



**BlueCross BlueShield**  
of Montana



# Preventive Drug Benefit Program

## Member Guide

Effective January 1, 2026

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# Preventive Drug Benefit Program

## Introduction

Blue Cross and Blue Shield of Montana administers the preventive drug benefit for your “metallic” high deductible health plan, which has been designed for use with Health Savings Accounts. If you bought your health plan on your own or get health coverage through your job, your plan has this preventive drug benefit program. It includes categories of prescription drugs that are often used for preventive purposes. If your doctor has prescribed any of them to you or to your HDHP-covered dependents for preventive purposes, your HDHP may pay for the drugs at a \$0 copay before you meet your HDHP deductible.

This guide is being provided as a resource to help you manage your HDHP plan’s prescription drug benefits. It includes some commonly, but not all, drugs that are prescribed for preventive purposes.

The drugs listed in this guide will be reviewed from time to time and are subject to change. Coverage of all medications is still subject to your HDHP limits, exclusions and out-of-pocket requirements (for example, your prescription drug payment levels). Coverage of some medications or drug products may be under your medical benefit. Please verify with your benefit plan if there are any additional requirements before a drug may be covered.

**IMPORTANT REMINDER: These drugs could also at times be prescribed for treatment purposes. As a result, the listing of a drug in the Guide does not mean that it will be covered by your benefit plan before your HDHP deductible is satisfied. If your doctor has prescribed a listed drug for treatment purposes (and not preventive purposes) then your plan does not provide coverage for that drug before your HDHP deductible is satisfied.**

As each individual’s medical circumstances are different, and because proper classification is necessary for you to ensure you are complying with applicable HDHP tax regulations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on your member ID card when your doctor confirms for you that they prescribed one of the listed drugs for treatment purposes so your claims can be processed correctly. **Unless you provide us with this information, claims for the drugs listed in the Guide will be processed as “preventive,” and you or your doctor may be asked by us to provide medical records showing that the drug you’re taking is being used for prevention. Remember, if you improperly classify the drug, it may result in adverse tax consequences so please be sure to take the confirming step to properly classify your claim.**

**Please follow these steps to make sure you are properly classifying the purpose of your prescription:**

1. Find your drug in the Guide.
2. Talk to your doctor about whether your drug is in fact being prescribed for preventive purposes (and not treatment purposes).
3. If prescribed for treatment purposes, call the number on your ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.


# 2026 HDHP-HSA \$0 Preventive Drug List

The preventive drug program currently includes prescription drugs in the following categories:

- Anti-coagulants / anti-platelets
- Depression
- Diabetes medications
- Diabetic supplies
- High blood pressure
- High cholesterol orals
- Osteoporosis
- Respiratory\*

The drugs in each category are listed alphabetically on the following pages.

- Generic drugs are listed in **bold**.
- Brand drugs are listed in all CAPITAL letters.
- Some strengths and/or formulations may not be covered.
- Brand names in parenthesis are listed for reference and are not covered under the benefit.

 This drug/drug category may also be included under the Affordable Care Act coverage of preventive services. These products have limited or \$0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation and when you use a pharmacy or doctor in your health plan's network. Not all products covered under the ACA are shown. Coverage can vary based on your benefit plan and/or prescription drug list. Call the number on your member ID card if you have any questions and to find out what you may pay.

**REMEMBER: Just because a drug is on the preventive drug benefit list, doesn't always mean it is covered. It also doesn't mean that it may be covered by your benefit plan before your HDHP deductible is satisfied. Coverage of all medications is still subject to your plan benefits. Please see your benefit plan materials for coverage details, or call the number on your member ID card.**

**Please be reminded that Health Savings Accounts have tax and legal ramifications. Blue Cross and Blue Shield of Montana does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.**

