

**Blue Cross and Blue Shield of Minnesota**  
**FlexRx Preventive Drug List**  
Large Group  
Effective January 1, 2025



Your employer may have elected to include a Preventive Drug coverage feature with your prescription benefit plan. Below is the list of medications available under your Preventive Drug coverage. The actual cost of the medication will be applied toward the preventive benefit offered by your employer, allowing you to receive coverage even if you have not met your deductible.

This list will be reviewed at least annually and is subject to change at any time.

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic prescription drugs are shown in lower-case boldface type. Many generic drugs include mention of a brand name drug in parentheses as a reference. Some generic drugs have no reference to a brand. Brand prescription drugs are shown in capital letters followed by the generic name. Generic drugs are available for many of the brand-name drugs listed though may not be available in all strengths.

**NOTE:**

This list may not apply. Check your coverage or other plan information for benefit details.

Should this list apply to your benefit plan, your employer may not cover all categories included in this list.

Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook, or prescription drug endorsement. Or call the number on the back of your member ID card if you have questions about your coverage.

**ANTI-ANGINA**

**isosorbide dinitrate tab 5 mg (Isordil titradose)**

**isosorbide dinitrate tab 10 mg**

**isosorbide dinitrate tab 20 mg**

**isosorbide dinitrate tab 30 mg**

ISOSORBIDE MONONITRATE – isosorbide mononitrate tab 10 mg

ISOSORBIDE MONONITRATE – isosorbide mononitrate tab 20 mg

**isosorbide mononitrate tab er 24hr 30 mg**

**isosorbide mononitrate tab er 24hr 60 mg**

**isosorbide mononitrate tab er 24hr 120 mg**

NITRO-BID – nitroglycerin oint 2%

NITRO-TIME – nitroglycerin cap er 2.5 mg

NITRO-TIME – nitroglycerin cap er 6.5 mg

NITRO-TIME – nitroglycerin cap er 9 mg

**nitroglycerin sl tab 0.3 mg (Nitrostat)**

**nitroglycerin sl tab 0.4 mg (Nitrostat)**

**nitroglycerin sl tab 0.6 mg (Nitrostat)**

**nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)**

**nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)**

**nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)**

**nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)**

**ANTI-ARRHYTHMICS**

**amiodarone hcl tab 100 mg**

**amiodarone hcl tab 200 mg**

**amiodarone hcl tab 400 mg**

**digoxin tab 125 mcg (0.125 mg) (Lanoxin)**

**digoxin tab 250 mcg (0.25 mg) (Lanoxin)**

**disopyramide phosphate cap 100 mg (Norpace)**

**disopyramide phosphate cap 150 mg (Norpace)**

**flecainide acetate tab 50 mg**

**flecainide acetate tab 100 mg**

**flecainide acetate tab 150 mg**

**ANTI-ARRHYTHMICS (continued)**

**mexiletine hcl cap 150 mg**

**mexiletine hcl cap 200 mg**

**mexiletine hcl cap 250 mg**

**propafenone hcl cap er 12hr 225 mg (Rythmol sr)**

**propafenone hcl cap er 12hr 325 mg (Rythmol sr)**

**propafenone hcl cap er 12hr 425 mg (Rythmol sr)**

**propafenone hcl tab 150 mg**

**propafenone hcl tab 225 mg**

**propafenone hcl tab 300 mg**

**quinidine gluconate tab er 324 mg**

QUINIDINE SULFATE – quinidine sulfate tab 200 mg

QUINIDINE SULFATE – quinidine sulfate tab 300 mg

**sotalol hcl (afib/afl) tab 80 mg (Betapace af)**

**sotalol hcl (afib/afl) tab 120 mg (Betapace af)**

**sotalol hcl (afib/afl) tab 160 mg (Betapace af)**

**sotalol hcl tab 80 mg (Betapace)**

**sotalol hcl tab 120 mg (Betapace)**

**sotalol hcl tab 160 mg (Betapace)**

**sotalol hcl tab 240 mg**

**ANTI-COAGULANTS/ANTI-PLATELETS**

**anagrelide hcl cap 0.5 mg (Agrylin)**

**anagrelide hcl cap 1 mg**

BRILINTA – ticagrelor tab 60 mg

BRILINTA – ticagrelor tab 90 mg

**cilostazol tab 50 mg**

**cilostazol tab 100 mg**

**clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)**

**dipyridamole tab 25 mg**

**dipyridamole tab 50 mg**

**dipyridamole tab 75 mg**

ELIQUIS – apixaban tab 2.5 mg

ELIQUIS – apixaban tab 5 mg

## ANTI-COAGULANTS/ANTI-PLATELETS

*(continued)*

ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg

**prasugrel hcl tab 5 mg (base equiv) (Effient)**

**prasugrel hcl tab 10 mg (base equiv) (Effient)**

**warfarin sodium tab 1 mg**

**warfarin sodium tab 2 mg**

**warfarin sodium tab 2.5 mg**

**warfarin sodium tab 3 mg**

**warfarin sodium tab 4 mg**

**warfarin sodium tab 5 mg**

**warfarin sodium tab 6 mg**

**warfarin sodium tab 7.5 mg**

**warfarin sodium tab 10 mg**

XARELTO – rivaroxaban for susp 1 mg/ml

XARELTO – rivaroxaban tab 2.5 mg

XARELTO – rivaroxaban tab 10 mg

XARELTO – rivaroxaban tab 15 mg

XARELTO – rivaroxaban tab 20 mg

XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg

## BREAST CANCER PRIMARY PREVENTION

**raloxifene hcl tab 60 mg (Evista)**

SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)

