

Internal Revenue Service Medication List

Medications Covered in 2025



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IRS Medication List

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2025 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 does not provide benefits until the minimum deductible for the year is met. However, the IRS publishes a list of preventive care benefits that can be covered by an HDHP before the deductible is met, or with a deductible lower than the applicable minimum for HDHPs.

The Treasury Department and the IRS, in consultation with the Department of Health and Human Services, have determined that a selection of certain prescription drugs and medical supplies for specific chronic conditions should be considered preventive care. These medical services and items are limited to the specific services or items listed for individuals with the corresponding chronic conditions.

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

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. Rather than 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, the 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 - Inhaled Corticosteroids

GENERIC NAME	BRAND NAME
budesonide inhalation susp 0.25 mg/2mL budesonide inhalation susp 0.5mg/2mL budesonide inhalation susp 1mg/2mL	Arnuity Ellipta 50mcg Arnuity Ellipta 100mcg Arnuity Ellipta 200mcg Asmanex HFA 50mcg Asmanex HFA 100 mcg Asmanex HFA 200 mcg Asmanex Twisthaler 110mcg Asmanex Twisthaler 220mcg Fluticasone Propionate HFA 110 mcg Fluticasone Propionate HFA 220 mcg Fluticasone Propionate HFA 44 mcg Fluticasone Propionate Diskus 50mcg Fluticasone Propionate Diskus 100mcg Fluticasone Propionate Diskus 250mcg

DRUG CLASS:

Antidepressants

GENERIC NAME	BRAND 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	none

***KEY:**

ProperCase – Brand Name Medications

lowercase – Generic medications



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
 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 2.5 mg
 glipizide tab er 24hr 5 mg
 glipizide tab er 24hr 10 mg
 glipizide tab 5 mg
 glipizide tab 10 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 500 mg
 metformin tab 850 mg
 metformin tab 1000 mg
 metformin tab er 24hr 500 mg
 metformin tab er 24hr 750 mg
 metformin tab er 24hr osmotic 500 mg

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
 Humulin 70/30
 Humulin 70/30 Kwikpen
 Humulin N 100 Unit/mL
 Humulin N Kwikpen
 Humulin R U-100
 Insulin Aspart 100 Unit/mL
 Insulin Aspart 100 Unit/mL Flexpen
 Insulin Aspart Penfill Cartridge 100 Unit/mL
 Insulin Aspart-Protamine 70/30 100 Unit/mL
 Insulin Aspart-Protamine 70/30 Flexpen
 Insulin Glargine Solostar
 Insulin Glargine-Yfgn 100 Unit/mL
 Insulin Glargine-Yfgn 100 Unit/mL Pen
 Insulin Lispro 100 Unit/mL
 Insulin Lispro Junior 100 Unit/mL
 Insulin Lispro Pen 100 Unit/mL
 Insulin Lispro-Protamine 75/25 100 Unit/mL

***KEY:**

ProperCase – Brand Name Medications

lowercase – Generic medications



metformin tab er 24hr osmotic 1000 mg	Lantus Solostar
metformin oral solution 500 mg/5mL	Novolin 70/30
nateglinide tab 120 mg	Novolin 70/30 Flexpen
nateglinide tab 60 mg	Novolin N 100 Unit/mL Pen
pioglitazone-glimepiride tab 30-2 mg	Novolin N ReliOn 100 Unit/mL
pioglitazone-glimepiride tab 30-4 mg	Novolin N U-100
pioglitazone-metformin tab 15-500 mg	Novolin R 100 Unit/mL Pen
pioglitazone-metformin tab 15-850 mg	Novolin R U-100
pioglitazone tab 15 mg	Novolog 100 Unit/mL
pioglitazone tab 30 mg	Novolog Flexpen
pioglitazone tab 45 mg	Novolog Mix 70/30
repaglinide tab 0.5 mg	Novolog Mix 70/30 Flexpen
repaglinide tab 1 mg	Novolog Penfill 100 Unit/mL
repaglinide tab 2 mg	Novolog ReliOn
saxagliptin-metformin tab er 24hr 2.5-1000 mg	Sitagliptin Tab 25 mg
saxagliptin-metformin tab er 24hr 5-1000 mg	Sitagliptin Tab 50 mg
saxagliptin-metformin tab er 24hr 5-500 mg	Sitagliptin Tab 100 mg
saxagliptin tab 2.5 mg	
saxagliptin tab 5 mg	

DRUG CLASS:**Antihyperlipidemics****GENERIC NAME****BRAND NAME**

lovastatin tab 10 mg	none
lovastatin tab 20 mg	
lovastatin tab 40 mg	
pitavastatin tab 1 mg	
pitavastatin tab 2 mg	
pitavastatin tab 4 mg	

DRUG CLASS:**Antihypertensives****GENERIC NAME****BRAND NAME**

benazepril tab 5 mg	none
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	

***KEY:**

ProperCase – Brand Name Medications

lowercase – Generic medications



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
 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

none

***KEY:**

ProperCase – Brand Name Medications

lowercase – Generic medications



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
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**

***KEY:**

ProperCase – Brand Name Medications

lowercase – Generic medications



GENERIC NAME	BRAND NAME
none	Insulin Pen Needles Insulin Syringes ReliOn Lancets ReliOn Micro Lancets ReliOn True Metrix Air ReliOn True Metrix Test Strips 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