# 2026 HDHP-HSA \$0 Preventive Drug List

## Anti-Coagulants / Anti-Platelets

anagrelide hcl cap 0.5 mg (Agrylin)  
anagrelide hcl cap 1 mg  
aspirin-dipyridamole cap er 12hr  
25-200 mg  
cilostazol tab 50 mg, 100 mg  
clopidogrel bisulfate tab 75 mg  
(base equivalent) (Plavix)  
dabigatran etexilate mesylate cap  
75 mg, 110 mg, 150 mg  
(etexilate base eq) (Pradaxa)  
dipyridamole tab 25 mg, 50 mg,  
75 mg  
prasugrel hcl tab 5 mg, 10 mg  
(base equiv) (Effient)  
rivaroxaban tab 2.5 mg (Xarelto)  
ticagrelor tab 60 mg, 90 mg  
(Brilinta)  
warfarin sodium tab 1 mg, 2 mg,  
2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,  
7.5 mg, 10 mg

## Depression

### Selective Serotonin Reuptake Inhibitors

citalopram hydrobromide oral  
soln 10 mg/5 mL  
citalopram hydrobromide tab  
10 mg, 20 mg, 40 mg  
(base equivalent) (Celexa)  
escitalopram oxalate soln  
5 mg/5 mL (base equivalent)  
escitalopram oxalate tab 5 mg,  
10 mg, 20 mg (base equivalent)  
(Lexapro)  
fluoxetine hcl cap 10 mg, 20 mg,  
40 mg (Prozac)  
fluoxetine hcl solution 20 mg/5 mL  
fluoxetine hcl tab 10 mg, 20 mg  
paroxetine hcl tab 10 mg, 20 mg,  
30 mg, 40 mg (Paxil)  
sertraline hcl oral concentrate for  
solution 20 mg/mL (Zoloft)  
sertraline hcl tab 25 mg, 50 mg,  
100 mg (Zoloft)

## Diabetes Medications

### Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal  
powder 3 mg/dose  
BAQSIMI TWO PACK – glucagon nasal  
powder 3 mg/dose  
**glucagon (rdna) for inj kit 1 mg**  
GLUCAGON EMERGENCY KIT FO –  
glucagon hcl for inj 1 mg  
GVOKE HYPOPEN 1-PACK – glucagon  
subcutaneous solution  
auto-injector 0.5 mg/0.1 mL,  
1 mg/0.2 mL  
GVOKE HYPOPEN 2-PACK – glucagon  
subcutaneous solution  
auto-injector 0.5 mg/0.1 mL,  
1 mg/0.2 mL  
GVOKE KIT – glucagon subcutaneous  
soln 1 mg/0.2 mL  
GVOKE PFS – glucagon subcutaneous  
soln pref syringe 1 mg/0.2 mL  
ZEGALOGUE – dasiglucagon hcl  
subcutaneous soln auto-inj  
0.6 mg/0.6 mL  
ZEGALOGUE – dasiglucagon hcl  
subcutaneous soln pref syringe  
0.6 mg/0.6 mL

### Insulin Only

FIASP – insulin aspart (with  
niacinamide) inj 100 unit/mL  
FIASP FLEXTOUCH – insulin aspart  
(with niacinamide) soln  
pen-injector 100 unit/mL  
FIASP PENFILL – insulin aspart  
(with niacinamide) soln cartridge  
100 unit/mL  
HUMALOG – insulin lispro inj soln  
100 unit/mL  
HUMALOG – insulin lispro soln  
cartridge 100 unit/mL  
HUMALOG JUNIOR KWIKPEN – insulin  
lispro soln pen-injector  
100 unit/mL (0.5 unit dial)  
HUMALOG KWIKPEN – insulin lispro  
soln pen-injector 100 unit/mL  
(1 unit dial), 200 unit/mL

