

Internal Revenue Service Medication List

Medications Covered in 2024



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2024 IRS Medication List

The Internal Revenue Service (IRS) permits individuals who are covered under High Deductible Health Plans (HDHPs) to establish Health Savings Accounts (HSAs). An HDHP is a health plan that satisfies certain requirements with respect to minimum deductibles and maximum out-of-pocket expenses. Generally, an HDHP may not provide benefits for any year until the minimum deductible for that year is satisfied. However, the IRS publishes a list of preventive care benefits that are permitted to be provided by an HDHP without a deductible, or with a deductible below the applicable minimum deductible HDHPs.

The Treasury Department and the IRS, in consultation with the Department of Health and Human Services, have determined that certain prescription drugs and medical supplies for certain chronic conditions should be classified as preventive care for someone with that chronic condition. These medical services and items are limited to the specific services or items listed for the associated chronic conditions specified.

[IRS Notice 2019-45](#) provides that the following services and items for individuals with the specified chronic conditions listed are treated as preventive care.

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Glucometer	Diabetes
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

The provided IRS Medication List complements the Affordable Care Act (ACA). Medications covered under ACA are consistent across all Ventegra base formularies and are not included in the IRS Medication List. Instead of replacing the ACA list, this IRS list serves as an optional expansion to preventive benefits tailored specifically for HSA-eligible plans. The health plan may choose to utilize the IRS list to enable individuals covered by HDHPs to access designated care for chronic conditions before meeting the plan's deductible.



The drugs listed on the following pages require a written prescription. Coverage may be limited to specific dosage forms and/or strengths and may be subject to utilization management. Since changes to the list may occur throughout the year, medications listed are subject to change. Members should consult their benefit plan documents for additional information regarding their specific benefits and restrictions. Please contact a Customer Care representative to obtain additional information.

DRUG CLASS:

Antiasthmatic And Bronchodilator Agents

GENERIC NAME

budesonide inhalation susp 0.25 mg/2mL
budesonide inhalation susp 0.5mg/2
budesonide inhalation susp 1mg/2mL

BRAND NAME

Arnuity Ellipta Inh 100mcg
Arnuity Ellipta Inh 200mcg
Arnuity Ellipta Inh 50mcg
Fluticasone Propionate HFA 110 Mcg/Act
Fluticasone Propionate HFA 220 Mcg/Act
Fluticasone Propionate HFA 44 Mcg/Act

DRUG CLASS:

Antidepressants

GENERIC NAME

citalopram tab 10 mg
citalopram tab 20 mg
citalopram tab 40 mg
escitalopram solution 5 mg/5mL
escitalopram tab 5 mg
escitalopram tab 10 mg
escitalopram tab 20 mg
fluoxetine cap 10 mg
fluoxetine cap 20 mg
fluoxetine cap 40 mg
fluoxetine tab 10 mg
fluoxetine tab 20 mg
fluoxetine tab 60mg
fluvoxamine cap er 24hr 100 mg
fluvoxamine cap er 24hr 150 mg
fluvoxamine tab 25 mg
fluvoxamine tab 50 mg
fluvoxamine tab 100 mg
paroxetine oral susp 10 mg/5mL
paroxetine tab 10 mg

BRAND NAME

none

***KEY:**

ProperCase – Brand Name Medications
 lowercase – Generic medications



paroxetine tab 20 mg
 paroxetine tab 30 mg
 paroxetine tab 40 mg
 sertraline tab 25 mg
 sertraline tab 50 mg
 sertraline tab 100 mg

