

# DOW High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

## Preventive Therapy Drug List

(1/01/25)

### 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.*

### CORONARY ARTERY DISEASE

#### ANTHYPERLIPIDEMICS

*atorvastatin*  
*cholestyramine*  
*colesevelam*  
*colestipol*  
*ezetimibe*  
*fenofibrate*  
*fenofibric acid*  
*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  
FENOFIBRIC ACID  
FENOGLIDE  
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  
BLOOD GLUCOSE STRIPS - ALL  
CONTROL SOLUTIONS  
INSULIN DELIVERY DEVICES  
INSULIN SYRINGES, INFUSION SETS,  
AND NEEDLES - ALL  
KETONE BLOOD TEST STRIPS - ALL  
LANCETS, LANCET DEVICES  
URINE TESTING STRIPS - ALL

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

#### INHALED DIABETES AGENTS

AFREZZA

#### INJECTABLE DIABETES AGENTS

*liraglutide*  
ADMELOG  
APIDRA  
BASAGLAR  
BYDUREON BCISE

BYETTA  
FIASP  
HUMALOG  
HUMULIN  
INSULIN ASPART  
INSULIN DEGLUDEC  
INSULIN GLARGINE  
INSULIN LISPRO  
LANTUS  
LEVEMIR  
LYUMJEV  
MOUNJARO  
MYXREDLIN  
NOVOLIN  
NOVOLOG  
OZEMPIC  
REZVOGLAR  
SEMGLEE  
SOLQUA  
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*  
*dapagliflozin*  
*dapagliflozin/metformin ext-rel*  
*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  
BEXAGLIFLOZIN  
BRENZAVVY  
DUETACT

*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 with your plan provider 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.

FARXIGA  
GLUCOTROL XL  
GLUMETZA  
GLYXAMBI  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE  
JENTADUETO  
JENTADUETO XR  
KAZANO  
METAGLIP  
METFORMIN  
NESINA  
ONGLYZA  
OSENI  
QTERN  
RIOMET  
RYBELSUS  
SEGLUROMET  
SITAGLIPTIN  
SITAGLIPTIN/METFORMIN  
STEGLATRO  
STEGLUJAN  
SYNJARDY  
SYNJARDY XR  
TRADJENTA  
TRIJARDY XR  
XIGDUO XR  
ZITUVIMET  
ZITUVIO

## HEMATOLOGIC AGENTS

ADVATE  
ADYNOVATE  
AFSTYLA  
ALPHANATE  
ALPHANINE SD  
ALPROLIX  
ALTUVIIIIO  
BENEFIX  
COAGADEX  
CORIFACT  
ELOCTATE  
ESPEROCT  
FEIBA  
HEMLIBRA  
HEMOFIL M  
HUMATE-P  
IDELVION  
IXINITY  
JIVI  
KOATE  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ  
PROFILNINE  
RECOMBINATE  
RIXUBIS

TRETTEN  
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*  
*trandolapril/verapamil ext-rel*  
*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  
INDERAL LA  
KAPSPARGO  
LEVATOL  
LOPRESSOR  
TENORETIC  
TENORMIN  
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  
CONJUPRI  
ISOPTIN SR  
KATERZIA  
NORLIQVA  
NORVASC  
PROCARDIA XL

*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 with your plan provider 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.

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*  
*methyllopa*  
*minoxidil*  
*olmesartan/amlodipine/*  
*hydrochlorothiazide*  
AZOR  
CATAPRES-TTS  
EXFORGE  
EXFORGE HCT  
TEKTURNA  
TEKTURNA HCT  
TRIBENZOR  
TRYVIO

#### 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*  
*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  
TRINTELLIX  
VIIBRYD  
WELLBUTRIN SR  
WELLBUTRIN XL  
ZOLOFT

#### OSTEOPOROSIS

*alendronate*  
*calcitonin*  
*calcitonin/salmon*  
*ibandronate*  
*raloxifene*  
*risedronate*  
*teriparatide*  
*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*  
BRIXADI  
SUBLOCADE  
SUBOXONE FILM  
VIVITROL  
ZUBSOLV

*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 furoate/vilanterol*  
*fluticasone propionate diskus*  
*fluticasone propionate HFA*  
*fluticasone/salmeterol*  
*montelukast*  
*zafirlukast*  
*zileuton ext-rel*  
*Breyna*  
*Wixela Inhub*  
ACCOLATE  
ADVAIR  
ADVAIR HFA  
AIRDUO RESPICLICK  
ALVESCO  
ARNUITY ELLIPTA  
ASMANEX  
ASMANEX HFA  
BEYFORTUS  
BREO ELLIPTA  
CINQAIR  
DULERA  
FASENRA  
NUCALA  
PULMICORT  
PULMICORT FLEXHALER  
QVAR REDIHALER  
SINGULAIR  
SPIRIVA RESPIMAT 1.25 mcg  
SYMBICORT  
SYNAGIS  
TEZSPIRE  
TRELEGY ELLIPTA  
XOLAIR  
ZYFLO

##### SUPPLIES

PEAK FLOW METERS  
SPACER DEVICES  
SPACER SUPPLIES

*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 with your plan provider 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.

## **VARIOUS CONDITIONS**

### **DENTAL CARIES PREVENTION**

*sodium fluoride*

**PEDIATRIC MULTIVITAMINS WITH  
FLUORIDE - ALL MARKETED  
PRODUCTS**

## **WOMEN'S HEALTH**

### **PRENATAL VITAMINS**

*folic acid*

**PRENATAL VITAMINS**

*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 with your plan provider 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.

This document contains content that is copyrighted by CVS Caremark® and reprinted with permission. CVS Caremark is a registered trademark of CVS Pharmacy, Inc.  
106-1038894B 110124