

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.

(04/01/24)

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
Phenytek
APTIOM
BANZEL TABLET*
BRIVIACT
CARBATROL
CELONTIN
DEPAKOTE*
DEPAKOTE ER*
DIACOMIT*
DILANTIN*
ELEPSIA XR*
EPIDIOLEX
EPRONTIA*
FELBATOL
FINTEPLA*
FYCOMPA
KEPPRA*
KEPPRA XR*
KLONOPIN
LAMICTAL*
LAMICTAL XR*
LAMICTAL ODT*
MOTPOLY XR*
MYSOLINE
ONFI*
OXTELLAR XR
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
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

MISCELLANEOUS

INPEFA*
LODOCO*

CORONARY ARTERY DISEASE

ANTHYPERLIPIDEMICS

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibric acid
fenofibrate – exceptions apply*

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 your benefit plan 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.

fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
icosapent ethyl*
lovastatin
niacin ext-rel
pitavastatin
pravastatin
rosuvastatin
simvastatin
Niacor*
Prevalite
ALTOPREV*
ANTARA
ATORVALIQ*
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

*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 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

*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* – and its generics*
GLYXAMBI
INVOKAMET*
INVOKAMET XR*
INVOKANA*
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO*
JENTADUETO XR*
KAZANO*
KOMBIGLYZE XR*
METAGLIP
NESINA*
ONGLYZA*
OSENI*
QTERN*
RIOMET*
RYBELSUS
SEGLUROMET*
STEGLATRO*
STEGLUJAN*
SYNJARDY
SYNJARDY XR
TRADJENTA*
TRIJARDY XR*
XIGDUO XR
ZITUVIO*

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
ALTUVIIIO*
BENEFIX*
COAGADEX
CORIFACT
ELOCTATE
ESPEROCT
FEIBA*
HEMLIBRA
HEMOPIL M
HUMATE-P
IDELVION
IXINITY*
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

*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 your benefit plan 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.

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**
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

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*
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

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 your benefit plan 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.

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
tranlycypromine
trazodone
trimipramine
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 CAP*
TRINTELLIX
VIIBRYD*
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT*

ANTIMANICS

lithium carbonate
lithium carbonate ext-rel
LITHIUM*
LITHOBID ER

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 ASIMTUFII*
ABILIFY MYCITE*
ABILIFY MAINTENA*
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
teriparatide
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
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*
ZEPBOUND*

Plan restrictions may apply

BOWEL PREPARATIONS

peg 3350/electrolytes
sodium sulfate/
potassium sulfate/magnesium sulfate
Gavilyte
CLENPIQ
GOLYTELY*
MOVIPREP*
OSMOPREP*
PLENVU*

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 your benefit plan 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.

SUFLAVE*
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
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 propionate HFA**
fluticasone/salmeterol
*fluticasone/vilanterol**
montelukast
zafirlukast
*zileuton ext-rel**
*Breyna**
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
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
ENVARUS 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
Plan restrictions may apply

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 your benefit plan 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.