HUMALOG MIX 50/50 KWIKPEN –  
insulin lispro prot & lispro sus  
pen-inj 100 unit/mL (50-50)  
HUMALOG MIX 75/25 – insulin lispro  
prot & lispro inj 100 unit/mL  
(75-25)  
HUMALOG MIX 75/25 KWIKPEN –  
insulin lispro prot & lispro sus  
pen-inj 100 unit/mL (75-25)  
HUMALOG TEMPO PEN – insulin  
lispro soln pen-inj w/transmitter  
port 100 unit/mL  
HUMULIN 70/30 – insulin nph  
isophane & regular human inj  
100 unit/mL (70-30)  
HUMULIN 70/30 KWIKPEN – insulin  
nph & regular susp pen-inj  
100 unit/mL (70-30)  
HUMULIN N – insulin nph (human)  
(isophane) inj 100 unit/mL  
HUMULIN N KWIKPEN – insulin nph  
(human) (isophane) susp pen-  
injector 100 unit/mL  
HUMULIN R – insulin regular (human)  
inj 100 unit/mL  
HUMULIN R U-500 (CONCENTR –  
insulin regular (human) inj  
500 unit/mL  
HUMULIN R U-500 KWIKPEN – insulin  
regular (human) soln pen-injector  
500 unit/mL  
INSULIN GLARGINE-YFGN – insulin  
glargine-yfgn inj 100 unit/mL  
INSULIN GLARGINE-YFGN – insulin  
glargine-yfgn soln pen-injector  
100 unit/mL  
LYUMJEV – insulin lispro-aabc inj  
100 unit/mL  
LYUMJEV KWIKPEN – insulin lispro-  
aabc soln pen-inj 100 unit/mL  
(1 unit dial)  
LYUMJEV KWIKPEN – insulin lispro-  
aabc soln pen-injector 200 unit/mL  
LYUMJEV TEMPO PEN – insulin  
lispro-aabc soln pen-inj w/transmit  
port 100 unit/mL

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NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/mL (70-30)  
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/mL (70-30)  
NOVOLIN 70/30 FLEXPEN REL – insulin nph & regular susp pen-inj 100 unit/mL (70-30)  
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/mL (70-30)  
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/mL  
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/mL  
NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/mL  
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/mL  
NOVOLIN R – insulin regular (human) inj 100 unit/mL  
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/mL  
NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/mL  
NOVOLIN R RELION – insulin regular (human) inj 100 unit/mL  
NOVOLOG – insulin aspart 100 unit/mL  
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/mL  
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/mL  
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/mL (70-30)  
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/mL (70-30)  
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/mL (70-30)

NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/mL  
NOVOLOG RELION – insulin aspart inj soln 100 unit/mL  
SEMGLÉE – insulin glargine-yfng inj 100 unit/mL  
SEMGLÉE – insulin glargine-yfng soln pen-injector 100 unit/mL  
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (2 unit dial)  
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (1 unit dial)  
TRESIBA – insulin degludec inj 100 unit/mL  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/mL, 200 unit/mL

## Oral Only

acarbose tab 25 mg, 50 mg, 100 mg  
glimepiride tab 1 mg, 2 mg, 4 mg  
glipizide tab 5 mg, 10 mg  
glipizide tab er 24hr 2.5 mg  
glipizide tab er 24hr 5 mg, 10 mg (Glucotrol xl)  
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg  
glyburide tab 1.25 mg, 2.5 mg, 5 mg  
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg  
metformin hcl tab 500 mg, 850 mg, 1000 mg  
metformin hcl tab er 24hr 500 mg, 750 mg  
nateglinide tab 60 mg, 120 mg  
pioglitazone hcl tab 15 mg, 30 mg, 45 mg (base equivalent) (Actos)  
pioglitazone hcl-metformin hcl tab 15-500 mg  
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)  
repaglinide tab 0.5 mg, 1 mg, 2 mg

## Diabetic Supplies

### Calibration Liquids

ABBOTT FREESTYLE  
ABBOTT MEDISENSE, HIGH/MID/LOW  
ABBOTT PRECISION  
ASCENSIA CONTOUR  
ASCENSIA CONTOUR NEXT

### Insulin Syringes

### Lancets

### Lancet Devices

### Pen Needles

### Test Strips & Discs

ABBOTT FREESTYLE, INSULINX, LITE, PRECISION NEO  
ABBOTT PRECISION SOF-TACT  
ABBOTT OPTIUMEZ  
ASCENSIA CONTOUR  
ASCENSIA CONTOUR NEXT

