

**Cummins 2024**



## **HSA Consumer-Directed Health Preventive Drug List**

*Includes only most common prescribed medications covered on formulary. Includes both **generic** and **BRAND** name medications—covered medications will be associated with appropriate co-pays.*

### **Antiestrogen/Breast Cancer Prevention**

anastrozole	letrozole	toremifene
exemestane	ORSERDU	
fulvestrant	Tamoxifen	

### **Anxiety/Depression/Mood stabilizer**

amitriptyline	FETZIMA	perphenazine-amitriptyline
amoxapine	fluoxetine	phenelzine
ariPIPrazole	fluphenazine	pimozide
ARISTADA ER	fluvoxamine	protriptyline
asenapine	fluvoxamine ER	quetiapine
bupropion	haloperidol	quetiapine ER
bupropion ER, SR, XL	imipramine	risperidone
chlordiazepoxide-amitriptyline	loxpipamine	sertraline
chlorpromazine	lurasidone	thioridazine
citalopram	mirtazapine	thiothixene
clomipramine	molindone	tranylcypromine
clozapine	nortriptyline	trazodone
desvenlafaxine succinate ER	olanzapine	trifluoperazine
desipramine	olanzapine/fluoxetine	trimipramine
doxepin	paroxetine, ER, CR	venlafaxine
duloxetine	paliperidone ER	venlafaxine ER
escitalopram	perphenazine	ziprasidone

\*prior authorization or step therapy may be required

## Pulmonary Agents\*

acetylcysteine	COMBIVENT RESPIMAT	SPIRIVA RESPIMAT
ADEMPAS	cromolyn sodium	STIOLTO RESPIMAT
ADVAIR HFA	DULERA	STRIVERDI RESPIMAT
albuterol HFA	FASENRA	SYMBICORT
ambrisentan	fluticasone/salmeterol	TEZSPIRE
aminophylline	formoterol	tiotropium bromide
ANORO ELLIPTA	ipratropium/albuterol	THEOCHRON ER
aformoterol	ipratropium bromide	theophylline ER
ARNUITY ELLIPTA	levalabuterol	TRACLEER
ASMANEX HFA	montelukast	TRELEGY ELLIPTA
ASMANEX TWISTHALER	NUCALA	XOLAIR
bosentan	OPSUMIT	YUPELRI
BREO ELLIPTA	QVAR REDIHALER	zafirlukast
BREYNA	roflumilast	zileuton ER
BREZTRI AEROSPHERE	SEREVENT DISKUS	
budesonide neb solution	SPIRIVA HANDIHALER	

## Diabetes Medications\*

acarbose	glyburide	LYUMJEV
BAQSIMI	glyburide-metformin	metformin
BYDUREON	GLYXAMBI	metformin ER (generic Glucophage only)
BYETTA	GVOKE	miglitol
FARXIGA	HUMALOG	MOUNJARO
glimepiride	HUMULIN	nateglinide
glipizide, ER, XL	insulin lispro	OZEMPIC
glipizide-metformin	JANUMET, XR	pioglitazone
GLUCAGEN	JANUVIA	pioglitazone-glimepiride
GLUCAGON	JARDIANCE	

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pioglitazone-metformin	SEMLEE (YFGN)	TRESIBA
repaglinide	SOLIQUA	TRIJARDY XR
RYBELSUS	STEGLATRO	TRULICITY
saxagliptan	SYMLINPEN	XIGDUO XR
saxagliptan-metformin	SYNJARDY, XR	
SEGLUROMET	TOUJEO	

## Diabetic Supplies++

**Covered brands:** FREESTYLE (with the exception of Precision Neo), ONE TOUCH, PRECISION XTRA, DEXCOM, BD NEEDLES/SYRINGES

**Covered products:** ketone test strips, diagnostic supplies, calibration control, sensors, lancets, insulin pump supplies, syringes, needles, urine acetone strips, urine glucose strips

++Covered brands are available at no cost. Glucometers are not part of this preventive list, but test strips are. Coverage and availability may depend on diagnosis.

## Estrogen Hormone Replacement Therapy

AMABELZ	EEMT	JINTELI
COMBIPATCH	estradiol	LYLLANA
COVARYX	estradiol/norethindrone	MIMVEY
depo-estradiol	estradiol valerate	norethindrone-ethinyl estradiol
DOTTI	estrogen/methyltestosterone	PREMARIN
DUAVEE	FYAVOLV	YUVAFEM

## High Blood Pressure/Heart Medication\*

acebutolol	amlodipine/benazepril	atenolol/chlorthalidone
aliskiren	amlodipine/olmesartan	benazepril
amiloride	amlodipine/valsartan	benazepril/hctz
amiloride/hctz	amlodipine/valsartan/hctz	betaxolol
amlodipine	atenolol	bisoprolol