**tamoxifen citrate tab 10 mg (base equivalent)**

**tamoxifen citrate tab 20 mg (base equivalent)**

## CONTRACEPTIVES

### Barrier Method Types

#### *Cervical Caps*

FEMCAP – cervical cap 22 mm

FEMCAP – cervical cap 26 mm

FEMCAP – cervical cap 30 mm

#### *Diaphragms*

CAYA – diaphragm arc-spring

OMNIFLEX DIAPHRAGM – diaphragms

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm

### Emergency Method Types

#### *Emergency Ella*

ELLA – ulipristal acetate tab 30 mg

## Hormonal Method Types

### *Injectable Progestin*

**medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contraceptive)**

**medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contraceptive)**

### *Oral Combined*

**Afirmelle**

**Altavera**

**Alyacen**

**Apri**

**Aranelle**

**Aubra eq**

**Aurovela**

**Aurovela fe**

**Aviane**

**Ayuna**

**Azurette**

**Balziva**

**Blisovi fe**

**Briellyn**

**Charlotte 24 fe**

**Chateal eq**

**Cryselle-28**

**Cyred**

**Cyred eq**

**Dasetta**

**Delyla**

**desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)**

**drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)**

**drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)**

**drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)**

**drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)**

**Elinest**

**Enpress-28**

**Enskyce**

**Estarylla**

**ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg**

**ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg**

**Falmina**

**Finzala**

**Hailey**

**Hailey fe**

**Isibloom**

**Jasmiel**

**Juleber**

**Junel**

**Junel fe**

**Kaitlib fe**

**Kalliga**

**Kariva**

*Oral Combined (continued)*

**Kelnor**  
**Kurvelo**  
**Larin**  
**Larin fe**  
**Layolis fe**  
**Leena**  
**Lessina**  
**Levonest**  
**levonorgestrel-eth estro tab 0.05-30/0.075-40/0.125-30 mg-mcg**  
**levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg**  
**levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**  
**Levora**  
**LO LOESTRIN FE**  
**Loestrin**  
**Loestrin fe**  
**Loryna**  
**Low-ogestrel**  
**Lo-zumandimine**  
**Lutera**  
**Marlissa**  
**Merzee**  
**Microgestin**  
**Microgestin fe**  
**Mili**  
**Mono-Linyah**  
**Necon 0.5/35**  
**NEXTSTELLIS**  
**Nikki**  
**norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg**  
**norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg**  
**norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg**  
**norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**  
**norethindrone ace-ethinyl estradiol fe tab 1-20/1-30/1-35 mg-mcg**  
**norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg**  
**norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**  
**norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**  
**Nortrel**  
**Nylia**  
**Nymyo**  
**Ocella**  
**Philith**  
**Pimtrea**  
**Pirmella**  
**Portia**  
**Reclipsen**  
**Simliya**  
**Sprintec 28**  
**Sronyx**  
**Syeda**  
**Tarina fe eq**  
**Taysofy**  
**Tilia fe**  
**Tri-estarylla**  
**Tri-legest fe**  
**Tri-linyah**  
**Tri-lo-estarylla**

*Oral Combined (continued)*

**Tri-lo-marzia**  
**Tri-lo-mili**  
**Tri-lo-sprintec**  
**Tri-mili**  
**Tri-nymyo**  
**Tri-sprintec**  
**Trivora-28**  
**Tri-vylibra**  
**Tri-vylibra lo**  
**Turquoz**  
**TYBLUME**  
**Tydem**  
**VELIVET**  
**Vestura**  
**Vienna**  
**Viorele**  
**Volnea**  
**Vyfemla**  
**Vylibra**  
**Wera**  
**Wymzya fe**  
**Zovia**  
**Zumandimine**

*Oral Extended*

**Amethyst**  
**Ashlyna**  
**Camrese**  
**Camrese lo**  
**Daysee**  
**Dolishale**  
**Fayosim**  
**Iclevia**  
**Introvale**  
**Jaimiess**  
**Jolessa**  
**levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7) (Loseasonique)**  
**levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg**  
**Lojaimiess**  
**levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)**  
**Setlakin**  
**Simpesse**

*Oral Progestin*

**Camila**  
**Deblitane**  
**Errin**  
**Emzahh**  
**Heather**  
**Incassia**  
**Jencycla**  
**Lyleq**  
**Lyza**  
**Nora-be**  
**norethindrone tab 0.35 mg**  
**Norlyroc**  
**Sharobel**  
**SLYND**