## High Blood Pressure

acebutolol hcl cap 200 mg, 400 mg  
amiloride hcl tab 5 mg  
amlodipine besylate tab 2.5 mg, 5 mg, 10 mg (base equivalent) (Norvasc)  
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg  
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)  
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)  
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)  
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 (Exforge hct)  
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)

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atenolol & chlorthalidone tab  
50-25 mg, (Tenoretic 50)  
100-25 mg (Tenoretic 100)

benazepril hcl tab 5 mg  
benazepril hcl tab 10 mg, 20 mg,  
40 mg (Lotensin)

benazepril & hydrochlorothiazide  
tab 5-6.25 mg

benazepril & hydrochlorothiazide  
tab 10-12.5 mg, 20-12.5 mg,  
20-25 mg (Lotensin hct)

betaxolol hcl tab 10 mg, 20 mg

bisoprolol & hydrochlorothiazide  
tab 2.5-6.25 mg, 5-6.25 mg,  
10-6.25 mg

bisoprolol fumarate tab 5 mg,  
10 mg

bumetanide tab 0.5 mg (Bumex)

bumetanide tab 1 mg, 2 mg

candesartan cilexetil tab 4 mg,  
8 mg, 16 mg, 32 mg (Atacand)

candesartan cilexetil-  
hydrochlorothiazide tab  
16-12.5 mg, 32-12.5 mg,  
32-25 mg (Atacand hct)

captopril tab 12.5 mg, 25 mg,  
50 mg, 100 mg

carvedilol tab 3.125 mg, 6.25 mg,  
12.5 mg, 25 mg (Coreg)

chlorthalidone tab 25 mg, 50 mg

clonidine hcl tab 0.1 mg, 0.2 mg,  
0.3 mg

clonidine td patch weekly  
0.1 mg/24hr (Catapres-TTS-1),  
0.2 mg/24hr (Catapres-TTS-2),  
0.3 mg/24hr (Catapres-TTS-3)

diltiazem hcl cap er 12hr 60 mg,  
90 mg, 120 mg

diltiazem hcl cap er 24hr 120 mg,  
180 mg, 240 mg

diltiazem hcl coated beads cap er  
24hr 120 mg, 180 mg, 240 mg,  
300 mg (Cardizem cd)

diltiazem hcl extended release  
beads cap er 24hr 120 mg,  
180 mg, 240 mg, 300 mg,  
360 mg, 420 mg (Tiazac)

diltiazem hcl tab 30 mg, 60 mg,  
120 mg (Cardizem)

diltiazem hcl tab 90 mg

diltiazem hcl tab er 24hr 120 mg  
(Cardizem la)

doxazosin mesylate tab 1 mg,  
2 mg, 4 mg, 8 mg (Cardura)

enalapril maleate tab 2.5 mg,  
5 mg, 10 mg, 20 mg (Vasotec)

enalapril maleate &  
hydrochlorothiazide tab  
5-12.5 mg

enalapril maleate &  
hydrochlorothiazide tab  
10-25 mg (Vaseretic)

enalapril maleate oral soln  
1 mg/mL (Epaned)

eplerenone tab 25 mg, 50 mg  
(Inspra)

felodipine tab er 24hr 2.5 mg,  
5 mg, 10 mg

fosinopril sodium tab 10 mg,  
20 mg, 40 mg

fosinopril sodium &  
hydrochlorothiazide tab  
10-12.5 mg, 20-12.5 mg

furosemide oral soln 10 mg/mL

furosemide tab 20 mg, 40 mg,  
80 mg (Lasix)

guanfacine hcl tab 1 mg, 2 mg

hydralazine hcl tab 10 mg, 25 mg,  
50 mg, 100 mg

hydrochlorothiazide cap 12.5 mg

hydrochlorothiazide tab 12.5 mg,  
25 mg, 50 mg

indapamide tab 1.25 mg, 2.5 mg

irbesartan tab 75 mg

irbesartan tab 150 mg, 300 mg  
(Avapro)

