High Deductible Health Plan (HDHP) - Health Savings Account (HSA) **Generics Only Preventive Therapy Drug List**

(12/01/24)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg

ANTICOAGULANTS/ **ANTIPLATELETS**

ANTICOAGULANTS

dabigatran enoxaparin fondaparinux warfarin Jantoven

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg clopidogrel dipyridamole dipyridamole ext-rel/aspirin prasugrel

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 oxcarbazepine ext-rel

phenobarbital

phenytoin

phenytoin sodium extended

primidone rufinamide tiagabine topiramate topiramate ext-rel valproic acid vigabatrin zonisamide **Epitol** Phenytek

CARDIOVASCULAR CONDITIONS -OTHER

ANTIARRHYTHMIC AGENTS

amiodarone disopyramide dofetilide flecainide propafenone propafenone ext-rel sotalol sotalol AF Pacerone

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate isosorbide mononitrate isosorbide mononitrate ext-rel

Sublingual and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL **AGENTS**

nitroglycerin transdermal

CORONARY ARTERY DISEASE

ANTIHYPERLIPIDEMICS

atorvastatin cholestyramine colesevelam colestipol ezetimibe fenofibrate fenofibric acid

fenofibric acid delaved-rel

fluvastatin fluvastatin ext-rel gemfibrozil icosapent ethyl Iovastatin niacin ext-rel pitavastatin pravastatin rosuvastatin simvastatin Niacor Prevalite

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin ezetimibe/simvastatin

DIABETES

INJECTABLE DIABETES AGENTS

liraglutide

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 saxaaliptin

saxagliptin/metformin ext-rel

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

lisinopril

lisinopril/hydrochlorothiazide

Iosartan

losartan/hydrochlorothiazide

moexipril olmesartan

olmesartan/hydrochlorothiazide

perindopril quinapril

quinapril/hydrochlorothiazide

ramipril

telmisartan

telmisartan/hydrochlorothiazide

trandolapril

trandolapril/verapamil ext-rel

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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.

valsartan

valsartan/hydrochlorothiazide

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

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

DIURETICS

Nifediac CC

amiloride/hydrochlorothiazide chlorthalidone

hydrochlorothiazide indapamide

spironolactone/hydrochlorothiazide triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren

amlodipine/olmesartan amlodipine/telmisartan amlodipine/valsartan/ hydrochlorothiazide

clonidine

clonidine transdermal

guanfacine hydralazine methyldopa minoxidil

olmesartan/amlodipine/ hydrochlorothiazide

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

ANTIMANIC

Irenka

lithium carbonate
lithium carbonate ext-rel

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

OBSESSIVE COMPULSIVE DISORDER

clomipramine fluvoxamine fluvoxamine ext-rel

OSTEOPOROSIS

alendronate calcitonin calcitonin/salmon ibandronate raloxifene risedronate teriparatide

zoledronic acid 5 mg/100 mL

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium buprenorphine sublingual buprenorphine/naloxone sublingual disulfiram naltrexone

ANTI-OBESITY AGENTS

benzphetamine diethylpropion diethylpropion ext-rel orlistat phendimetrazine phentermine

BOWEL PREPARATIONS

peg 3350/electrolytes sodium sulfate/potassium sulfate/magnesium sulfate Gavilyte

SMOKING DETERRENTS

bupropion ext-rel nicotine polacrilex nicotine transdermal varenicline

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

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zileuton ext-rel Breyna Wixela Inhub

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil chloroquine mefloquine primaquine

DENTAL CARIES PREVENTION sodium fluoride

30diairi naonae

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps everolimus mycophenolate mofetil mycophenolate sodium delayed-rel sirolimus tacrolimus Gengraf **MULTIPLE SCLEROSIS AGENTS**

dimethyl fumarate delayed-rel fingolimod glatiramer teriflunomide

WOMEN'S HEALTH ANTIESTROGENS tamoxifen

AROMATASE INHIBITORS anastrozole exemestane letrozole CONTRACEPTIVES
CONTRACEPTIVES - ALL GENERIC
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 - GENERIC
PRODUCTS

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