### Transdermal Combined

TWIRLA

**Xulane – norelgestromin-ethinyl estradiol td ptwk  
150-35 mcg/24hr**

**Zafemy - norelgestromin-ethinyl estradiol td ptwk  
150-35 mcg/24hr**

### Vaginal Combined

NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-  
0.015 mg/24hr

### DEPRESSION – SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

**citalopram hydrobromide oral soln 10 mg/5ml  
citalopram hydrobromide tab 10 mg (base equiv)  
(Celexa)**

**citalopram hydrobromide tab 20 mg (base equiv)  
(Celexa)**

**citalopram hydrobromide tab 40 mg (base equiv)  
(Celexa)**

**escitalopram oxalate soln 5 mg/5ml (base equiv)  
escitalopram oxalate tab 5 mg (base equiv)  
(Lexapro)**

**escitalopram oxalate tab 10 mg (base equiv)  
(Lexapro)**

**escitalopram oxalate tab 20 mg (base equiv)  
(Lexapro)**

**fluoxetine hcl cap 10 mg (Prozac)**

**fluoxetine hcl cap 20 mg (Prozac)**

**fluoxetine hcl cap 40 mg (Prozac)**

**fluoxetine hcl solution 20 mg/5ml**

**paroxetine hcl tab 10 mg (Paxil)**

**paroxetine hcl tab 20 mg (Paxil)**

**paroxetine hcl tab 30 mg (Paxil)**

**paroxetine hcl tab 40 mg (Paxil)**

**sertraline hcl tab 25 mg (Zoloft)**

**sertraline hcl tab 50 mg (Zoloft)**

**sertraline hcl tab 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 EMERGENCY KIT FOR LOW BLOOD SUGAR -  
glucagon (rdna) for inj kit 1 mg

GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR –  
glucagon hcl for inj 1 mg

GVOKE HYOPEN 1-PACK – glucagon subcutaneous  
solution auto-injector 0.5 mg/0.1ml

GVOKE HYOPEN 1-PACK – glucagon subcutaneous  
solution auto-injector 1 mg/0.2ml

GVOKE HYOPEN 2-PACK – glucagon subcutaneous  
solution auto-injector 0.5 mg/0.1ml

GVOKE HYOPEN 2-PACK – glucagon subcutaneous  
solution auto-injector 1 mg/0.2ml

GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml

GVOKE PFS – glucagon subcutaneous soln pref syringe  
1 mg/0.2ml

ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-  
inj 0.6 mg/0.6ml

ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref  
syringe 0.6 mg/0.6ml

### Insulin

FIASP – insulin aspart (with niacinamide) inj 100 unit/ml

FIASP FLEXTOUCH – insulin aspart (with niacinamide)  
soln pen-inj 100 unit/ml

FIASP PENFILL – insulin aspart (with niacinamide) soln  
cartridge 100 unit/ml

HUMULIN R U 500 (CONCENTRATED) – insulin regular  
(human) inj 500 unit/ml

HUMULIN R U 500 KWIKPEN – insulin regular (human)  
soln pen injector 500 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)

HUMALOG KWIKPEN - insulin lispro soln pen-injector  
200 unit/ml

HUMALOG MIX 50/50 - insulin lispro protamine & lispro  
inj 100 unit/ml (50-50)

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 N – insulin nph (human) (isophane) inj 100  
unit/ml

HUMULIN R – insulin regular (human) inj 100 unit/ml

HUMULIN R U-500 (CONCENTRATE) – insulin regular  
(human) inj 500 unit/ml

HUMULIN R U-500 KWIKPEN – insulin regular (human)  
soln pen-injector 500 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)

INSULIN GLARGINE – insulin glargine-yfgn inj 100  
unit/ml

INSULIN GLARGINE – insulin glargine-yfgn soln pen-  
injector 100 unit/ml

LEVEMIR – insulin detemir inj 100 unit/ml

LEVEMIR FLEXPEN – insulin detemir 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

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

### Insulin (continued)

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 RELION – 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)  
NOVOLOG – insulin aspart inj soln 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 PENFILL – insulin aspart soln cartridge 100 unit/ml  
NOVOLOG RELION – insulin aspart inj 100 unit/ml  
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – 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)  
SEMGLEE – insulin glargine-yfgr inj 100 unit/ml  
SEMGLEE – insulin glargine-yfgr 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 units/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

### Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml  
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

### Oral

**acarbose tab 25 mg**  
**acarbose tab 50 mg**  
**acarbose tab 100 mg**  
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)  
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)  
**glimepiride tab 1 mg (Amaryl)**  
**glimepiride tab 2 mg (Amaryl)**  
**glimepiride tab 4 mg (Amaryl)**  
**glipizide tab 5 mg**  
**glipizide tab 10 mg**  
**glipizide tab er 24hr 2.5 mg (Glucotrol xl)**  
**glipizide tab er 24hr 5 mg (Glucotrol xl)**  
**glipizide tab er 24hr 10 mg (Glucotrol xl)**  
**glipizide-metformin hcl tab 2.5-250 mg**  
**glipizide-metformin hcl tab 2.5-500 mg**

