

# Indiana University 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.

(04/01/22)

## ANTI-INFECTIVES

### ANTI-RETROVIRAL AGENTS

*emtricitabine/tenofovir disoproxil fumarate 200/300 mg*  
DESCOVY  
TRUVADA 200/300 mg\*

## ANTICOAGULANTS/

### ANTIPLATELETS

#### ANTICOAGULANTS

*enoxaparin*  
*fondaparinux*  
*warfarin*  
Jantoven  
ARIXTRA  
ELIQUIS\*  
FRAGMIN  
LOVENOX  
PRADAXA\*  
SAVAYSA\*  
XARELTO

#### PLATELET AGGREGATION INHIBITORS

*aspirin 81 mg*  
*clopidogrel*  
*dipyridamole*  
*dipyridamole ext-rel/aspirin*  
*prasugrel*  
ASPIRIN/OMEPRAZOLE DELAYED-REL\*  
BRILINTA  
DURLAZA\*  
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*  
*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  
ROWEEPRA  
SABRIL\*  
TEGRETOL  
TEGRETOL-XR  
TOPAMAX  
TRILEPTAL  
TROKENDI XR  
VIMPAT  
XCOPRI  
ZARONTIN  
ZONEGRAN\*

## 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 40mg)*  
*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*  
*lovastatin*  
*niacin ext-rel*  
*pravastatin*

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rosuvastatin  
simvastatin  
*Niacor*\*  
*Prevalite*  
ALTOPREV\*  
ANTARA  
COLESTID  
CRESTOR\*  
EZALLOR SPRINKLE\*  
FENOFIBRATE  
FENOFIBRIC ACID\*  
FENOGLIDE – *except for 120 mg tab*\*  
FIBRICOR  
FLOLIPID\*  
LESCOL XL\*  
LIPITOR\*  
LIPOFEN  
LIVALO\*  
LOPID  
NIASPAN  
PRALUENT  
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.  
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##### INHALED DIABETES AGENTS

AFREZZA\*

##### INJECTABLE DIABETES AGENTS

ADLYXIN\*  
ADMELOG\*  
APIDRA\*  
BASAGLAR KWIKPEN  
BYDUREON BCISE\*

BYETTA\*  
FIASP  
HUMALOG\*  
HUMULIN\*  
INSULIN ASPART\*  
INSULIN ASPART 70/30\*  
INSULIN GLARGINE\*  
INSULIN LISPRO\*  
LANTUS\*  
LEVEMIR  
LYUMJEV\*  
MYXREDLIN\*  
NOVOLIN  
NOVOLOG  
OZEMPIC  
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\*  
OSENI\*  
PRECOSE  
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  
MONONINE  
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*  
*enalapril*  
*enalapril/hydrochlorothiazide*  
*fosinopril*

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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  
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  
DUTOPROL\*  
INDERAL LA\*  
KAPSPARGO\*  
LEVATOL  
LOPRESSOR  
TENORETIC  
TENORMIN  
TIMOLOL MALEATE 20mg  
TOPROL-XL\*  
TRANDATE  
ZIAC

#### CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine  
diltiazem  
diltiazem ext-rel\*  
diltiazem XR  
felodipine ext-rel  
isradipine  
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\*  
NORVASC\*  
PROCARDIA XL  
SULAR  
TIAZAC  
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  
clonidine  
clonidine transdermal  
guanfacine  
hydralazine  
minoxidil  
olmesartan/amlodipine/  
hydrochlorothiazide  
AZOR\*  
CATAPRES-TTS  
EXFORGE\*  
EXFORGE HCT\*  
METHYLDOPA  
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

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*venlafaxine ext-rel*  
*Irenka*  
ANAFRANIL  
APLENZIN  
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\*  
REMERON  
SERTRALINE CAP\*  
TRINTELLIX  
VIIBRYD\*  
WELLBUTRIN SR  
WELLBUTRIN XL  
ZOLOFT\*

#### ANTIPSYCHOTICS

*asenapine*  
*aripiprazole*  
*chlorpromazine*  
*clozapine*  
*fluphenazine*  
*fluphenazine decanoate*  
*haloperidol*  
*loxapine*  
*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  
BONIVA  
BONIVA INJECTION  
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*  
*phendimetrazine*  
*phentermine*  
ADIPEX-P  
CONTRAVE\*  
LOMAIRA\*  
PHENDIMETRAZINE ER\*  
QSYMIA  
SAXENDA  
WEGOVY  
XENICAL\*  
*Plan restrictions may apply*

#### BOWEL PREPARATIONS

*peg 3350/electrolytes*  
*Gavilyte*  
CLENPIQ  
GOLYTELY\*  
MOVIPREP\*  
NULYTELY  
OSMOPREP\*  
PLENVU\*  
SUPREP\*  
SUTAB\*

#### SMOKING DETERRENTS

*bupropion ext-rel*  
*nicotine polacrilex*  
*nicotine transdermal*  
CHANTIX  
NICODERM CQ  
NICORETTE GUM  
NICORETTE LOZENGE  
NICOTROL INHALER  
NICOTROL NS  
VARENICLINE  
*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/salmeterol*  
*montelukast*  
*zafirlukast*  
*zileuton ext-rel\**  
*Wixela Inhub\**  
ACCOLATE

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ADVAIR  
ADVAIR HFA  
AIRDUO RESPICLICK\*  
ALVESCO\*  
ARNUITY ELLIPTA  
ASMANEX\*  
ASMANEX HFA\*  
BREQ ELLIPTA  
CINQAIR\*  
DULERA\*  
FASENRA  
FLOVENT DISKUS  
FLOVENT HFA  
NUCALA  
PULMICORT  
PULMICORT FLEXHALER  
QVAR REDHALER  
SINGULAIR\*  
SPIRIVA RESPIMAT 1.25 mcg  
SYMBICORT  
SYNAGIS  
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\*

ENVARBUS XR\*  
MYFORTIC\*  
NEORAL  
NULOJIX  
PROGRAF\*  
RAPAMUNE\*  
SANDIMMUNE  
ZORTRESS\*

### MULTIPLE SCLEROSIS AGENTS

*dimethyl fumarate delayed-rel*  
*glatiramer*  
AUBAGIO  
AVONEX\*  
BAFIERTAM\*  
BETASERON  
COPAXONE  
EXTAVIA\*  
GILENYA  
KESIMPTA  
LEMRADA\*  
MAVENCLAD  
MAYZENT  
OCREVUS  
PLEGRIDY\*  
PONVORY\*  
REBIF  
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*

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