

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

Preventive Therapy Drug List

(08/01/25)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

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

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS

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

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
ticagrelor
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
eslicarbazepine
ethosuximide
felbamate
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam

levetiracetam ext-rel
methsuximide
oxcarbazepine
oxcarbazepine ext-rel
perampanel
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
Phenytek
APTOM
BANZEL
BRIVIACT
CARBATROL
CELONTIN
DEPAKOTE
DEPAKOTE ER
DIACOMIT
DILANTIN
ELEPSIA XR
EPIDIOLEX
EPRONTIA
FELBATOL
FINTEPLA
FYCOMPA
KEPPRA
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
LEVETIRACETAM
MOTPOLY XR
MYSOLINE
ONFI
OXTELLAR XR
ROWEEPPRA
SABRIL
SPRITAM
TEGRETOL
TEGRETOL-XR
TOPAMAX
TRILEPTAL
TROKENDI XR
VIGAFYDE
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
SOTYLIZE
TIKOSYN

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate ext-rel
ISORDIL
ISOSORBIDE MONONITRATE

*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
colexsevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin 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.

gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel
pitavastatin
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite
ALTOPREV
ANTARA
ATORVALIQ
COLESTID
CRESTOR
EZALLOR SPRINKLE
FENOFIBRIC ACID
FLOLIPID
LESCOL XL
LIPITOR
LIPOFEN
LIVALO
LOPID
NEXLETOL
PRALUENT
QUESTRAN/QUESTRAN LIGHT
REPATHA
TRICOR
VASCEPA
WELCHOL
ZETIA
ZOCOR
ZYPITAMAG

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
CADUET
NEXLIZET
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

exenatide
liraglutide
ADMELOG

APIDRA
BASAGLAR
FIASP
HUMALOG
HUMULIN
INSULIN ASPART
INSULIN DEGLUDEC
INSULIN GLARGINE
INSULIN LISPRO
LANTUS
LYUMJEV
MERILOG
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
dapagliflozin
dapagliflozin/metformin ext-rel
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
BEXAGLIFLOZIN
BRENZAVVY
DUETACT
FARXIGA
GLUCOTROL XL
GLYXAMBI
INVOKAMET
INVOKAMET XR

INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
KAZANO
METAGLIP
METFORMIN
NESINA
ONGLYZA
OSEN
RIOMET
RYBELSUS
SEGLUROMET
SITAGLIPTIN
SITAGLIPTIN/METFORMIN
STEGLATRO
STEGLUJAN
SYNJARDY
SYNJARDY XR
TRADJENTA
TRIJARDY XR
XIGDUO XR
ZITUVIMET
ZITUVIMET XR
ZITUVIO

HEMATOLOGIC AGENTS

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

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.

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
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
valsartan
valsartan/hydrochlorothiazide
ACCUPRIL
ACCURETIC
ALTACE
ARBLI
ATACAND
ATACAND HCT
AVALIDE
AVAPRO
BENICAR
BENICAR HCT
COZAAR
DIOVAN
DIOVAN HCT
EDARBI
EDARBYCLOR
EPANED
HYZAAR
LOTENSIN
LOTENSIN HCT
MICARDIS
MICARDIS HCT
QBRELIS
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
CORCARD
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
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
INZIRQO
THALITONE

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methyl dopa
minoxidil
olmesartan/amlodipine/
hydrochlorothiazide
trandolapril/verapamil ext-rel
AZOR
CATAPRES-TTS
EXFORGE
EXFORGE HCT
LOTREL
PRESTALIA
TEKTURNA
TEKTURNA HCT
TRIBENZOR
TRYVIO

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

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.

imipramine pamoate
mirtazapine
nefazodone
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
vilazodone
ANAFRANIL
APLENZIN
AUVELITY
CELEXA
CYMBALTA
DESVENLAFAXINE ER
DRIZALMA SPRINKLE
EFFEXOR XR
EMSAM
FETZIMA
FLUOXETINE 60 mg
FORFIVO XL
LEXAPRO
MARPLAN
NARDIL
NORPRAMIN
OLEPTRO
PAMELOR
PARNATE
PAXIL
PAXIL CR
PRISTIQ
PROZAC
RALDESY
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

molindone
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone
ABILIFY
ABILIFY ASIMTUFI
ABILIFY MAINTENA
ABILIFY MYCITE
ARISTADA
CAPLYTA
CLOZARIL
COBENFY
EQUETRO
ERZOFRI
FANAPT
GEODON
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA
LATUDA
LYBALVI
OPIPZA
PERSERIS
REXULTI
RISPERDAL
RISPERDAL CONSTA
RYKINDO
SAPHRIS
SECUADO
SEROQUEL
SEROQUEL XR
UZEDY
VERSACLOZ
VRAYLAR
ZYPREXA

OBSESSIVE COMPULSIVE DISORDER

clomipramine
fluvoxamine
fluvoxamine ext-rel

OSTEOPOROSIS

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

CONEXXENCE
EVENITY
EVISTA
FORTEO
FOSAMAX
FOSAMAX PLUS D
JUBBONTI
MIACALCIN NASAL SPRAY
PROLIA
RECLAST
STOBOCLO
TERIPARATIDE
TYMLOS

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
BRIXADI
SUBLOCADE
SUBOXONE FILM
VIVITROL
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
orlistat
phendimetrazine
phentermine
phentermine/topiramate
ADIPEX-P
CONTRACE
LOMAIRA
PHENDIMETRAZINE ER
QSYMIA
SAXENDA
WEGOVY
XENICAL
ZEPBOUND

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

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.

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
fluticasone propionate diskus
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
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 MARKETING
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
MYHIBBIN
NEORAL
NULOJIX
PROGRAF
RAPAMUNE
SANDIMMUNE
ZORTRESS

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide
AUBAGIO
AVONEX
BAFIERTAM
BETASERON
BRIUMVI
COPAXONE
EXTAVIA
GILENYA
KESIMPTA
LEMTRADA
MAVENCLAD
MAYZENT
OCREVUS
OCREVUS ZUNOVO
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) contraceptive and 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.