### Oral (continued)

**glipizide-metformin hcl tab 5-500 mg**  
GLYBURIDE MICRONIZED – glyburide micronized tab 1.5 mg  
GLYBURIDE MICRONIZED – glyburide micronized tab 3 mg  
GLYBURIDE MICRONIZED – glyburide micronized tab 6 mg  
**glyburide tab 1.25 mg**  
**glyburide tab 2.5 mg**  
**glyburide tab 5 mg**  
**glyburide-metformin tab 1.25-250 mg**  
**glyburide-metformin tab 2.5-500 mg**  
**glyburide-metformin tab 5-500 mg**  
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg  
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg  
JANUMET – sitagliptin-metformin hcl tab 50-500 mg  
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg  
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg  
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg  
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg  
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)  
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)  
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)  
JARDIANCE – empagliflozin tab 10 mg  
JARDIANCE – empagliflozin tab 25 mg  
**metformin hcl tab 500 mg**  
**metformin hcl tab 850 mg**  
**metformin hcl tab 1000 mg**  
**metformin hcl tab er 24hr 500 mg**  
**metformin hcl tab er 24hr 750 mg**  
**nateglinide tab 60 mg**  
**nateglinide tab 120 mg**  
**pioglitazone hcl tab 15mg (base equiv) (Actos)**  
**pioglitazone hcl tab 30 mg (base equiv) (Actos)**  
**pioglitazone hcl tab 45 mg (base equiv) (Actos)**  
**pioglitazone hcl-metformin hcl tab 15-500 mg**  
**pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)**  
**repaglinide tab 0.5 mg**  
**repaglinide tab 1 mg**  
**repaglinide tab 2 mg**  
RYBELSUS – semaglutide tab 3 mg  
RYBELSUS – semaglutide tab 7 mg  
RYBELSUS – semaglutide tab 14 mg  
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg  
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg  
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg  
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg  
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg  
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg  
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000 mg

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

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### Oral (continued)

TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg

### Other Diabetic Injectables

MOUNJARO – tirzepatide soln pen-injector 2.5 mg/0.5ml  
MOUNJARO – tirzepatide soln pen-injector 5 mg/0.5ml  
MOUNJARO – tirzepatide soln pen-injector 7.5 mg/0.5ml  
MOUNJARO – tirzepatide soln pen-injector 10 mg/0.5ml  
MOUNJARO – tirzepatide soln pen-injector 12.5 mg/0.5ml  
MOUNJARO – tirzepatide soln pen-injector 15 mg/0.5ml  
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)  
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)  
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)  
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)  
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml  
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml  
TRULICITY – dulaglutide soln pen-injector 3 mg/0.5ml  
TRULICITY – dulaglutide soln pen-injector 4.5 mg/0.5ml

### DIABETIC SUPPLIES

Calibration  
Liquid  
Insulin  
Syringes  
Lancets  
Lancet  
Devices  
Pen Needles  
Test Strips (blood glucose) associated with Bayer line of meters: Contour, Contour Next, Contour Next EZ, Contour Next GEN, Contour Next Link, Contour Next One

### FLUORIDE

#### Dental Products & Combinations

FLUORIDEX SENSITIVITY REL – sodium fluoride-potassium nitrate paste 1.1-5%  
PREVIDENT RINSE - sodium fluoride rinse 0.2%  
**sodium fluoride cream 1.1% (Prevident 5000 plus)**  
**sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)**  
**sodium fluoride paste 1.1% (Prevident 5000 boost)**  
**sodium fluoride-potassium nitrate gel 1.1-5%**

### Supplements & Combinations

**sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)**  
**sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)**  
**sodium fluoride chew tab 1 mg f (from 2.2 mg naf)**  
**sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)**  
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)  
SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)

### HEPARINS/LOW MOLECULAR WEIGHT HEPARIN

**enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)**  
**enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)**  
**enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)**  
**enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)**  
**enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)**  
**enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)**  
**enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)**  
**enoxaparin sodium inj 300 mg/3ml (Lovenox)**

### HIGH BLOOD PRESSURE

**acebutolol hcl cap 200 mg**  
**acebutolol hcl cap 400 mg**  
**amiloride hcl tab 5 mg**  
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg  
**amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)**  
**amlodipine besylate tab 5 mg (base equivalent) (Norvasc)**  
**amlodipine besylate tab 10 mg (base equivalent) (Norvasc)**  
**amlodipine besylate-benazepril hcl cap 2.5-10 mg**  
**amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)**  
**amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)**  
**amlodipine besylate-benazepril hcl cap 5-40 mg**  
**amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)**  
**amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)**  
**amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)**  
**amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)**  
**amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)**  
**amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)**

