

# Blue Cross and Blue Shield of Minnesota FlexRx Preventive Drug List

Large Group

Effective January 1, 2021



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

## 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 tab 10 mg**  
**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**  
**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**

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-ARRHYTHMICS (continued)

**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/af) tab 80 mg (Betapace af)**  
**sotalol hcl (afib/af) tab 120 mg (Betapace af)**  
**sotalol hcl (afib/af) 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 (Persantine)**  
**dipyridamole tab 50 mg (Persantine)**  
**dipyridamole tab 75 mg (Persantine)**  
ELIQUIS – apixaban tab 2.5 mg  
ELIQUIS – apixaban tab 5 mg  
ELIQUIS STARTER PACK – apixaban tab 5 mg  
**prasugrel hcl tab 5 mg (base equiv) (Effient)**  
**prasugrel hcl tab 10 mg (base equiv) (Effient)**  
**warfarin sodium tab 1 mg (Coumadin)**  
**warfarin sodium tab 2 mg (Coumadin)**  
**warfarin sodium tab 2.5 mg (Coumadin)**  
**warfarin sodium tab 3 mg (Coumadin)**  
**warfarin sodium tab 4 mg (Coumadin)**  
**warfarin sodium tab 5 mg (Coumadin)**

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

## ANTI-COAGULANTS/ANTI-PLATELETS

*(continued)*

**warfarin sodium tab 6 mg (Coumadin)**

**warfarin sodium tab 7.5 mg (Coumadin)**

**warfarin sodium tab 10 mg (Coumadin)**

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

### **Emergency Method Types**

*-Emergency Ella-*

ELLA – ulipristal acetate tab 30 mg

### **Hormonal Method Types**

*-Injectable Progestin-*

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

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

*-Oral Combined-*

**Afirmelle**

**Altavera**

**Alyacen**

**Apri**

**Aranelle**

**Aubra**

**Aubra Eq**

**Aurovela**

**Aurovela Fe**

**Aviane**

**Ayuna**

**Azurette**

**Balziva**

**Bekyree**

**Blisovi Fe**

**Briellyn**

**Caziant**

**Chateal**

**Chateal Eq**

**Cryselle**

**Cyclafem**

**Cyred**

**Cyred Eq**

**Dasetta**

**Delyla**

**desogestrel & ethinyl estradiol tab 0.15 mg-  
30 mcg (Desogen)**

*-Oral Combined- (continued)*

**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)**

**Elinest**

**Emoquette**

**Enpresse**

**Enskyce**

**Estarylla**

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

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

**Falmina**

**Femynor**

**Gianvi**

**Hailey**

**Hailey Fe**

**Isibloom**

**Jasmiel**

**Juleber**

**Junel**

**Junel Fe**

**Kalliga**

**Kariva**

**Kelnor**

**Kimidess**

**Kurvelo**

**Larin**

**Larin Fe**

**Larissia**

**Leena**

**Lessina**

**Levonest**

**levonorgestrel-eth estra tab 0.05-30/0.075-40/  
0.125-30mg-mcg**

**levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg**

**levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**

**Levora**

**Lillow**

**Loryna**

**Low-Ogestrel**

**Lo-Zumandimine**

**Lutera**

**Marlissa**

**Microgestin**

**Microgestin Fe**

**Mili**

**Mono-Linyah**

**Myzilra**

**Necon 0.5/35**

**Nikki**

**norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg  
(Loestrin 1/20-21)**

**norethindrone ace & ethinyl estradiol tab 1.5 mg-30  
mcg (Loestrin 1.5/30-21)**

**norethindrone ace & ethinyl estradiol-fe tab  
1 mg-20 mcg (Loestrin fe 1/20)**

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

*-Oral Combined- (continued)*

norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)  
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg  
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg  
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg  
Nortrel  
Ocella  
Orsythia  
Philith  
Pimtrea  
Pirmella  
Portia  
Previfem  
Reclipsen  
Simliya  
Sprintec  
Sronyx  
Syeda  
Tarina Fe  
Tilia Fe  
Tri-Estarylla  
Tri Femynor  
Tri-Legest Fe  
Tri-Linyah  
Tri-Lo-Estarylla  
Tri-Lo-Marzia  
Tri-Lo-Mili  
Tri-Lo-Sprintec  
Tri-Mili  
Tri-Previfem  
Tri-Sprintec  
Trivora  
Tri-Vylibra  
Tri-Vylibra Lo  
Velivet  
Vienva  
Viorele  
Volnea  
Vyfemla  
Vylibra  
Wera  
Zarah  
Zovia  
Zumandimine

