUADO
SEROQUEL
SEROQUEL XR
UZEDY
VERSACLOZ
VRAYLAR
ZYPREXA
ZYPREXA ZYDIS

OBSESSIVE COMPULSIVE DISORDER

clomipramine
fluvoxamine
fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene
risedronate
zoledronic acid 5 mg/100 mL
ACTONEL
ATELVIA
BINOSTO
EVENITY
EVISTA
FORTEO
FOSAMAX
FOSAMAX PLUS D
MIACALCIN NASAL SPRAY
PROLIA
RECLAST
TERIPARATIDE
TYMLOS

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram

naltrexone
Depade
BRIXADI
SUBLOCADE
SUBOXONE FILM
VIVITROL
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
orlistat
phendimetrazine
phentermine
ADIPEX-P
CONTRAVE
LOMAIRA
PHENDIMETRAZINE ER
QSYMIA
SAXENDA
WEGOVY
XENICAL

BOWEL PREPARATIONS

peg 3350/electrolytes
sodium sulfate/potassium
sulfate/magnesium sulfate
Gavilyte
CLENPIQ
GOLYTELY
MOVIPREP
OSMOPREP
PLENVU
SUFLAVE
SUPREP
SUTAB

SMOKING DETERRENTS

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

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
budesonide/formoterol
cromolyn sodium nebulizer solution

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

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

fluticasone furoate/vilanterol ellipta
fluticasone propionate HFA
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel
Breyna
Wixela Inhub
ACCOLATE
ADVAIR
ADVAIR HFA
AIRDUO RESPICLICK
ALVESCO
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
BEYFORTUS
BREO ELLIPTA
CINQAIR
DULERA
FASENRA
FLOVENT DISKUS
FLOVENT HFA
NUCALA
PULMICORT
PULMICORT FLEXHALER
QVAR REDIHALER
SINGULAIR
SPIRIVA RESPIMAT 1.25 mcg
SYMBICORT
SYNAGIS
TEZSPIRE
TRELEGY ELLIPTA
XOLAIR
ZYFLO

SUPPLIES

PEAK FLOW METERS
SPACER DEVICES
SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine

mefloquine
primaquine
ARAKODA
MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED
PRODUCTS

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE
HAEGARDA
ORLADEYO
TAKHZYRO

IMMUNOSUPPRESSIVE AGENTS

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

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
fingolimod
glatiramer
AUBAGIO
AVONEX
BAFIERTAM
BETASERON
BRIUMVI

COPAXONE
EXTAVIA
GILENYA
KESIMPTA
LEMTRADA
MAVENCLAD
MAYZENT
OCREVUS
PLEGRIDY
PONVORY
REBIF
TASCENSO ODT
TECFIDERA
TYSABRI
VUMERITY
ZEPOSIA

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

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

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

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.