\*prior authorization or step therapy may be required

bisoprolol/hctz	hydrochlorothiazide (hctz)	olmesartan/hctz
bumetanide	indapamide	perindopril
candesartan	irbesartan	pindolol
candesartan/hctz	irbesartan/hctz	prazosin
captopril	isradipine	propranolol, ER
captopril/hctz	KERENDIA	propranolol/hctz
cartia xt	labetalol	quinapril
carvedilol	lisinopril	quinapril/hctz
carvedilol ER	lisinopril/hctz	ramipril
chlorothiazide	losartan	sotalol
chlorthalidone	losartan/hctz	SOTYLIZE
clonidine	MATZIM LA	spironolactone
diltiazem, ER, CD, XR, LA	methyldopa	spironolactone/hctz
doxazosin	methyldopa/hctz	TEKURNA HCT
enalapril	metolazone	telmisartan
enalapril/hctz	metoprolol	telmisartan/amlodipine
ENTRESTO	metoprolol/hctz	telmisartan/hctz
eplerenone	minoxidil	terazosin
eprosartan	moexipril	timolol
esmolol	nadolol	torsemide
ethacrynic acid	nebivolol	trandolapril
felodipine ER	nicardipine	trandolapril/verapamil ER
fosinopril	nifedipine ER	triamterene
fosinopril/hctz	nimodipine	triamterene/hctz
furosemide	nisoldipine	valsartan
guanfacine	olmesartan	valsartan/hctz
hydralazine	olmesartan/amlodipine/hctz	verapamil, ER, SR

\*prior authorization or step therapy may be required

## **High Cholesterol\***

amlodipine/atorvastatin	fluvastatin, ER	niacin, ER
atorvastatin	gemfibrozil	niacinamide
cholestyramine	icosapent ethyl	pravastatin
colesevelam	JUXTAPID	PREVALITE
colestipol	LIVALO	REPATHA
ezetimibe	lovastatin	rosuvastatin
ezetimibe/simvastatin	MAXEPA	simvastatin
fenofibrate	NEXLETOL	VASCEPA
fenofibric acid	NEXLIZET	

## **Migraine Prevention\***

AIMOVIG	EMGALITY 120MG
AJOVY	QULIPTA

## **Misc Antivirals\***

DESCOVY	emtricitabine/tenofovir disoproxil fumarate 200mg/300mg	PREVYMIS
		SYNAGIS

## **Osteoporosis\***

alendronate	ibandronate	risedronate
FORTEO	raloxifene	TYMLOS

## **Prenatal Vitamins**

All prescription prenatal vitamins covered

\*prior authorization or step therapy may be required

## **Seizure\***

carbamazepine	FYCOMPA	ROWEEPRA, XR
carbamazepine ER	gabapentin	rufinamide
CELONTIN	lacosamide	SUBVENITE
clobazam	lamotrigine, ER	tiagabine
clonazepam	levetiracetam, ER	topiramate, ER
DIACOMIT	methsuximide	valproate
diazepam	NAYZILAM	valproic acid
divalproex	oxcarbazepine	vigabatrin
EPITOL	phenobarbital	VIGADRONE
ethosuximide	phenytoin, ER	zonisamide
felbamate	pregabalin	
fosphénytoïn	primidone	

## **Treat and Prevent Blood Clots\***

aspirin/dipyridamole ER	dipyridamole	tirofiban
BRILINTA	ELIQUIS	warfarin
cilostazol	eptifibatide	XARELTO
clopidogrel	jantoven	
dabigatran	prasugrel	

## **Treat and Prevent Malaria**

atovaquone/proguanil	hydroxychloroquine	pyrimethamine
chloroquine	mefloquine	quinine
COARTEM	primaquine	

## **Weight Loss\***

benzphetamine	phendimetrazine	phentermine
diethylpropion, ER	phendimetrazine ER	Wegovy

\*prior authorization or step therapy may be required



# Healthcare Reform Preventive Medication List

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*Medications are available at \$0 cost share. Certain age restrictions apply.*

## Birth Control

*ALL GENERIC PRESCRIPTION AND OVER THE COUNTER PRODUCTS INCLUDING:*

medications taken by mouth, skin patch systems, injectables, intrauterine device (IUD), diaphragms, implants

## Breast Cancer Prevention (adults age 35 years and over)

anastrazole	fulvestrant	SOLTAMOX
exemestane	raloxifene	tamoxifen

## Cardiovascular Disease (adults age 40-75 years)

atorvastatin 10mg & 20mg	lovastatin 10mg, 20mg, & 40mg	rosuvastatin 5mg & 10mg
fluvastatin 20mg & 40mg	pravastatin 10mg, 20mg, 40mg, & 80mg	simvastatin 5mg, 10mg, 20mg, & 40mg
fluvastatin ER 80mg		

## Colonoscopy Preparation (adults age 45-75 years)

**2 prescriptions per year only**

bisacodyl	milk of magnesia
magnesium citrate	polyethylene glycol

\*prior authorization or step therapy may be required

## **HIV Pre-Exposure Prophylaxis (PrEP)**

emtricitabine / tenofovir disoproxil fumarate (TDF) 200mg/300mg

## **Other**

**Aspirin 81mg for pre-eclampsia**

*ALL GENERIC OVER-THE-COUNTER PRODUCTS*

**Fluoride ≤ 1mg (persons 6 months through < 17 years)**

*ALL GENERIC PRESCRIPTION AND OVER-THE-COUNTER PRODUCTS*

**Folic Acid (patients age 0-50 years)**

*ALL GENERIC PRESCRIPTION AND OVER-THE-COUNTER PRODUCTS OF FOLIC ACID 0.4mg AND 0.8mg*

## **Smoking Cessation (adults age 18 years and over)**

bupropion sr	NICOTROL
nicotine gum/lozenge/patch	varenicline

## **Vaccinations**

All vaccines indicated by the CDC for specific age groups, health conditions, and travel circumstances are covered at no cost.

For more information on recommended vaccinations go to the CDC website:

<https://www.cdc.gov/vaccines/schedules/>

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