*-Oral Extended-*

Amethia  
Amethia Lo  
Ashlyna  
Camrese  
Camrese Lo  
Daysee  
Introvale  
Jaimiess  
Jolessa  
levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7) (Loseasonique)

*-Oral Extended- (continued)*

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  
Heather  
Incassia  
Jencycla  
Lyza  
Nora-Be  
norethindrone tab 0.35 mg (Ortho micronor)  
Norlyda  
Norlyroc  
Sharobel  
Tulana

*-Transdermal Combined-*

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

*-Vaginal Combined-*

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

DIABETES Rx

*- Hypoglycemic Agents -*

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

*- Insulin only -*

FIASP – insulin aspart inj 100 unit/ml  
FIASP FLEXTOUCH – insulin aspart soln pen-injector 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  
INSULIN ASPART – insulin aspart inj 100 unit/ml  
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml

- **Insulin only** – (continued)

INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
LANTUS – insulin glargine inj 100 unit/ml  
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml  
LEVEMIR – insulin detemir inj 100 unit/ml  
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 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  
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN RELION – insulin nph isophane & regular human 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 100 unit/ml  
NOVOLOG FLEXPEN – 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 PENFILL – insulin aspart soln cartridge 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

- **Orals only** -

**acarbose tab 25 mg (Precose)**  
**acarbose tab 50 mg (Precose)**  
**acarbose tab 100 mg (Precose)**  
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)  
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)  
**glimepiride tab 1 mg (Amaryl)**

- **Orals only** – (continued)

**glimepiride tab 2 mg (Amaryl)**  
**glimepiride tab 4 mg (Amaryl)**  
**glipizide tab 5 mg (Glucotrol)**  
**glipizide tab 10 mg (Glucotrol)**  
**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**  
**glipizide-metformin hcl tab 5-500 mg**  
**glyburide micronized tab 1.5 mg (Glynase)**  
**glyburide micronized tab 3 mg (Glynase)**  
**glyburide micronized tab 6 mg (Glynase)**  
**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  
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg  
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg  
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg  
INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg  
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg  
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg  
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg  
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg  
INVOKANA – canagliflozin tab 100 mg  
INVOKANA – canagliflozin tab 300 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 (Starlix)**  
**nateglinide tab 120 mg (Starlix)**  
**pioglitazone hcl tab 15 mg (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 (Actoplus met)**

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

- **Orals only** – (continued)

**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

12.5-2.5-1000

TRIJARDY XR – empagliflozin-linagliptin-metformin tab er

24hr 10-5-1000

TRIJARDY XR – empagliflozin-linagliptin-metformin tab er

24hr 25-5-1000

TRIJARDY XR – empagliflozin-linagliptin-metformin tab er

24hr 5-2.5-1000

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** -

OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)

OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)

SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)

SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)

TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml

TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml

VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)

**DIABETIC SUPPLIES**

- **Basic Supplies** -

Calibration Liquid

Insulin Syringes

Lancets

Lancet Devices

Pen Needles

- **Basic Supplies** – (continued)

Test Strips and Disks (blood glucose)

associated with Bayer line of meters: Contour Next, Contour Next One, Contour Next EZ

**FLUORIDE**

- **Dental Products & Combinations** -

**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 rinse 0.2% (Prevident)**

**sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensitive)**

- **Supplements & Combinations** -

FLURA-DROPS – sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)

**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 0.125 mg/drop f (0.275 mg/drop 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 30 mg/0.3ml (Lovenox)**