HIGH BLOOD PRESSURE (continued)

amlodipine besylate-valsartan tab 5-160 mg (Exforge)  
amlodipine besylate-valsartan tab 5-320 mg (Exforge)  
amlodipine besylate-valsartan tab 10-160 mg (Exforge)  
amlodipine besylate-valsartan tab 10-320 mg (Exforge)  
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)  
atenolol tab 25 mg (Tenormin)  
atenolol tab 50 mg (Tenormin)  
atenolol tab 100 mg (Tenormin)  
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)  
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)  
benazepril hcl tab 5 mg  
benazepril hcl tab 10 mg (Lotensin)  
benazepril hcl tab 20 mg (Lotensin)  
benazepril hcl tab 40 mg (Lotensin)  
benazepril & hydrochlorothiazide tab 5-6.25 mg  
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)  
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)  
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)  
bisoprolol fumarate tab 5 mg  
bisoprolol fumarate tab 10 mg  
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)  
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)  
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)  
bumetanide tab 0.5 mg (Bumex)  
bumetanide tab 1 mg  
bumetanide tab 2 mg  
candesartan cilaxetil tab 4 mg (Atacand)  
candesartan cilaxetil tab 8 mg (Atacand)  
candesartan cilaxetil tab 16 mg (Atacand)  
candesartan cilaxetil tab 32 mg (Atacand)  
candesartan cilaxetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)  
candesartan cilaxetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)  
candesartan cilaxetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)

HIGH BLOOD PRESSURE (continued)

captopril tab 12.5 mg  
captopril tab 25 mg  
captopril tab 50 mg  
captopril tab 100 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-15 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-25 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-15 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-25 mg  
diltiazem hcl cap er 12hr 90 mg  
diltiazem hcl cap er 12hr 120 mg  
diltiazem hcl cap er 24hr 120 mg  
diltiazem hcl cap er 24hr 180 mg  
diltiazem hcl cap er 24hr 240 mg  
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)  
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)  
lisinopril tab 2.5 mg (Zestril)  
lisinopril tab 5 mg (Zestril)  
lisinopril tab 10 mg (Zestril)  
lisinopril tab 20 mg (Prinivil)  
lisinopril tab 30 mg (Zestril)  
lisinopril tab 40 mg (Zestril)  
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)  
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)  
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)  
losartan potassium tab 25 mg (Cozaar)  
losartan potassium tab 50 mg (Cozaar)  
losartan potassium tab 100 mg (Cozaar)  
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)  
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)  
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)  
METHYLDOPA – methyl dopa tab 250 mg  
METHYLDOPA – methyl dopa tab 500 mg  
metolazone tab 2.5 mg  
metolazone tab 5 mg  
metolazone tab 10 mg  
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)  
metoprolol & hydrochlorothiazide tab 50-25 mg  
metoprolol & hydrochlorothiazide tab 100-25 mg  
metoprolol & hydrochlorothiazide tab 100-50 mg  
metoprolol tartrate tab 25 mg  
metoprolol tartrate tab 50 mg (Lopressor)  
metoprolol tartrate tab 100 mg (Lopressor)  
metoprolol & hydrochlorothiazide tab 50-25 mg  
metoprolol & hydrochlorothiazide tab 100-25 mg  
metoprolol & hydrochlorothiazide tab 100-50 mg

## HIGH BLOOD PRESSURE (continued)

minoxidil tab 2.5 mg  
minoxidil tab 10 mg  
moexipril hcl tab 7.5 mg  
moexipril hcl tab 15 mg  
nadolol tab 20 mg (Corgard)  
nadolol tab 40 mg (Corgard)  
nadolol tab 80 mg  
nifedipine tab er 24hr 30 mg  
nifedipine tab er 24hr 60 mg  
nifedipine tab er 24hr 90 mg  
nifedipine tab er 24hr osmotic release 30 mg  
(Procardia xl)  
nifedipine tab er 24hr osmotic release 60 mg  
(Procardia xl)  
nifedipine tab er 24hr osmotic release 90 mg  
(Procardia xl)  
olmesartan medoxomil tab 5 mg (Benicar)  
olmesartan medoxomil tab 20 mg (Benicar)  
olmesartan medoxomil tab 40 mg (Benicar)  
olmesartan medoxomil-hydrochlorothiazide tab 20-  
12.5 mg (Benicar hct)  
olmesartan medoxomil-hydrochlorothiazide tab 40-  
12.5 mg (Benicar hct)  
olmesartan medoxomil-hydrochlorothiazide tab 40-  
25 mg (Benicar hct)  
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg  
perindopril erbumine tab 4 mg  
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg  
phenoxybenzamine hcl cap 10 mg (Dibenzyline)  
pindolol tab 5 mg  
pindolol tab 10 mg  
prazosin hcl cap 1 mg (Minipress)  
prazosin hcl cap 2 mg (Minipress)  
prazosin hcl cap 5 mg (Minipress)  
propranolol hcl oral soln 20 mg/5ml  
PROPRANOLOL HCL - propranolol hcl oral soln 40mg/5ml  
propranolol hcl cap er 24hr 60 mg (Inderal la)  
propranolol hcl cap er 24hr 80 mg (Inderal la)  
propranolol hcl cap er 24hr 120 mg (Inderal la)  
propranolol hcl cap er 24hr 160 mg (Inderal la)  
propranolol hcl tab 10 mg  
propranolol hcl tab 20 mg  
propranolol hcl tab 40 mg  
propranolol hcl tab 60 mg  
propranolol hcl tab 80 mg  
quinapril hcl tab 5 mg (Accupril)  
quinapril hcl tab 10 mg (Accupril)  
quinapril hcl tab 20 mg (Accupril)  
quinapril hcl tab 40 mg (Accupril)  
quinapril-hydrochlorothiazide tab 10-12.5 mg  
(Accuretic)  
quinapril-hydrochlorothiazide tab 20-12.5 mg  
(Accuretic)  
quinapril-hydrochlorothiazide tab 20-25 mg  
ramipril cap 1.25 mg (Altace)  
ramipril cap 2.5 mg (Altace)  
ramipril cap 5 mg (Altace)  
ramipril cap 10 mg (Altace)  
spironolactone tab 25 mg (Aldactone)  
spironolactone tab 50 mg (Aldactone)  
spironolactone tab 100 mg (Aldactone)  
spironolactone & hydrochlorothiazide tab 25-25 mg

