2027 Preventive Medications and Your Plan

HSA-Compatible High Deductible Health Plan Non-ACA Preventive Drug List (AHP Custom List)

Effective January 1, 2027

Managing your health with preventive medications

Your Aspirus Health Plan pharmacy benefit includes special coverage for preventive medications. Starting January 1, 2027, this list follows IRS guidelines for HSA-compatible high deductible health plans (IRS Notice 2019-45). It includes selected medications in specific therapeutic categories, along with insulin, that help members diagnosed with certain chronic conditions manage their health and lower their risk of complications.

The drugs on this preventive medications list do not have a deductible. This means you'll pay your copayment/coinsurance or nothing at all, depending on your plan. If the cost of the drug is less than your copayment, you pay the lower amount.

To check the cost of any medication, call the number on your member ID card, visit the Aspirus Health Plan website, or log on to the Optum Rx app.

What if my medication is not on this list?

- Your medication may still be covered under your plan's formulary.
- It may be subject to your deductible and regular cost-sharing.
- Talk with your doctor or pharmacist about whether a covered preventive alternative is right for you.

ACA preventive care is not changing

Preventive medications and services required under the Affordable Care Act (ACA), such as certain contraceptives, tobacco cessation products, and HIV prevention (PrEP), continue to be covered as described in your plan documents.

Potential savings with generic medications

To get the most from your benefits, ask your doctor if a generic medication is right for you. Generics normally cost less than brand medications, and the Food and Drug Administration (FDA) requires them to be just as safe and effective. Using generics may be required based on your plan benefit.

A list of covered preventive medications begins on the next page.

Medications are listed by therapeutic category. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will rule. For questions on injectable preventive medications administered by your doctor or healthcare provider, please call the number on your member ID card. This list should be used as a reference and may not include all medications.

Brand-name medications are shown in UPPERCASE and generic medications in lowercase. Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

2027 Aspirus HSA High Deductible Health Plan Non-ACA Preventive Medication List

Therapeutic Categories and Qualifying Conditions

- Asthma – Inhaled Corticosteroids — asthma
- Cardiovascular – ACE Inhibitors, ARBs and Beta-Blockers — congestive heart failure and/or coronary artery disease
- Cholesterol – Statins — heart disease and/or diabetes
- Depression – Antidepressants (SSRIs) — depression
- Diabetes – Antidiabetic Agents — diabetes
- Diabetes – Insulins — diabetes
- Osteoporosis – Anti-Resorptive Therapy — osteoporosis and/or osteopenia

Brand-name medications are shown in UPPERCASE (for example, LANTUS) and generic medications in lowercase (for example, citalopram). Medications on this list are covered before the deductible for members diagnosed with the condition listed for that category.

Drug Name
Asthma – Inhaled Corticosteroids
For members diagnosed with asthma
BREO ELLIPTA inhalation powder 100-25 mcg/act, 200-25 mcg/act
budesonide-formoterol inhalation aerosol 80-4.5 mcg/act, 160-4.5 mcg/act
fluticasone propionate HFA inhalation aerosol 44 mcg/act
fluticasone-salmeterol inhalation powder 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act
wixela inhub 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act
Cardiovascular – ACE Inhibitors, ARBs and Beta-Blockers
For members diagnosed with congestive heart failure and/or coronary artery disease
benazepril hcl oral tablet 5 mg, 10 mg, 20 mg, 40 mg
candesartan cilexetil oral tablet 4 mg, 8 mg, 16 mg, 32 mg
captopril oral tablet 12.5 mg, 25 mg, 50 mg, 100 mg
carvedilol oral tablet 3.125 mg, 6.25 mg, 12.5 mg, 25 mg
carvedilol phosphate er oral capsule 10 mg, 20 mg, 40 mg, 80 mg
enalapril maleate oral tablet 2.5 mg, 5 mg, 10 mg, 20 mg
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg
lisinopril oral tablet 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg
losartan potassium oral tablet 25 mg, 50 mg, 100 mg
metoprolol succinate er oral tablet 25 mg, 50 mg, 100 mg, 200 mg
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg
moexipril hcl oral tablet 7.5 mg, 15 mg
olmesartan medoxomil oral tablet 5 mg, 20 mg, 40 mg
quinapril hcl oral tablet 5 mg, 10 mg, 20 mg, 40 mg
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg, 10 mg
Cholesterol – Statins
For members diagnosed with heart disease and/or diabetes
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg
fluvastatin sodium oral capsule 20 mg, 40 mg
fluvastatin sodium er oral tablet 80 mg
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg
rosuvastatin calcium oral tablet 5 mg, 10 mg, 20 mg, 40 mg
simvastatin oral tablet 5 mg, 10 mg, 20 mg, 40 mg, 80 mg
Depression – Antidepressants (SSRIs)
For members diagnosed with depression
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg
escitalopram oxalate oral tablet 5 mg, 10 mg, 20 mg
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg

Drug Name
mirtazapine oral tablet 7.5 mg, 15 mg
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg
sertraline hcl oral tablet 25 mg, 50 mg, 100 mg
Diabetes – Antidiabetic Agents
For members diagnosed with diabetes
glimepiride oral tablet 1 mg, 2 mg, 3 mg, 4 mg
glipizide oral tablet 2.5 mg, 5 mg, 10 mg
glipizide er oral tablet 2.5 mg, 5 mg, 10 mg
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg
metformin hcl oral solution 500 mg/5 ml
metformin hcl oral tablet 500 mg, 625 mg, 850 mg, 1000 mg
metformin hcl er oral tablet 500 mg, 750 mg
metformin hcl er (modified release) oral tablet 500 mg, 1000 mg
metformin hcl er (osmotic) oral tablet 500 mg, 1000 mg
Diabetes – Insulins
For members diagnosed with diabetes
ADMELOG
ADMELOG SOLOSTAR
APIDRA VIAL
APIDRA SOLOSTAR
BASAGLAR KWIKPEN
FIASP
FIASP FLEXTOUCH
FIASP PENFILL
FIASP PUMPCART
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN (U-100, U-200)
HUMALOG MIX 50/50
HUMALOG MIX 50/50 KWIKPEN
HUMALOG MIX 75/25
HUMALOG MIX 75/25 KWIKPEN
HUMULIN 70/30 VIAL
HUMULIN 70/30 KWIKPEN
HUMULIN N VIAL
HUMULIN N KWIKPEN
HUMULIN R U-100 VIAL
HUMULIN R U-500
INSULIN ASPART (VIAL, FLEXPEN)
INSULIN ASPART PROTAMINE & ASPART 70/30 (VIAL, FLEXPEN)
INSULIN LISPRO (VIAL)

Brand-name medications are shown in UPPERCASE and generic medications in lowercase. Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name
INSULIN LISPRO PROTAMINE & LISPRO 75/25 KWIKPEN
LANTUS U-100 VIAL
LANTUS SOLOSTAR
LYUMJEV
LYUMJEV KWIKPEN (U-100, U-200)
NOVOLIN 70/30 VIAL
NOVOLIN 70/30 FLEXPEN
NOVOLIN N VIAL
NOVOLIN N FLEXPEN
NOVOLIN R VIAL
NOVOLIN R FLEXPEN
NOVOLOG U-100 VIAL
NOVOLOG FLEXPEN
NOVOLOG PENFILL
NOVOLOG MIX 70/30 VIAL
NOVOLOG MIX 70/30 FLEXPEN
REZVOGLAR KWIKPEN
TOUJEO SOLOSTAR
TOUJEO MAX SOLOSTAR
TRESIBA VIAL
TRESIBA FLEXTOUCH (U-100, U-200)
Osteoporosis – Anti-Resorptive Therapy
For members diagnosed with osteoporosis and/or osteopenia
alendronate sodium oral tablet 5 mg, 10 mg, 35 mg, 70 mg
ibandronate sodium oral tablet 150 mg
risedronate sodium oral tablet 5 mg, 30 mg, 35 mg, 150 mg
risedronate sodium dr oral tablet 35 mg

Quality drives our decisions

This list is maintained using expert opinions from clinical and regulatory professionals and reviews by the Pharmacy & Therapeutics Committee and other clinical resources.

Your health is important. Taking preventive medications as prescribed by your doctor or healthcare provider can help you avoid serious illness and high healthcare costs.

Refer to your benefit plan documents to make sure a listed medication is included in your benefit. This list should be used as a reference and may not include all medications. Brand or generic availability may not be current because of market changes. Using generics may be required based on your plan benefit.

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