DRUG CLASS:**Antidiabetics****GENERIC NAME****BRAND NAME**

acarbose tab 100 mg
 acarbose tab 25 mg
 acarbose tab 50 mg
 glimepiride tab 1 mg
 glimepiride tab 2 mg
 glimepiride tab 4 mg
 glipizide tab er 24hr 10 mg
 glipizide tab er 24hr 2.5 mg
 glipizide tab er 24hr 5 mg
 glipizide tab 10 mg
 glipizide tab 5 mg
 glipizide-metformin tab 2.5-250 mg
 glipizide-metformin tab 2.5-500 mg
 glipizide-metformin tab 5-500 mg
 glyburide-metformin tab 1.25-250 mg
 glyburide-metformin tab 2.5-500 mg
 glyburide-metformin tab 5-500 mg
 glyburide 1.25 mg
 glyburide 2.5 mg
 glyburide 5 mg
 metformin tab er 24hr osmotic 1000 mg
 metformin tab 1000 mg
 metformin tab 500 mg
 metformin tab 850 mg
 metformin tab er 24hr 500 mg
 metformin tab er 24hr 750 mg
 metformin oral solution 500 mg/5mL
 metformin tab er 24hr osmotic 500 mg
 nateglinide tab 120 mg
 nateglinide tab 60 mg
 pioglitazone-glimepiride tab 30-2 mg
 pioglitazone-glimepiride tab 30-4 mg
 pioglitazone-metformin tab 15-500 mg
 pioglitazone-metformin tab 15-850 mg

Insulin Aspart 100 Unit/mL
 Insulin Aspart 100 Unit/mL Flexpen
 Novolog 100 Unit/mL
 Novolog Flexpen
 Novolog ReliOn
 Insulin Aspart-Protamine 70/30 Flexpen
 Novolog Mix 70/30 Flexpen
 Insulin Aspart Penfill Cartridge 100 Unit/mL
 Insulin Aspart-Protamine 70/30 100 Unit/mL
 Novolog Mix 70/30
 Novolog Penfill 100 Unit/mL
 Insulin Glargine Solostar
 Lantus Solostar
 Insulin Glargine-Yfgn 100 Unit/mL
 Insulin Glargine-Yfgn 100 Unit/mL Pen
 Humulin N Kwikpen
 Humulin 70/30
 Humulin 70/30 Kwikpen
 Novolin 70/30
 Novolin 70/30 Flexpen
 Humalog 100/mL
 Humalog Cartridge 100 Unit/mL
 Humalog Junior Kwikpen 100/mL
 Humalog Kwikpen 100 Unit/mL
 Humalog Kwikpen 200 Unit/mL
 Humalog Mix 50/50
 Humalog Mix 50/50 Kwikpen
 Humalog Mix 75/25
 Humalog Mix 75/25 Kwikpen
 Insulin Lispro 100 Unit/mL
 Insulin Lispro Pen 100 Unit/mL
 Insulin Lispro-Protamine 75/25 100 Unit/mL
 Insulin Lispro Junior 100 Unit/mL
 Novolin N ReliOn 100 Unit/mL

***KEY:**

ProperCase – Brand Name Medications
lowercase – Generic medications



pioglitazone tab 15 mg pioglitazone tab 30 mg pioglitazone tab 45 mg repaglinide tab 0.5 mg repaglinide tab 1 mg repaglinide tab 2 mg saxagliptin-metformin tab er 24hr 2.5-1000 mg saxagliptin-metformin tab er 24hr 5-1000 mg saxagliptin-metformin tab er 24hr 5-500 mg saxagliptin tab 2.5 mg saxagliptin tab 5 mg	Novolin N U-100 Humulin N 100 Unit/mL Novolin N 100 Unit/mL Pen Humulin R U-100 Novolin R U-100 Novolin R 100 Unit/mL Pen
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DRUG CLASS:

Antihyperlipidemics

GENERIC NAME	BRAND NAME
lovastatin tab 10 mg lovastatin tab 20 mg lovastatin tab 40 mg pitavastatin tab 1 mg pitavastatin tab 2 mg pitavastatin tab 4 mg	none

DRUG CLASS:

Antihypertensives

GENERIC NAME	BRAND NAME
benazepril tab 5 mg benazepril tab 10 mg benazepril tab 20 mg benazepril tab 40 mg captopril tab 12.5 mg captopril tab 25 mg captopril tab 50 mg captopril tab 100 mg enalapril oral solution 1 mg/mL enalapril tab 2.5 mg enalapril tab 5 mg enalapril tab 10 mg enalapril tab 20 mg fosinopril tab 10 mg fosinopril tab 20 mg fosinopril tab 40 mg lisinopril tab 2.5 mg lisinopril tab 5 mg	none