**enoxaparin sodium inj 40 mg/0.4ml (Lovenox)**

**enoxaparin sodium inj 60 mg/0.6ml (Lovenox)**

**enoxaparin sodium inj 80 mg/0.8ml (Lovenox)**

**enoxaparin sodium inj 100 mg/ml (Lovenox)**

**enoxaparin sodium inj 120 mg/0.8ml (Lovenox)**

**enoxaparin sodium inj 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 & 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)**

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



## HIGH BLOOD PRESSURE *(continued)*

**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)**  
**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 (Bumex)**  
**bumetanide tab 2 mg (Bumex)**  
**candesartan cilexetil tab 4 mg (Atacand)**  
**candesartan cilexetil tab 8 mg (Atacand)**  
**candesartan cilexetil tab 16 mg (Atacand)**  
**candesartan cilexetil tab 32 mg (Atacand)**  
**candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)**  
**candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)**  
**candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)**  
**captopril tab 12.5 mg**  
**captopril tab 25 mg**

## HIGH BLOOD PRESSURE *(continued)*

**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  
**carvedilol tab 3.125 mg (Coreg)**  
**carvedilol tab 6.25 mg (Coreg)**  
**carvedilol tab 12.5 mg (Coreg)**  
**carvedilol tab 25 mg (Coreg)**  
CHLOROTHIAZIDE – chlorothiazide tab 250 mg  
CHLOROTHIAZIDE – chlorothiazide tab 500 mg  
**chlorthalidone tab 25 mg**  
**chlorthalidone tab 50 mg**  
**clonidine hcl tab 0.1 mg (Catapres)**  
**clonidine hcl tab 0.2 mg (Catapres)**  
**clonidine hcl tab 0.3 mg (Catapres)**  
**clonidine hcl td patch weekly 0.1 mg/24hr (Catapres-tts-1)**  
**clonidine hcl td patch weekly 0.2 mg/24hr (Catapres-tts-2)**  
**clonidine hcl td patch weekly 0.3 mg/24hr (Catapres-tts-3)**  
DILT-XR – diltiazem hcl cap er 24hr 120 mg  
DILT-XR – diltiazem hcl cap er 24hr 180 mg  
DILT-XR – diltiazem hcl cap er 24hr 240 mg  
**diltiazem hcl cap er 12hr 60 mg**  
**diltiazem hcl cap er 12hr 90 mg**  
**diltiazem hcl cap er 12hr 120 mg**  
**diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)**  
**diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)**  
**diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)**  
**diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)**  
**diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)**  
**diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)**  
**diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)**  
**diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)**  
**diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)**  
**diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)**  
**diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)**  
**diltiazem hcl tab 30 mg (Cardizem)**  
**diltiazem hcl tab 60 mg (Cardizem)**  
**diltiazem hcl tab 90 mg**  
**diltiazem hcl tab 120 mg (Cardizem)**  
**doxazosin mesylate tab 1 mg (Cardura)**  
**doxazosin mesylate tab 2 mg (Cardura)**  
**doxazosin mesylate tab 4 mg (Cardura)**  
**doxazosin mesylate tab 8 mg (Cardura)**

