HSA plan preventive medications

Covered in full-deductible does not apply

Effective 1/1/2022

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 / hctz

fosinopril

tosinoprii

fosinopril / hctz

lisinopril / h

lisinopril / hctz

moexipril

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 /

bendroflumethiazide

pindolol propranolol

propranolol / hctz

Calcium channel blockers

amlodipine

amlodipine / benazepril

diltiazem cr diltiazem cr diltiazem er felodipine isradipine sotalol timolol

verapamil

verapamil cr

Diuretics

amiloride

amiloride / hctz

bumetanide

chlorothiazide chlorthalidone

eplerenone

furosemide

hydrochlorothiazide

indapamide

methyclothiazide

metolazone

spironolactone

spironolactone / hctz

torsemide

triamterene / hctz

Blood thinning agents

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

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

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.