irbesartan-hydrochlorothiazide  
tab 150-12.5 mg, 300-12.5 mg  
(Avalide)

isosorbide dinitrate-hydralazine  
hcl tab 20-37.5 mg (Bidil)

labetalol hcl tab 100 mg, 200 mg,  
300 mg

lisinopril tab 2.5 mg, 5 mg, 10 mg,  
20 mg, 30 mg, 40 mg (Zestril)

lisinopril & hydrochlorothiazide  
tab 10-12.5 mg, 20-12.5 mg,  
20-25 mg (Zestoretic)

losartan potassium tab 25 mg,  
50 mg, 100 mg (Cozaar)

losartan potassium &  
hydrochlorothiazide tab  
50-12.5 mg, 100-12.5 mg,  
100-25 mg (Hyzaar)

metolazone tab 2.5 mg, 5 mg,  
10 mg

metoprolol succinate tab er 24hr  
25 mg, 50 mg, 100 mg, 200 mg  
(tartrate equivalent) (Toprol xl)

metoprolol tartrate tab 25 mg,  
37.5 mg, 75 mg

metoprolol tartrate tab 50 mg,  
100 mg (Lopressor)

metoprolol & hydrochlorothiazide  
tab 50-25 mg, 100-25 mg,  
100-50 mg

minoxidil tab 2.5 mg, 10 mg

moexipril hcl tab 7.5 mg, 15 mg

nadolol tab 20 mg, 40 mg, 80 mg

nebivolol hcl tab 2.5 mg, 5 mg,  
10 mg, 20 mg (base equivalent)  
(Bystolic)

nifedipine cap 10 mg, 20 mg

nifedipine tab er 24hr 30 mg,  
60 mg, 90 mg

nifedipine tab er 24hr osmotic  
release 30 mg, 60 mg, 90 mg  
(Procardia xl)

olmesartan medoxomil tab 5 mg,  
20 mg, 40 mg (Benicar)

olmesartan medoxomil-  
hydrochlorothiazide tab  
20-12.5 mg, 40-12.5 mg,  
40-25 mg (Benicar hct)

olmesartan-amlodipine-  
hydrochlorothiazide tab  
20-5-12.5 mg, 40-5-12.5 mg,  
40-5-25 mg, 40-10-12.5 mg,  
40-10-25 mg (Tribenzor)

perindopril erbumine 4 mg




phenoxybenzamine hcl cap 10 mg  
(Dibenzyline)

pindolol tab 5 mg, 10 mg

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prazosin hcl cap 1 mg, 2 mg, 5 mg  
propranolol hcl cap er 24hr 60 mg,  
80 mg, 120 mg, 160 mg  
(Inderal la)  
propranolol hcl tab 10 mg, 20 mg,  
40 mg, 60 mg, 80 mg  
quinapril hcl tab 5 mg, 10 mg,  
20 mg, 40 mg (Accupril)  
quinapril-hydrochlorothiazide tab  
10-12.5 mg, 20-12.5 mg  
(Accuretic)  
ramipril cap 1.25 mg, 5 mg  
ramipril cap 2.5 mg, 10 mg (Altace)  
spironolactone tab 25 mg, 50 mg,  
100 mg (Aldactone)  
spironolactone &  
hydrochlorothiazide tab  
25-25 mg  
telmisartan tab 20 mg  
telmisartan tab 40 mg, 80 mg  
(Micardis)  
terazosin hcl cap 1 mg, 2 mg, 5 mg,  
10 mg (base equivalent)  
torsemide tab 5 mg, 10 mg, 20 mg,  
100 mg  
trandolapril tab 1 mg, 2 mg, 4 mg  
triamterene cap 50 mg, 100 mg  
(Dyrenium)  
triamterene & hydrochlorothiazide  
cap 37.5-25 mg  
triamterene & hydrochlorothiazide  
tab 37.5-25 mg, 75-50 mg  
valsartan tab 40 mg, 80 mg,  
160 mg, 320 mg (Diovan)  
valsartan-hydrochlorothiazide tab  
80-12.5 mg, 160-12.5 mg,  
160-25 mg, 320-12.5 mg,  
320-25 mg (Diovan hct)  
verapamil hcl cap er 24hr 120 mg,  
180 mg, 240 mg (Verelan)  
verapamil hcl tab 40 mg, 80 mg,  
120 mg  
verapamil hcl tab er 120 mg,  
180 mg, 240 mg

