

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.

(04/01/23)

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*

SAVAYSA*

XARELTO

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg

clopidogrel

dipyridamole

dipyridamole ext-rel/aspirin

prasugrel

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

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

ROWEEPPRA

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

Imesartan

Imesartan ext-rel

gemfibrozil

icosapent ethyl*

lovastatin

niacin ext-rel

pravastatin

rosuvastatin

simvastatin

Niacor*

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

Prevalite

ALTOPREV*
ANTARA
COLESTID
CRESTOR*
EZALLOR SPRINKLE*
FENOFIBRATE
FENOFIBRIC ACID*
FENOGLIDE – *except for 120 mg tab**
FIBRICOR
FLOLIPID*
LESCOL XL*
LIPITOR*
LIPOFEN
LIVALO*
LOPID
PRALUENT
TRICOR*
TRILIPIX
VASCEPA
WELCHOL
ZETIA*
ZOCOR
ZYPITAMAG*

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
CADUET
EZETIMIBE/ATORVASTATIN*
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
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
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*
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
enalapril
enalapril/hydrochlorothiazide
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
Imesartan
Imesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril

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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
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*
NORLIQVA*
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
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methyldopa
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*
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
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
SUBCOADE*
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

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 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
ARAKODA*
MALARONE
PRIMAQUINE

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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

AUBAGIO

AVONEX*

BAFIERTAM*

BETASERON

BRIUMVI*

COPAXONE

EXTAVIA*

GILENYA*

KESIMPTA

LEMTADA*

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

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