HSA plan preventive medications

Covered in full-deductible does not apply

Effective 1/1/2021

The generic prescription drugs listed below are considered preventive medications on our health savings account (HSA)-qualified plans offered through large employer groups, if applicable.

Preventive medications are not subject to plan deductibles, copays, or coinsurance, when they are filled by the Kaiser Permanente Mail Order Pharmacy or select pharmacies in your network – which means these drugs are covered in full right from the start.

Antihypertensives

Ace inhibitors

benazepril / amlodipine benazepril / hctz

captopril

captopril / hctz enalapril

enalapril / hctz

fosinopril / hctz

lisinopril / hctz

moexipril / hctz

quinapril quinapril / hctz ramipril

trandolapril

Angiotensin receptor blockers (ARBs)

losartan losartan / hctz

Beta-blockers

acebutolol atenolol atenolol / chlorthalidone atenolol / hctz

betaxolol bisoprolol bisoprolol / hctz

carvedilol labetalol

metoprolol / hctz metoprolol succinate metoprolol tartrate

nadolol nadolol /

bendroflumethiazide

pindolol propranolol propranolol / hctz

Calcium channel blockers

amlodipine

amlodipine / benazepril

diltiazem cr diltiazem er felodipine isradipine sotalol timolol verapamil cr

Diuretics

amiloride
amiloride / hctz
bumetanide
chlorothiazide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide
indapamide
methyclothiazide
metolazone
spironolactone
spironolactone / hctz
torsemide

Blood thinning agents

triamterene / hctz

clopidogrel

Lipid lowering agents

atorvastatin lovastatin pravastatin simvastatin

Diabetes medications

Oral hypoglycemics

glimepiride
glipizide
glipizide / metformin
glipizide er
glipizide xl
glyburide
glyburide / metformin
glyburide micronized
metformin
metformin er

Insulin

NPH insulin

Inhaled corticosteroids

ciclesonide

Osteoporosis drugs

alendronate
alendronate / vitamin D

Vitamins

generic prenatal vitamins with folate

This list only contains generic medications that are covered in full for HSA-qualified health plans and is subject to change at the discretion of Kaiser Permanente without prior notification. Not all dosage forms for drugs listed above are covered in full. Please consult your Benefits Booklet or call Member Services if you have questions about your drug coverage.

cr: controlled releaseer: extended releasehctz: hydrochlorothiazidexl: extended release



