

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

## Preventive Therapy Drug List

(08/01/23)

### 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.*

### ANTICONVULSANTS

*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*  
APTIOM  
BANZEL  
BRIVIACT  
CARBATROL  
CELONTIN  
DEPAKOTE  
DEPAKOTE ER  
DIACOMIT  
DILANTIN  
ELEPSIA XR  
EPIDIOLEX  
EPRONTIA  
FELBATOL  
FINTEPLA  
FYCOMPA  
KEPPRA  
KEPPRA XR  
KLONOPIN  
LAMICTAL  
LAMICTAL XR  
MYSOLINE  
ONFI  
OXTELLAR XR  
PHENYTEK  
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  
SORINE  
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

### 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*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*

*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.

*Niacor*  
*Prevalite*  
ALTOPREV  
ANTARA  
ATORVALIQ  
COLESTID  
CRESTOR  
EZALLOR SPRINKLE  
FENOFIBRIC ACID  
FENOGLIDE  
FIBRICOR  
FLOLIPID  
LESCOL XL  
LIPITOR  
LIPOFEN  
LIVALO  
LOPID  
PRALUENT  
QUESTRAN/QUESTRAN LIGHT  
REPETHA  
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*  
ACTOPLUS MET  
ACTOPLUS MET XR  
ACTOS  
AMARYL  
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  
OSENI  
QTERN  
RIOMET  
RYBELSUS  
SEGLUROMET  
STEGLATRO  
STEGLUJAN  
SYNJARDY  
SYNJARDY XR  
TRADJENTA  
TRIJARDY XR  
XIGDUO XR

#### **HEMATOLOGIC AGENTS**

ADVATE  
ADYNOVATE  
AFSTYLA  
ALPHANATE  
ALPHANINE SD  
ALPROLIX  
ALTUVIPIO  
BENEFIX  
COAGADEX  
CORIFACT  
ELOCTATE  
ESPEROCT  
FEIBA  
HEMOPIL 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*  
*captopril/hydrochlorothiazide*  
*enalapril*  
*enalapril/hydrochlorothiazide*  
*fosinopril*  
*fosinopril/hydrochlorothiazide*  
*irbesartan*  
*irbesartan/hydrochlorothiazide*

*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.

*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  
ZIAC

**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  
TEKTURNA  
TEKTURNA 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*  
*venlafaxine*  
*venlafaxine ext-rel*  
*vilazodone*  
*Irenka*  
ANAFRANIL  
APLENZIN  
AUVELITY

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.

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

#### 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  
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  
EVENTY  
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*  
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  
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*  
*fluticasone furoate/vilanterol ellipta*  
*fluticasone propionate HFA*  
*fluticasone/salmeterol*  
*montelukast*  
*zafirlukast*  
*zileuton ext-rel*  
*Wixela Inhub*  
ACCOLATE  
ADVAIR  
ADVAIR HFA  
AIRDUO RESPICLICK  
ALVESCO  
ARNUITY ELLIPTA  
ASMANEX  
ASMANEX HFA  
BREO ELLIPTA

*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.

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 CAVES 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  
ENVARUSUS 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  
LEMTADA  
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.