

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.

(01/01/25)

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
oxcarbazepine ext-rel
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
ROWEPRRA
SABRIL*
TEGRETOL*
TEGRETOL-XR*
TOPAMAX
TRILEPTAL*
TROKENDI XR
VIGAFYDE*
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
colexevelam
colestipol
ezetimibe
fenofibric acid

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*fenofibrate – exceptions apply**

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

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

liraglutide

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**

*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

*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

ZITUVIMET

ZITUVIMET XR

ZITUVIO

HEMATOLOGIC AGENTS

ADVATE

ADYNOVATE

AFSTYLA

ALPHANATE

ALPHANINE SD

ALPROLIX

ALTUVIII

BENEFIX

COAGADEX

CORIFACT

ELOCTATE

ESPEROCT

FEIBA*

HEMLIBRA

HEMOFIL M

HUMATE-P

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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
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
TRYVIO*

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS

ALLERGENIC EXTRACTS – ALL*
Plan restrictions may apply

IMMUNIZATIONS

VACCINES – ALL*
Plan restrictions may apply

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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*
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
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
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BOWEL PREPARATIONS

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

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
ENVARSUS 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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