

Ivy Tech High Deductible Health Plan (HDHP) - Health Savings Account (HSA) Preventive Therapy Drug List

Treatments marked in **red** text with an asterisk (*) require trial and failure of preferred, covered options or approval via prior authorization to be covered. Please refer to the CVS Caremark® Performance Drug List for preferred medication options that are available.

(07/01/23)

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
oxcarbazepine

phenobarbital
phenytoin
phenytoin sodium extended
Primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel*
valproic acid
vigabatrin
zonisamide
Epitol
APTIOM
BANZEL TABLET*
BRIVIACT
CARBATROL
CELONTIN
DEPAKOTE*
DEPAKOTE ER*
DIACOMIT*
DILANTIN*
ELEPSIA XR*
EPIDIOLEX
EPRONTIA*
FELBATOL
FINTEPLA*
FYCOMPA
GABITRIL
KEPPRA*
KEPPRA XR*
KLONOPIN
LAMICTAL*
LAMICTAL XR*
LAMICTAL ODT*
MYSOLINE
ONFI*
OXTELLAR XR
PHENYTEK
QUDEXY XR
ROWEEPR
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 (except 40 mg)
isosorbide mononitrate
isosorbide mononitrate ext-rel*
ISORDIL

SL and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
NITRO-BID
NITRO-DUR

CORONARY ARTERY DISEASE

ANTIHYPERLIPIDEMICS

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibric acid
fenofibrate – exceptions apply*
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
icosapent ethyl*
lovastatin
niacin ext-rel
pravastatin
rosuvastatin
simvastatin
Niacor*
Prevalite
ALTOPREV*
ANTARA
ATORALIQ*
COLESTID

CRESTOR*
EZALLOR SPRINKLE*
FENOFIBRATE
FENOFIBRIC ACID*
FENOGLIDE – *except for 120 mg tab**
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 *
Plan restrictions may apply
BLOOD GLUCOSE STRIPS – ALL *
Plan restrictions may apply
INSULIN DELIVERY DEVICES*
Plan restrictions may apply
INSULIN SYRINGES, INFUSION SETS,
AND NEEDLES*
Plan restrictions may apply

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INHALED DIABETES AGENTS

AFREZZA*

INJECTABLE DIABETES AGENTS

ADMELOG*
APIDRA*
BASAGLAR
BYDUREON BCISE*
BYETTA*
FIASP
HUMALOG*
HUMULIN*
INSULIN ASPART*
INSULIN ASPART 70/30*
INSULIN DEGLUDEC*
INSULIN GLARGINE*
INSULIN LISPRO*
LANTUS*
LEVEMIR
LYUMJEV*

MOUNJARO
MYXREDLIN*
NOVOLIN
NOVOLOG
OZEMPIC
REZVOGLAR*
SEMGLEE*
SOLIQUA
SYMLINPEN
TOUJEO
TRESIBA
TRULICITY
VICTOZA
XULTOPHY

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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* – *and its generics**
GLYXAMBI
INVOKAMET*
INVOKAMET XR*
INVOKANA*
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO*
JENTADUETO XR*
KAZANO*
KOMBIGLYZE XR*
METAGLIP
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
BENEFIX*
COAGADEX
CORIFACT
ELOCTATE
ESPEROCT
FEIBA*
HEMOFIL M
HUMATE-P
IDELVION
IXINITY*
JIVI
KOATE-DVI
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
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
valsartan
*valsartan solution**

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

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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
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
TIMOLOL MALEATE 20 mg
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
CALAN SR
CARDIZEM*
CARDIZEM CD*
CARDIZEM LA*
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*
TEKTURNA
TEKTURNA HCT

TRIBENZOR

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS
ALLERGENIC EXTRACTS – ALL*
Plan restrictions may apply

IMMUNIZATIONS

VACCINES – ALL*
Plan restrictions may apply

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 tablet
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
vilazodone
Irenka
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*
PEXEVA*
PRISTIQ*
PROZAC*

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REMERON
SERTRALINE CAP*
TRINTELLIX
VIIBRYD*
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT*

ANTIPSYCHOTICS

asenapine
aripiprazole
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 MYCITE*
ABILIFY MAINTENA*
ARISTADA
CAPLYTA
CLOZARIL
EQUETRO
FANAPT*
GEODON
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA*
LATUDA*
LYBALVI*
REXULTI
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SECUADO*
SEROQUEL
SEROQUEL XR*
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
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*

Plan restrictions may apply

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

Plan restrictions may apply

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MISCELLANEOUS

cholecalciferol (D3)

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RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
budesonide/formoterol*
cromolyn sodium nebulizer solution
fluticasone propionate HFA*
fluticasone/salmeterol
fluticasone/vilanterol ellipta*
montelukast
zafirlukast
zileuton ext-rel*
Wixela Inhub*
ACCOLATE
ADVAIR
ADVAIR HFA
AIRDUO RESPICLICK*
ALVESCO*
ARNUITY ELLIPTA*
ASMANEX*
ASMANEX HFA*
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

SPACER DEVICES
SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
primaquine

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ARAKODA*
MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION

sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED*

Plan restrictions may apply

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE*
HAEGARDA*
ORLADEYO*
TAKHZYRO

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
everolimus
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf
ASTAGRAF XL
CELLCEPT
ENVARSUS XR
MYFORTIC
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
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

*Limitations on brand-name products
may apply*

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

PRENATAL VITAMINS

folic acid
PRENATAL VITAMINS

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