

# Small Group/Individual & Family

## Safe Harbor - \$0 preventive drug list

### Effective 1/1/25

One of the benefits of having a high deductible health plan (HDHP) is that members feel more control over their health care costs. It can, however, make some members hesitant to continue taking necessary preventive drugs because of the cost of the medication. Typically, with a HDHP, benefits are provided after the deductible has been met. To ensure Quartz members with a HDHP have support for preventive drugs, we have created a list of preventive medications based on guidance from the U.S. Treasury Department/IRS. The medications on the list below, known as the Safe Harbor - \$0 preventive drug list, are exempt from the deductible and have 100% coverage with \$0 out-of-pocket costs, saving you money while helping to keep you healthy.

#### Please note:

- This list may not include all drugs considered preventive for every health condition for which a preventive drug may be prescribed
- We cannot guarantee which drugs will continue to satisfy U.S. Treasury Department/IRS definitions for preventive medications
- Based on your health plan, utilization management (i.e., prior authorization, step therapy, and quantity limits) may apply to the medications listed below
- Drugs that are only available and covered as a generic are noted with an \*
- Certain dosage forms or strengths of a medication may not be \$0 even though the drug name appears on this list
- Devices are available from many different brands. Since Quartz covers most brands, we do not list each available device. Go to [QuartzBenefits.com/Formulary](https://QuartzBenefits.com/Formulary) or call Optum Rx Member Services to confirm if a specific brand of the device is covered
- We may not cover certain products or therapeutic categories
- Generic or brand status of drugs is subject to change due to updates in the market
- This list is subject to change without prior notice

**Questions?** Please visit [QuartzBenefits.com/Formulary](https://QuartzBenefits.com/Formulary) to review the medications on our formulary, or contact Optum Rx Member Services at (800) 496-7509 (TTY: 711) if you have any questions about coverage.

| Condition       | Drug Class      | Generic name  | Brand name                |
|-----------------|-----------------|---|---------------------------|
| Asthma and COPD | Corticosteroids | Budesonide solution   |                           |
|                 |                 | Budesonide/formoterol   | Symbicort <sup>^</sup>    |
|                 |                 | Beclomethasone dipropionate                                   | Qvar Redihaler            |
|                 |                 | Fluticasone furoate   | Arnuity Ellipta           |
|                 |                 | Fluticasone/salmeterol diskus*,<br>Fluticasone/salmeterol HFA | Advair HFA                |
|                 |                 | Fluticasone propionate*                                       |                           |
|                 |                 | Fluticasone/vilanterol  | Breo Ellipta <sup>^</sup> |
|                 |                 | Mometasone furoate  | Asmanex                   |
|                 | Devices         | Inhaler assist devices, spacers                               | Various brand names       |

| Condition                                  | Drug Class                                     | Generic name                          | Brand name          |
|--|--|---------------------------------------|---------------------|
| Behavioral Health                          | Antidepressants                                | Citalopram*                           |                     |
|  |  | Escitalopram*                         |                     |
|  |  | Fluoxetine*                           |                     |
|  |  | Paroxetine*                           |                     |
|  |  | Sertraline*                           |                     |
| Cardiovascular Disease-High Blood Pressure | Angiotensin-Converting Enzyme (ACE) Inhibitors | Benazepril*                           |                     |
|  |  | Enalapril*                            |                     |
|  |  | Enalapril-hydrochlorothiazide*        |                     |
|  |  | Fosinopril*                           |                     |
|  |  | Lisinopril*                           |                     |
|  |  | Lisinopril-hydrochlorothiazide*       |                     |
|  |  | Moexipril*                            |                     |
|  |  | Perindopril*                          |                     |
|  |  | Quinapril*                            |                     |
|  |  | Quinapril-hydrochlorothiazide*        |                     |
|  |  | Ramipril*                             |                     |
|  | Trandolapril*                                  |                                       |                     |
|  | Beta-Blockers                                  | Atenolol*                             |                     |
|  |  | Atenolol-chlorthalidone*              |                     |
|  |  | Betaxolol*                            |                     |
|  |  | Bisoprolol*                           |                     |
|  |  | Bisoprolol-hydrochlorothiazide*       |                     |
|  |  | Carvedilol*                           |                     |
|  |  | Labetalol*                            |                     |
|  |  | Metoprolol tartrate*                  |                     |
| Metoprolol succinate*                      |  |                                       |                     |
| Nadolol*                                   |  |                                       |                     |
| Propranolol*                               |  |                                       |                     |
| Cardiovascular Disease-High Cholesterol    | HMG-COA Reductase Inhibitors or Statins        | Atorvastatin*                         |                     |
|  |  | Lovastatin*                           |                     |
|  |  | Pravastatin*                          |                     |
|  |  | Rosuvastatin*                         |                     |
| Diabetes                                   | Biguanides                                     | Metformin*                            |                     |
|  |  | Metformin ER*                         |                     |
|  | Devices  | Blood-glucose meter control solutions | One Touch           |
|  |  | Blood-glucose testing strips          | One Touch           |
|  |  | Insulin syringes, needles             | Various brand names |
|  |  | Insulin pen needles                   | Various brand names |
|  |  | Lancets                               | Various brand names |