## HIGH BLOOD PRESSURE (continued)

telmisartan tab 20 mg (Micardis)  
telmisartan tab 40 mg (Micardis)  
telmisartan tab 80 mg (Micardis)  
terazosin hcl cap 1 mg (base equivalent)  
terazosin hcl cap 2 mg (base equivalent)  
terazosin hcl cap 5 mg (base equivalent)  
terazosin hcl cap 10 mg (base equivalent)  
torsemide tab 5 mg  
torsemide tab 10 mg  
torsemide tab 20 mg  
torsemide tab 100 mg  
trandolapril tab 1 mg  
trandolapril tab 2 mg  
trandolapril tab 4 mg  
triamterene & hydrochlorothiazide cap 37.5-25 mg  
triamterene & hydrochlorothiazide tab 37.5-25 mg  
(Maxzide-25)  
triamterene & hydrochlorothiazide tab 75-50 mg  
(Maxzide)  
valsartan tab 40 mg (Diovan)  
valsartan tab 80 mg (Diovan)  
valsartan tab 160 mg (Diovan)  
valsartan tab 320 mg (Diovan)  
valsartan-hydrochlorothiazide tab 80-12.5 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 160-12.5 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 160-25 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 320-12.5 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 320-25 mg  
(Diovan hct)  
verapamil hcl cap er 24hr 120 mg (Verelan)  
verapamil hcl cap er 24hr 180 mg (Verelan)  
verapamil hcl cap er 24hr 240 mg (Verelan)  
verapamil hcl tab 40 mg  
verapamil hcl tab 80 mg  
verapamil hcl tab 120 mg  
verapamil hcl tab er 120 mg (Calan sr)  
verapamil hcl tab er 180 mg (Calan sr)  
verapamil hcl tab er 240 mg (Calan sr)

## HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg (base equivalent)  
(Lipitor)  
atorvastatin calcium tab 20 mg (base equivalent)  
(Lipitor)  
atorvastatin calcium tab 40 mg (base equivalent)  
(Lipitor)  
atorvastatin calcium tab 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 granules 5 gm (Colestid flavored)  
colestipol hcl tab 1 gm (Colestid)  
ezetimibe tab 10 mg (Zetia)  
ezetimibe-simvastatin tab 10-10 mg (Vytorin)  
ezetimibe-simvastatin tab 10-20 mg (Vytorin)  
ezetimibe-simvastatin tab 10-40 mg (Vytorin)  
ezetimibe-simvastatin tab 10-80 mg (Vytorin)



## HIGH CHOLESTEROL (continued)

**fenofibrate micronized cap 67 mg**  
**fenofibrate micronized cap 134 mg**  
**fenofibrate micronized cap 200 mg**  
**fenofibrate tab 48 mg (Tricor)**  
**fenofibrate tab 54 mg**  
**fenofibrate tab 145 mg (Tricor)**  
**fenofibrate tab 160 mg**  
**gemfibrozil tab 600 mg (Lopid)**  
**lovastatin tab 10 mg**  
**lovastatin tab 20 mg**  
**lovastatin tab 40 mg**  
NEXLETOL – bempedoic acid tab 180 mg  
NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg  
**niacin tab er 500 mg (antihyperlipidemic)**  
**niacin tab er 750 mg (antihyperlipidemic)**  
**niacin tab er 1000 mg (antihyperlipidemic)**  
**omega-3-acid ethyl esters cap 1 gm (Lovaza)**  
**pravastatin sodium tab 10 mg**  
**pravastatin sodium tab 20 mg**  
**pravastatin sodium tab 40 mg**  
**pravastatin sodium tab 80 mg**  
**rosuvastatin calcium tab 5 mg (Crestor)**  
**rosuvastatin calcium tab 10 mg (Crestor)**  
**rosuvastatin calcium tab 20 mg (Crestor)**  
**rosuvastatin calcium tab 40 mg (Crestor)**  
**simvastatin tab 5 mg**  
**simvastatin tab 10 mg (Zocor)**  
**simvastatin tab 20 mg (Zocor)**  
**simvastatin tab 40 mg (Zocor)**  
**simvastatin tab 80 mg**  
VASCEPA – icosapent ethyl cap 0.5 gm  
VASCEPA – icosapent ethyl cap 1gm