***KEY:**

ProperCase – Brand Name Medications
lowercase – Generic medications



lisinopril tab 10 mg
lisinopril tab 20 mg
lisinopril tab 30 mg
lisinopril tab 40 mg
moexipril tab 7.5 mg
moexipril tab 15 mg
perindopril tab 4 mg
quinapril tab 10 mg
quinapril tab 20 mg
quinapril tab 40 mg
quinapril tab 5 mg
ramipril cap 1.25 mg
ramipril cap 10 mg
ramipril cap 2.5 mg
ramipril cap 5 mg
trandolapril tab 1 mg
trandolapril tab 2 mg
trandolapril tab 4 mg

DRUG CLASS:

Beta Blockers

GENERIC NAME

BRAND NAME

acebutolol cap 200 mg
acebutolol cap 400 mg
atenolol tab 25 mg
atenolol tab 50 mg
atenolol tab 100 mg
betaxolol tab 10 mg
betaxolol tab 20 mg
bisoprolol tab 5 mg
bisoprolol tab 10 mg
carvedilol cr cap 10 mg
carvedilol cr cap 20 mg
carvedilol cr cap 80 mg
carvedilol cap er 24hr 40 mg
carvedilol tab 3.125 mg
carvedilol tab 6.25 mg
carvedilol tab 12.5 mg
carvedilol tab 25 mg
labetalol tab 100 mg
labetalol tab 200 mg
labetalol tab 300 mg
metoprolol succinate tab er 24hr 25 mg
metoprolol succinate tab er 24hr 50 mg

none

***KEY:**

ProperCase – Brand Name Medications
lowercase – Generic medications



metoprolol succinate tab er 24hr 100 mg
metoprolol succinate tab er 24hr 200 mg
metoprolol tartrate tab 25 mg
metoprolol tartrate tab 37.5 mg
metoprolol tartrate tab 50 mg
metoprolol tartrate tab 75 mg
metoprolol tartrate tab 100 mg
nadolol tab 20 mg
nadolol tab 40 mg
nadolol tab 80 mg
nebivolol tab 2.5 mg
nebivolol tab 5 mg
nebivolol tab 10 mg
nebivolol tab 20 mg
pindolol tab 5 mg
pindolol tab 10 mg
propranolol cap er 24hr 60 mg
propranolol cap er 24hr 80 mg
propranolol cap er 24hr 120 mg
propranolol cap er 24hr 160 mg
propranolol oral solution 20 mg/5mL
propranolol oral solution 40mg/5mL
propranolol tab 10 mg
propranolol tab 20 mg
propranolol tab 40 mg
propranolol tab 60 mg
propranolol tab 80 mg
sotalol tab 80 mg
sotalol tab 120 mg
sotalol tab 160 mg
sotalol tab 240 mg
timolol tab 5 mg
timolol tab 10 mg
timolol tab 20 mg

DRUG CLASS:

Diabetic Supplies

GENERIC NAME

none

BRAND NAME

Insulin Pen Needles
Insulin Syringes
ReliOn Lancets
ReliOn Micro Lancets
ReliOn True Metrix Air
ReliOn True Metrix Test Strips

***KEY:**

ProperCase – Brand Name Medications
lowercase – Generic medications



ReliOn Ultra Thin Lancets
True Metrix Air Glucose Meter Kit W/Device
True Metrix Blood Glucose Test Strips
True Metrix Meter Kit W/Device
Trueplus Lancets

DRUG CLASS:

Endocrine And Metabolic Agents - Misc.

GENERIC NAME

BRAND NAME

alendronate oral solution 70 mg/75mL
alendronate tab 10 mg
alendronate tab 35 mg
alendronate tab 70 mg
ibandronate tab 150 mg
risedronate tab 30mg
risedronate tab dr 35 mg
zoledronic acid IV solution 5 mg/100mL

none