## High Cholesterol Orals

atorvastatin calcium tab 10 mg,  
20 mg, 40 mg, 80 mg  
(base equivalent) (Lipitor)   
cholestyramine light powder  
4 gm/dose (Questran Light)  
cholestyramine powder 4 gm/dose  
(Questran)  
colesevelam hcl tab 625 mg  
(Welchol)  
colestipol hcl granule packets  
5 gm  
colestipol hcl granules 5 gm  
(Colestid)  
colestipol hcl tab 1 gm (Colestid)  
ezetimibe tab 10 mg (Zetia)  
ezetimibe-simvastatin tab  
10-10 mg, 10-20 mg, 10-40 mg,  
10-80 mg (Vytorin)  
fenofibrate tab 48 mg, 145 mg  
(Tricor)  
fenofibrate tab 54 mg, 160 mg  
fenofibrate micronized cap 67 mg,  
134 mg, 200 mg  
gemfibrozil tab 600 mg (Lopid)  
icosapent ethyl cap 0.5 gm, 1 gm  
(Vascepa)  
lovastatin tab 10 mg  
lovastatin tab 20 mg, 40 mg   
niacin tab er 500 mg, 750 mg,  
1000 mg (antihyperlipidemic)  
pravastatin sodium tab 10 mg,  
20 mg, 40 mg, 80 mg   
rosuvastatin calcium tab 5 mg,  
10 mg, 20 mg, 40 mg (Crestor)  
simvastatin tab 10 mg, 20 mg,  
40 mg (Zocor)  
simvastatin tab 5 mg, 80 mg

## Osteoporosis

alendronate sodium tab 10 mg,  
35 mg  
alendronate sodium tab 70 mg  
(Fosamax)  
calcitonin (salmon) nasal soln  
200 unit/act

ibandronate sodium tab 150 mg  
(base equivalent)  
raloxifene hcl tab 60 mg  
(Evista)   
risedronate sodium tab 30 mg  
risedronate sodium tab 35 mg,  
150 mg (Actonel)

## Respiratory

acetylcysteine inhal soln 10%, 20%  
ADVAIR HFA – fluticasone-salmeterol  
inhal aerosol 45-21 mcg/act,  
115-21 mcg/act, 230-21 mcg/act  
AIRSUPRA – albuterol-budesonide  
inhalation aerosol 90-80 mcg/act  
albuterol sulfate inhal aero  
108 mcg/act  
(90 mcg base equivalent)  
albuterol sulfate soln nebu  
0.083% (2.5 mg/3 mL),  
0.5% (5 mg/mL)  
albuterol sulfate soln nebu  
0.63 mg/3 mL, 1.25 mg/3 mL  
(base equivalent)  
albuterol sulfate syrup 2 mg/5 mL  
albuterol sulfate tab 2 mg, 4 mg  
ANORO ELLIPTA – umeclidinium-  
vilanterol aero powd ba  
62.5-25 mcg/act  
arformoterol tartrate soln nebu  
15 mcg/2 mL (base equivalent)  
(Brovana)  
ARNUITY ELLIPTA – fluticasone  
furoate aerosol powder breath  
activ 50 mcg/act, 100 mcg/act,  
200 mcg/act  
ASMANEX HFA – mometasone  
furoate inhal aerosol suspension  
50 mcg/act, 100 mcg/act,  
200 mcg/act  
ASMANEX TWISTHALER  
30 METERED – mometasone  
furoate inhal powd 110 mcg/act  
(breath activated)

