

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
benazepril / amlodipine
benazepril / hctz
captopril
captopril / hctz
enalapril
enalapril / hctz
fosinopril
fosinopril / hctz
lisinopril
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
nadolol /
bendroflumethiazide
pindolol
propranolol
propranolol / hctz

Calcium channel blockers

amlodipine
amlodipine / benazepril
diltiazem
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

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 release
er: extended release
hctz: hydrochlorothiazide
xl: extended release