## INFANT EYE OINTMENT (for newborns) **erythromycin ophth oint 5 mg/gm**

## OSTEOPOROSIS

ALENDRONATE SODIUM – alendronate sodium tab 5 mg  
**alendronate sodium tab 10 mg**  
**alendronate sodium tab 35 mg**  
**alendronate sodium tab 70 mg (Fosamax)**  
**calcitonin (salmon) nasal soln 200 unit/act**  
**ibandronate sodium tab 150 mg (base equivalent)**  
**(Boniva)**  
**raloxifene hcl tab 60 mg (Evista)**

## PRENATAL VITAMINS

KOSHER PRENATAL PLUS  
IRON  
PRENATAL 19  
PRENATAL-U  
PRENATAL VITAMINS PLUS LOW  
IRON  
PRENATAL PLUS  
TRINATE

## RESPIRATORY

**acetylcysteine inhal soln 10%**  
**acetylcysteine inhal soln 20%**  
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act  
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act  
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act  
**albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)**  
**albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)**  
**albuterol sulfate soln nebu 0.5% (5 mg/ml)**  
**albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)**  
**albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)**  
**albuterol sulfate syrup 2 mg/5ml**  
ANORO ELLIPTA – umeclidinium vilanterol aero pow dba 62.5-25 mg  
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act  
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act  
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act  
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act  
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act  
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/inh (breath activated)  
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)  
ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)  
ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)  
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act  
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/inh  
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh  
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh  
BRETZRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act  
**budesonide inhalation susp 0.25 mg/2ml (Pulmicort)**  
**budesonide inhalation susp 0.5 mg/2ml (Pulmicort)**  
**budesonide inhalation susp 1 mg/2ml (Pulmicort)**  
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act  
**cromolyn sodium soln nebu 20 mg/2ml**

## RESPIRATORY (continued)

DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act  
DULERA – mometasone-fuorate-formoterol aerosol 100-5 mcg/act  
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act  
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act  
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 113-14 mcg/act  
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 232-14 mcg/act  
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)  
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 110 mcg/act  
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 220 mcg/act  
**fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)**  
**fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)**  
**fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)**  
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)  
**ipratropium bromide inhal soln 0.02%**  
**ipratropium-albuterol nebu soln 0.5-2.5 (3) mg/3ml**  
**levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)**  
**levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)**  
**levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)**  
**levalbuterol hcl soln nebu concentrate 1.25 mg/ 0.5 ml (base equiv)**  
**montelukast sodium chew tab 4 mg (base equiv) (Singulair)**  
**montelukast sodium chew tab 5 mg (base equiv) (Singulair)**  
**montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)**  
**montelukast sodium tab 10 mg (base equiv) (Singulair)**  
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act  
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act  
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)  
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)  
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act  
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act  
STIOLTO RESPIMAT– tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act  
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act  
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act

## RESPIRATORY (continued)

**theophylline tab er 12hr 300 mg**  
**theophylline tab er 12hr 450 mg**  
**theophylline tab er 24hr 400 mg**  
**theophylline tab er 24hr 600 mg**  
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act  
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act  
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv)  
**zafirlukast tab 10 mg (Accolate)**  
**zafirlukast tab 20 mg (Accolate)**

## TOBACCO CESSATION

**bupropion hcl (smoking deterrent) tab er 12hr 150 mg**  
**nicotine polacrilex gum 2 mg**  
**nicotine polacrilex gum 4 mg**  
**nicotine polacrilex lozenge 2 mg**  
**nicotine polacrilex lozenge 4 mg**  
**nicotine td patch 24hr 7 mg/24hr**  
**nicotine td patch 24hr 14 mg/24hr**  
**nicotine td patch 24 hr 21 mg/24hr**  
NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr  
NICOTROL INHALER – nicotine inhaler system 10 mg (4mg delivered)  
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)  
**varenicline tartrate tablet 0.5 mg (base equiv)**  
**varenicline tartrate tablet 1 mg (base equiv)**  
**varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack**



## Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

**Need these services?** Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

### Discrimination is against the law.

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**Email:** [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)  
**Telephone:** 1-800-509-5312  
**Mail:** Blue Cross and Blue Shield of Minnesota  
ATTN: Civil Rights Coordinator P3-2  
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at [bluecrossmn.com/NDL](http://bluecrossmn.com/NDL), or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- by mail at: U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