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

## HIGH BLOOD PRESSURE (continued)

enalapril maleate tab 2.5 mg (Vasotec)  
enalapril maleate tab 5 mg (Vasotec)  
enalapril maleate tab 10 mg (Vasotec)  
enalapril maleate tab 20 mg (Vasotec)  
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg  
enalapril maleate & hydrochlorothiazide tab 10-25 mg  
(Vaseretic)  
eplerenone tab 25 mg (Inspra)  
eplerenone tab 50 mg (Inspra)  
felodipine tab er 24hr 2.5 mg  
felodipine tab er 24hr 5 mg  
felodipine tab er 24hr 10 mg  
fosinopril sodium tab 10 mg  
fosinopril sodium tab 20 mg  
fosinopril sodium tab 40 mg  
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg  
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg  
furosemide oral soln 10 mg/ml  
furosemide tab 20 mg (Lasix)  
furosemide tab 40 mg (Lasix)  
furosemide tab 80 mg (Lasix)  
guanfacine hcl tab 1 mg  
guanfacine hcl tab 2 mg  
hydralazine hcl tab 10 mg  
hydralazine hcl tab 25 mg  
hydralazine hcl tab 50 mg  
hydralazine hcl tab 100 mg  
hydrochlorothiazide cap 12.5 mg  
hydrochlorothiazide tab 12.5 mg  
hydrochlorothiazide tab 25 mg  
hydrochlorothiazide tab 50 mg  
indapamide tab 1.25 mg  
indapamide tab 2.5 mg  
irbesartan tab 75 mg (Avapro)  
irbesartan tab 150 mg (Avapro)  
irbesartan tab 300 mg (Avapro)  
irbesartan-hydrochlorothiazide tab 150-12.5 mg  
(Avalide)  
irbesartan-hydrochlorothiazide tab 300-12.5 mg  
(Avalide)  
labetalol hcl tab 100 mg  
labetalol hcl tab 200 mg  
labetalol hcl tab 300 mg (Zestril)  
lisinopril tab 2.5 mg (Zestril)  
lisinopril tab 5 mg  
lisinopril tab 10 mg (Prinivil)  
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 tab 250 mg  
methyldopa tab 500 mg  
metolazone tab 2.5 mg  
metolazone tab 5 mg

## HIGH BLOOD PRESSURE (continued)

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 tartrate tab 25 mg  
metoprolol tartrate tab 50 mg (Lopressor)  
metoprolol tartrate tab 100 mg (Lopressor)  
metoprolol & hydrochlorothiazide tab 50-25 mg  
(Lopressor hct)  
metoprolol & hydrochlorothiazide tab 100-25 mg  
METOPROLOL/HYDROCHLOROTHIAZIDE - metoprolol &  
hydrochlorothiazide tab 100-50 mg  
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 (Corgard)  
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 tab 2 mg  
perindopril erbumine tab 4 mg  
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 - propranolol hcl oral soln 20 mg/5ml  
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/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  
PROPRANOLOL/HYDROCHLOROTH - propranolol &  
hydrochlorothiazide tab 40-25 mg

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## HIGH BLOOD PRESSURE (continued)

PROPRANOLOL/HYDROCHLOROTH – propranolol & hydrochlorothiazide tab 80-25 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 (Accuretic)**  
**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 (Aldactazide)**  
**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)**  
**timolol maleate tab 5 mg**  
**timolol maleate tab 10 mg**  
**timolol maleate tab 20 mg**  
**toremide tab 5 mg**  
**toremide tab 10 mg**  
**toremide tab 20 mg**  
**toremide tab 100 mg**  
**trandolapril tab 1 mg**  
**trandolapril tab 2 mg**  
**trandolapril tab 4 mg**  
**triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)**  
**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 ER – verapamil hcl cap er 24hr 100 mg  
VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 200 mg  
VERAPAMIL HCL ER – verapamil hcl cap er 24hr 300 mg

## HIGH BLOOD PRESSURE (continued)

VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg  
**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 packets 4 gm**  
**cholestyramine light powder 4 gm/dose (Questran light)**  
**cholestyramine powder packets 4 gm (Questran)**  
**cholestyramine powder 4 gm/dose (Questran)**  
**choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)**  
**colesevelam hcl packet for susp 3.75 gm (Welchol)**  
**colesevelam hcl tab 625 mg (Welchol)**  
**colestipol hcl granules 5 gm (Colestid)**  
**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)**  
**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**  
**niacin tab er 500 mg (antihyperlipidemic) (Niaspan)**  
**niacin tab er 750 mg (antihyperlipidemic) (Niaspan)**  
**niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)**  
**omega-3-acid ethyl esters cap 1 gm (Lovaza)**  
**pravastatin sodium tab 10 mg**  
**pravastatin sodium tab 20 mg (Pravachol)**  
**pravastatin sodium tab 40 mg (Pravachol)**  
**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 (Zocor)**

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## 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

PRENATABS RX

PRENATAL U

PRENATAL VITAMINS PLUS LOW IRON

PRENATAL 19

TRINATE

## RESPIRATORY

**acetylcysteine inhal soln 10%**

**acetylcysteine inhal soln 20%**

ADVAIR DISKUS – 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 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) (Proair 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 powd ba  
62.5-25 mcg/inh

ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath  
activ 50 mcg/act

ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath  
activ 100 mcg/act

ARNUIITY 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 MET – mometasone furoate inhal  
powd 110 mcg/inh (breath activated)

## RESPIRATORY (continued)

ASMANEX TWISTHALER 30 MET – mometasone furoate inhal  
powd 220 mcg/inh (breath activated)

ASMANEX TWISTHALER 60 MET – mometasone furoate inhal  
powd 220 mcg/inh (breath activated)

ASMANEX TWISTHALER 120 ME – 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  
100-25 mcg/inh

BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba  
200-25 mcg/inh

**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**

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

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

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

FLOVENT DISKUS – fluticasone propionate aer pow ba  
50 mcg/blister

FLOVENT DISKUS – fluticasone propionate aer pow ba  
100 mcg/blister

FLOVENT DISKUS – fluticasone propionate aer pow ba  
250 mcg/blister

FLOVENT HFA – fluticasone propionate hfa inhal aero  
44 mcg/act (50/valve)

FLOVENT HFA – fluticasone propionate hfa inhal aer  
110 mcg/act (125/valve)

FLOVENT HFA – fluticasone propionate hfa inhal aer  
220 mcg/act (250/valve)

FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer  
powder ba 55-14 mcg/act

FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer  
powder ba 113-14 mcg/act

FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer  
powder ba 232-14 mcg/act

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 conc 1.25 mg/0.5ml (base  
equiv) (Xopenex concentrate)**

**levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)  
(Xopenex)**

**levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)  
(Xopenex)**

**levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)  
(Xopenex)**

**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)**

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## RESPIRATORY (continued)

### **montelukast sodium tab 10 mg (base equiv) (Singulair)**

QVAR REDIMALER – beclomethasone diprop hfa breath act inh  
aer 40 mcg/act

QVAR REDIMALER – beclomethasone diprop hfa breath act inh  
aer 80 mcg/act

SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50  
mcg/dose (base equiv)

SPIRIVA HANDIMALER – 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

THEOPHYLLINE - theophylline tab er 12hr 300 mg

THEOPHYLLINE - 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/inh

VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act  
(90mcg base equiv)

### **zafirlukast tab 10 mg (Accolate)**

### **zafirlukast tab 20 mg (Accolate)**

## TOBACCO CESSATION

All brand/generic OTC nicotine gum, lozenges, patches

All brand/generic Rx nicotine gum, lozenges, patches

### **bupropion hcl (smoking deterrent) tab er 12hr 150 mg**

CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)

CHANTIX – varenicline tartrate tab 1 mg (base equiv)

CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg  
(base equiv)

CHANTIX STARTING MONTH PACK – varenicline tartrate tab  
0.5 mg x 11 & tab 1 mg x 42 pack

NICODERM CQ – nicotine td patch 24hr 7 mg/24hr

NICODERM CQ – nicotine td patch 24hr 14 mg/24hr

NICODERM CQ – nicotine td patch 24hr 21 mg/24hr

NICORETTE – nicotine polacrilex gum 2 mg

NICORETTE – nicotine polacrilex gum 4 mg

NICORETTE – nicotine polacrilex lozenge 2 mg

NICORETTE – nicotine polacrilex lozenge 4 mg

NICORETTE MINI – nicotine polacrilex lozenge 2 mg

NICORETTE MINI – nicotine polacrilex lozenge 4 mg

NICORETTE STARTER KIT – nicotine polacrilex gum 2 mg

NICORETTE STARTER KIT – nicotine polacrilex gum 4 mg

NICOTINE TRANSDERMAL SYST – nicotine td patch 24 hr kit  
21-14-7 mg/24hr

NICOTROL INHALER – nicotine inhaler system 10 mg  
(4 mg delivered)

NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)

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**NOTICE OF NONDISCRIMINATION PRACTICES**  
**Effective July 18, 2016**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤတၢ်ကလိတဖၣ်န့ၣ်လီၤ. ကိ: 1-866-251-6744 လၢ TTY  
အဂီၢ်, ကိ: 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي  
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodííłnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodííłnih.

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