

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.

(10/01/24)

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
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

ANTIHYPERTENSIVES

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

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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
 NEXLETOL
PRALUENT*
 QUESTRAN/QUESTRAN LIGHT
 REPATHA
TRICOR*
 TRILIPIX
VASCEPA*
 WELCHOL
ZETIA*
 ZOCOR
ZYPITAMAG*

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
 CADUET
NEXLIZET
 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

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ORAL DIABETES AGENTS

acarbose
alogliptin*
alogliptin/metformin*
alogliptin/pioglitazone*
*bexagliflozin**
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
metformin
metformin ext-rel
migliol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin ext-rel
sitagliptin/metformin*

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*
 METAGLIP
NESINA*
ONGLYZA*
OSENI*
QTERN*
RIOMET*
 RYBELSUS
SEGLUROMET*
SITAGLIPTIN*
STEGLATRO*
STEGLUJAN*
 SYNJARDY
 SYNJARDY XR
TRADJENTA*
TRIJARDY XR*
 XIGDUO XR
ZITUVIO*

HEMATOLOGIC AGENTS

ADVATE
 ADYNOVATE
 AFSTYLA
 ALPHANATE
 ALPHANINE SD
 ALPROLIX
ALTUVIIO*
BENEFIX*
 COAGADEX
 CORIFACT
 ELOCTATE
 ESPERCT
FEIBA*
 HEMLIBRA
 HEMOFIL M
 HUMATE-P
 IDELVION
IXINITY*
 JIVI
 KOATE-DVI
 KOGENATE FS

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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**
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
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
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

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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*
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 ASIMTUFI*
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

acamprostate 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*

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PLENVU*
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
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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 diskus**
*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*
BREQ ELLIPTA
CINQAIR*
DULERA
FASENRA
NUCALA*
PULMICORT
PULMICORT FLEXHALER
QVAR REDHALER*
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
MYHIBBIN*
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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