\*Only available and covered as a generic

| Condition           | Drug Class                                      | Generic name                            | Brand name                                      |
|---------------------|---|---|---|
| Diabetes, continued | Dipeptidyl Peptidase-4 (DPP-4) Inhibitors       | Linagliptin/metformin                   | Jentadueto, Jentadueto XR                       |
|                     |   | Linagliptin                             | Tradjenta                                       |
|                     |   | Sitagliptin                             | Januvia   |
|                     |   | Sitagliptin/metformin                   | Janumet, Janumet XR                             |
|                     | Incretin Mimetic Agents                         | Dulaglutide                             | Trulicity                                       |
|                     |   | Exenatide                               | Byetta, Bydureon                                |
|                     |   | Liraglutide*                            |   |
|                     |   | Tirzepatide                             | Mounjaro  |
|                     | Insulin   | Insulin aspart                          | Novolog, Novolog Penfill, Novolog Flexpen       |
|                     |   | Insulin aspart protamine/insulin aspart | Novolog Mix 70/30, Novolog Mix 70/30 Flexpen    |
|                     |   | Insulin glargine -yfgn*                 |   |
|                     |   | Insulin lispro protamine/insulin lispro | Humalog 50/50, Humalog 50/50 Kwikpen            |
|                     |   | Insulin NPH                             | Novolin N, Novolin N Flexpen                    |
|                     |   | Insulin NPH/insulin regular             | Novolin 70/30, Novolin 70/30 Flexpen            |
|                     |   | Insulin regular, human                  | Novolin R, Novolin R Flexpen, Humulin R (U-500) |
|                     | Sodium-Glucose Cotransport 2 (SGLT2) Inhibitors | Dapagliflozin                           | Farxiga   |
|                     |   | Dapagliflozin/metformin                 | Xigduo XR                                       |
|                     |   | Empagliflozin                           | Jardiance                                       |
|                     |   | Empagliflozin/linagliptin               | Glyxambi  |
|                     |   | Empagliflozin/metformin                 | Synjardy, Synjardy XR                           |
|                     | Sulfonylureas                                   | Glimepiride*                            |   |
|                     |   | Glipizide*, glipizide ER*               |   |
|                     |   | Glipizide/metformin*                    |   |
|                     |   | Glyburide*, glyburide micronized*       |   |
|                     |   | Glyburide/metformin*                    |   |
|                     | Thiazolidinediones                              | Pioglitazone*                           |   |
| Hormone Disorders   | Antiparathyroid Agents                          | Calcitonin-Salmon nasal spray*          |   |
|                     |   | Calcitonin injection*                   |   |
|                     | Bone Resorption Inhibitors                      | Alendronate*                            |   |
|                     |   | Ibandronate*                            |   |
|                     |   | Risedronate*                            |   |

\*Only available and covered as a generic