

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.

(01/01/2026)

ANTI-INFECTIVES

ANTI-RETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg
APREUDE
DESCOVY
TRUVADA 200/300 mg *
YEZTUGO

ANTICOAGULANTS/

ANTIPLATELETS

ANTICOAGULANTS

dabigatran
enoxaparin
fondaparinux
rivaroxaban
ticagrelor
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*

ANTICONSULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
eslicarbazepine

ethosuximide
felbamate
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
methsuximide
oxcarbazepine
oxcarbazepine ext-rel
perampanel
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel*
valproic acid
vigabatrin
zonisamide
Phenytek
APTIO
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*
LIBERVANT
MOTPOLY XR*
MYSOLINE
ONFI*
OXTELLAR XR
ROWEPPRA
SABRIL*
SPRITAM*

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*

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

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CORONARY ARTERY DISEASE

ANTHYPERLIPIDEMICS

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibric acid
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*
FLOLIPID*
LESCOL XL*
LIPITOR*
LIPOFEN
LIVALO*
LOPID
NEXLETOL
PRALUENT*
QUESTRAN/QUESTRAN LIGHT
REPATHA
TRICOR*
VASCEPA
WELCHOL
ZETIA*
ZOCOR
ZYPITAMAG*

COMBINATION ANTHYPERLIPIDEMICS

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

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INHALED DIABETES AGENTS

AFREZZA*

INJECTABLE DIABETES AGENTS

*exenatide**
liraglutide
ADMELOG*
APIDRA*
BASAGLAR*
FIASP
HUMALOG*
HUMULIN*
INSULIN ASPART*
INSULIN ASPART 70/30*
INSULIN DEGLUDEC*
INSULIN GLARGINE
INSULIN LISPRO*
KIRSTY*
LANTUS
LYUMJEV*
MERILOG*
MOUNJARO
MYXREDLIN*
NOVOLIN
NOVOLOG
OZEMPIC
REZVOGLAR*
SEMGLEE*
SOLIQUA
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
migliol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin ext-rel
*sitagliptin/metformin**
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS*
AMARYL
BRENZAVVY*
BRYNOVIN*
DUETACT
FARXIGA
GLUCOTROL XL
GLYXAMBI
INVOKAMET*
INVOKAMET XR*
INVOKANA*
JANUMET*
JANUMET XR*
JANUVIA*
JARDIANCE
JENTADUETO*
JENTADUETO XR*
KAZANO*
METAGLIP
NESINA*
ONGLYZA*
OSEN!*
RIOMET*
RYBELSUS
SEGLUROMET*
SITAGLIPTIN*
STEGLATRO*
STEGLUJAN*
SYNJARDY
SYNJARDY XR
TRADJENTA*
TRIJARDY XR
XIGDUO XR
ZITUVIMET
ZITUVIMET XR
ZITUVIO

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALHEMO*
ALPHANATE
ALPHANINE SD
ALPROLIX
ALTUVIIIO
BENEFIX

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COAGADEX
CORIFACT
ELOCTATE
ESPEROCT
FEIBA*
HEMLIBRA
HEMOFIL M
HUMATE-P
HYMPAVZI*
IDELVION
IXINITY*
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ
PROFILNINE
QFITLIA*
RECOMBINATE
RIXUBIS*
TRETEN
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

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
ARBLI*
ATACAND*

ATACAND HCT*
AVALIDE
AVAPRO
BENICAR*
BENICAR HCT*
COZAAR*
DIOVAN*
DIOVAN HCT*
EDARBI*
EDARBYCLOR*
EPANED*
HYZAAR*
LOTENSIN
LOTENSIN HCT
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*
Nifedipin CC
CARDIZEM*
CARDIZEM CD*
CARDIZEM LA*
ISOPTIN SR
KATERZIA*
NORLIQVA*
NORVASC*
PROCARDIA XL
SULAR
TIAZAC
VERAPAMIL ER*

DIURETICS

amiloride/hydrochlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
ALDACTAZIDE
DIURIL
INZIRQO*
THALITONE*

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/benazepril
amlodipine/3lmesartan
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methyl dopa
minoxidil
3lmesartan/amlodipine/
hydrochlorothiazide
trandolapril/verapamil
AZOR*
CATAPRES-TTS
EXFORGE*
LOTREL
TEKTURNA

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TEKTURNA HCT
TRIBENZOR
TRYVIO*

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
nefazodone
nortriptyline
paroxetine HCl tablet
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
vilazodone
ANAFRANIL
APLENZIN*
AUVELITY
CELEXA
DESVENLAFAXINE ER
DRIZALMA SPRINKLE*
EFFEXOR XR*
EMSAM
EXXUA*
FETZIMA
FLUOXETINE 60 mg*
FORFIVO XL
LEXAPRO*
MARPLAN
NARDIL
NORPRAMIN
OLEPTRO*
PAMELOR

PARNATE
PAXIL*
PAXIL CR*
PRISTIQ*
PROZAC*
RALDESY*
REMERON
SERTRALINE CAP*
TRINTELLIX
VIIBRYD*
WELLBUTRIN XL*
ZOLOFT*

ANTIMANICS

lithium carbonate
lithium carbonate ext-rel
LITHIUM
LITHOBID ER

ANTIPSYCHOTICS

asenapine
aripiprazole
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
lurasidone
molindone
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
COBENFY*
EQUETRO
ERZOFRI*
FANAPT*
GEODON
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA*
LATUDA*
LYBALVI
OPIPZA*
PERSERIS
REXULTI

RISPERDAL
RISPERDAL CONSTA
RYKINDO*
SAPHRIS
SECUADO*
SEROQUEL
SEROQUEL XR*
UZEDY*
VERSACLOZ
VRAYLAR
ZYPREXA

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
BILDYOS*
BINOSTO
BONSITY*
CONEXENCE*
EVENITY*
EVISTA
FORTEO
FOSAMAX
FOSAMAX PLUS D
JUBBONTI*
MIACALCIN NASAL SPRAY*
OSPOMYV*
PROLIA
RECLAST
STOBACLO*
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

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orlistat
phendimetrazine
phentermine
phentermine/topiramate
ADIPEX-P
CONTRACE*
LOMAIRA
PHENDIMETRAZINE ER*
QSYMIA
SAXENDA
WEGOVY
XENICAL*
ZEPBOUND*

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
CHANTIX*
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*
ALVESCO*
ARNUITY ELLIPTA*
ASMANEX*
ASMANEX HFA
BREO ELLIPTA
CINQAIR*
DULERA*
ENFLONIA*
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

DENTAL CARIES PREVENTION

sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETING*
Plan restrictions may apply

HEREDITARY ANGIOEDEMA AGENTS

ANDEMBRY*
CINRYZE*
DAWNZERA*
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*
TYRUKO*
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

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PRENATAL VITAMINS

folic acid

PRENATAL VITAMINS

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