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ASMANEX TWISTHALER 30, 60,  
120 METERED – mometasone  
furoate inhal powder 220 mcg/act  
(breath activated)

BREO ELLIPTA – fluticasone furoate  
vilanterol aero powder  
50-25 mcg/act, 100-25 mcg/act,  
200-25 mcg/act

BREZTRI AEROSPHERE – budesonide-  
glycopyrrolate-formoterol aerosol  
160-9-4.8 mcg/act

**budesonide-formoterol fumarate  
dihydrate aerosol 80-4.5 mcg/act,  
160-4.5 mcg/act (Symbicort)**

**budesonide inhalation suspension  
0.25 mg/2 mL, 0.5 mg/2 mL,  
1 mg/2 mL (Pulmicort)**

COMBIVENT RESPIMAT –  
ipratropium-albuterol inhal aerosol  
solution 20-100 mcg/act

**cromolyn sodium solution nebulizer  
20 mg/2 mL**

DULERA – mometasone furoate-  
formoterol fumarate aerosol  
50-5 mcg/act, 100-5 mcg/act,  
200-5 mcg/act

FLUTICASONE PROPIONATE/SA –  
fluticasone-salmeterol aerosol powder  
55-14 mcg/act, 113-14 mcg/act,  
232-14 mcg/act

**fluticasone-salmeterol aerosol  
powder 100-50 mcg/act,  
250-50 mcg/act, 500-50 mcg/act  
(Advair Diskus)**

INCRUSE ELLIPTA – umeclidinium bromide  
aerosol powder breath act 62.5 mcg/act  
(base equivalent)

**ipratropium bromide inhalation solution  
0.02%**

**ipratropium-albuterol nebulizer solution  
0.5-2.5(3) mg/3 mL**

**levalbuterol hydrochloride solution nebulizer  
0.31 mg/3 mL, 0.63 mg/3 mL,  
1.25 mg/3 mL (base equivalent)**

**levalbuterol hydrochloride solution nebulizer concentration  
1.25 mg/0.5 mL  
(base equivalent)**

**montelukast sodium chewable tablet  
4 mg, 5 mg (base equivalent)  
(Singulair)**

**montelukast sodium tablet 10 mg  
(base equivalent) (Singulair)**

QVAR REDHALER – beclomethasone  
dipropionate hydrofluoroalkane breath act inhaler  
40 mcg/act, 80 mcg/act

**roflumilast tablet 250 mcg, 500 mcg  
(Daliresp)**

SEREVENT DISKUS – salmeterol  
xinafoate aerosol powder 50 mcg/act  
(base equivalent)

SPIRIVA RESPIMAT – tiotropium  
bromide monohydrate inhalation  
aerosol 1.25 mcg/act, 2.5 mcg/act

STIOLTO RESPIMAT – tiotropium  
bromide olodaterol inhalation aerosol solution  
2.5-2.5 mcg/act

STRIVERDI RESPIMAT – olodaterol hydrochloride  
inhalation aerosol solution 2.5 mcg/act  
(base equivalent)

SYMBICORT – budesonide-formoterol  
fumarate dihydrate aerosol  
80-4.5 mcg/act, 160-4.5 mcg/act

**terbutaline sulfate tablet 2.5 mg,  
5 mg**

**theophylline elixir 80 mg/15 mL**

**theophylline solution 80 mg/15 mL**

**theophylline tablet extended release 12hr 300 mg,  
450 mg**

**theophylline tablet extended release 24hr 400 mg,  
600 mg**

TRELEGY ELLIPTA – fluticasone  
umeclidinium- vilanterol aerosol powder  
100-62.5-25 mcg/act,  
200-62.5-25 mcg/act

VENTOLIN HFA – albuterol sulfate  
inhalation aerosol 108 mcg/act (90 mcg  
base equivalent)

**zafirlukast tablet 10 mg, 20 mg  
(Accolate)**