<p><b>ENGLISH</b>  <b>ATTENTION:</b> If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).</p>	<p><b>廣東話 (Cantonese – Traditional Chinese)</b>  <b>請注意：</b>如果您說廣東話，您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。</p>
<p><b>ESPAÑOL (Spanish)</b>  <b>ATENCIÓN:</b> Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).</p>	<p><b>العربية (Arabic)</b>  تنبیه: إذا كنت تتحدث العربية، يمكنك طلب خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-855-903-2583 (الهاتف النصي 711).</p>
<p><b>አማርኛ (Amharic)</b>  ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።</p>	<p><b>FRANÇAIS (French)</b>  <b>ATTENTION :</b> Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).</p>
<p><b>LUS HMOOB (Hmong)</b>  LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).</p>	<p><b>SOOMALI (Somali)</b>  XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).</p>
<p><b>ខ្មែរ (Khmer)</b>  ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងៗដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំ ឬអក្សរស្នាម ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។</p>	<p><b>한국어 (Korean)</b>  주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711)번으로 전화하십시오.</p>



<p><b>ကညီကျိာ် (Karen)</b>  ဟ်သ့ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိာ် န့ၣ်,  န့ၣ်သ့ကျိာ်ဂီၢ်တိၤတၢ်စၢၤမၤစၢၤလၢတလၢတၢ်ဘျးလဲၤ သ့န့ၣ်လီၤ-  နမ့ၢ်အိၣ်ဒီးတၢ်တလၢတပျဲၤလၢ မဲၣ်တၢ်ထံၣ်, တၢ်န့ၢ်ဟ့ၣ်, မ့တမ့ၢ်  တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျၢဆဲးကျိးတၢ်လၢ  ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၤကတၢ်လၢန့ၢ်သ့န့ၣ်လီၤ- တၢ်အံၤ  ပၣ်သ့ဒီး တၢ်စူးကါ နီၣ်ခိၣ်ကိၤဂီၢ်ကျိာ်အပူၤကျိာ်ထံတၢ်တဖၣ်,  တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျၢၣ်ဖးဒိၣ်, မ့တမ့ၢ်  ပှၤမဲၣ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂ့ၤဂၤတဖၣ်  လၢတလၢအဘျးလဲၤန့ၣ်လီၤ- ကိးလီၤတံၢ်ဆူ 1-855-903-2583  (TTY 711) တကျိာ်</p>	<p><b>မြန်မာဘာသာ (Burmese)</b>  သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက အခမဲ့  ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။  သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ သို့မဟုတ် စကားပြောခြင်း  ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့်  ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင်  လက်ဟန်ပြဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊  စာရွက်စာတမ်းများကို ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့်  ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ်  အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။  1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။</p>
<p><b>OROMOO (Oromo)</b>  Xiyyeffannoon haa kennamu:- Oromo Afaan kan  dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa  gaafachuu ni dandeessu. Rakkoo itaaluu, dhaga'u ykn  dubbachuu yoo qabaattan, karaa isiniif mijatuun haala  isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti  kan qabatu, hiiktota afaan mallattoo fayyadamuun  maxxansa gurguddaa ykn bireeylii, waraabbiiwwan  sagalee ykn gargaarsota biroo kaffaltii tokkoo malee  gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.</p>	<p><b>РУССКИЙ (Russian)</b>  ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить  бесплатные услуги языковой поддержки. Если у вас есть  нарушение зрения, слуха или речи, мы можем общаться таким  образом, который лучше всего подходит вам. Это может  включать бесплатное использование переводчиков на языке  жестов, предоставление документов крупным шрифтом или  шрифтом Брайля, использование аудиозаписей или других  вспомогательных средств. Звоните по телефону 1-855-903-2583  (TTY 711).</p>
<p><b>ພາສາລາວ (Lao)</b>  ເຈົ້າໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,  ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.  ຖ້າທ່ານມີຄວາມບໍ່ກວ້າງໃຈດ້ານສາຍຕາ, ການໂຕ້ອິນ ຫຼື ການປາກເວົ້າ,  ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.  ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ພາສາພາສາມື,  ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,  ການບັນທຶກສຽງ ຫຼື  ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ  1-855-903-2583 (TTY 711).</p>	<p><b>Tagalog (Tagalog)</b>  PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi  ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan  ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap  sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito  ang paggamit ng mga interpreter ng sign language, pagbibigay ng  mga dokumento na malalaki ang pagkaprinta o Braille, mga audio  recording, o iba pang mga tulong nang walang bayad. Tumawag  sa 1-855-903-2583 (TTY 711).</p>
<p><b>VIETNAMESE (Vietnamese)</b>  LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu  dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị,  khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể  giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể  bao gồm việc sử dụng thông dịch viên ngôn ngữ ký  hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ  nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn  phí. Xin gọi số 1-855-903-2583 (TTY 711).</p>	<p><b>简体中文 (Chinese Simplified)</b>  注意：如果您说普通话，则可以免费申请语言协助服务。  如果您有视力、听力或语言障碍，我们可以用最适合您的方式  与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、  录音或其他辅助工具。请致电 1-855-903-2583（文字电话  711）。</p>