

Blue Cross and Blue Shield of Minnesota
FlexRx Preventive Drug List
Large Group
Effective January 1, 2023



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/afi) tab 80 mg (Betapace af)**
- sotalol hcl (afib/afi) tab 120 mg (Betapace af)**
- sotalol hcl (afib/afi) 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
- 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**

ANTI-COAGULANTS/ANTI-PLATELETS

-(continued)-

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

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

Aubra eq

Aurovela

Aurovela fe

Aviane

Ayuna

Azurette

Balziva

Bekyree

Blisovi fe

Brielllyn

Caziant

Chateal

Chateal eq

Cryselle-28

Cyclafem

Cyred

Cyred eq

Dasetta

Delyla

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

-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-28

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

Kurvelo

Larin

Larin fe

Larissia

Leena

Lessina

Levonest

**levonorgestrel-eth estra 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

Lillow

Loestrin

Loestrin fe

Loryna

Low-ogestrel

Lo-Zumandimine

Lutera

Marlissa

Microgestin

Microgestin fe

Mili

Mono-Linyah

Necon 0.5/35

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**

**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**

-Oral Combined -(continued)-

Nortrel
Nylia
Nymyo
Ocella
Orsythia
Philith
Pimtrea
Pirmella
Portia
Previfem
Reclipsen
Simliya
Sprintec 28
Sronyx
Syeda
Tarina fe
Tarina fe eq
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-nymyo
Tri-previfem
Tri-sprintec
Trivora-28
Tri-vylibra
Tri-vylibra lo
TYBLUME
Velivet
Vestura
Vienna
Viorele
Volnea
Vyfemla
Vylibra
Wera
Zarah
Zovia
Zumandimine

-Oral Extended Continuous-

Amethia
Amethia lo
Ashlyna
Camrese
Camrese lo
Daysee
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
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-be
norethindrone tab 0.35 mg
Norlyda
Norlyroc
Sharobel
Tulana

-Transdermal Combined-

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 Rx

- Hypoglycemic Agents -

BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose
glucagon (rdna) for inj kit 1 mg (Glucagon emergency kit)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR –
glucagon hcl for inj 1 mg
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution
auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution
auto-injector 1 mg/0.2ml
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution
auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution
auto-injector 1 mg/0.2ml

DIABETES Rx

- Hypoglycemic Agents -(continued)-

GVOKE KIT – glucagon subcutaneous soln 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 (with niacinamide) inj 100 unit/ml
FIASP FLEXTOUCH – insulin aspart (with niacinamide)
soln pen-injector 100 unit/ml
FIASP PENFILL – insulin aspart (with niacinamide) soln
cartridge 100 unit/ml
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 ASPART PROTAMINE/INSULIN ASPART – insulin
aspart prot & aspart (human) inj 100 unit/ml (70-30)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN
– insulin aspart prot & aspart sus 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 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 & 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

- Insulin only -(continued)-

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-yfgn inj 100 unit/ml
SEMGLEE – insulin glargine-yfgn 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
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 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)
glimepiride tab 2 mg (Amaryl)
glimepiride tab 4 mg (Amaryl)
glipizide tab 5 mg
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

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

- *Orals only* -(continued)-

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 (Actoplus met)
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
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

- *Orals only* -(continued)-

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)
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)
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
TRULICITY – dulaglutide soln pen-injector 3 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 4.5 mg/0.5ml

DIABETIC SUPPLIES

- *Basic Supplies* -

Calibration Liquid
Insulin Syringes
Lancets
Lancet Devices
Pen Needles
Test Strips (blood glucose) associated with Bayer line of meters: Contour, Contour Link 2.4, 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%
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 gel 1.1-5% (Prevident 5000 sensi)

- *Supplements & Combinations* -

sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)
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) (Luride)

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

- **Supplements & Combinations-(continued)-**

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 & 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)
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)

HIGH BLOOD PRESSURE -(continued)-

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)
BENZAEPRIIL HCL/HYDROCHLOROTHIAZIDE
- 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 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
captopril tab 50 mg
captopril tab 100 mg
carvedilol tab 3.125 mg (Coreg)
carvedilol tab 6.25 mg (Coreg)
carvedilol tab 12.5 mg (Coreg)
carvedilol tab 25 mg (Coreg)
chlorthalidone tab 25 mg
chlorthalidone tab 50 mg
clonidine hcl tab 0.1 mg

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

HIGH BLOOD PRESSURE -(continued)-

clonidine hcl tab 0.2 mg
clonidine hcl tab 0.3 mg
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)
diltiazem hcl cap er 12hr 60 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)
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)
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 (Tenex)
guanfacine hcl tab 2 mg (Tenex)

HIGH BLOOD PRESSURE -(continued)-

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
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 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
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

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

HIGH BLOOD PRESSURE -(continued)-

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
phenoxylbenzamine 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 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
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)

HIGH BLOOD PRESSURE -(continued)-

torseamide tab 5 mg
torseamide tab 10 mg
torseamide tab 20 mg
torseamide 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 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
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)
VERELAN PM – verapamil hcl cap er 24hr 100 mg
VERELAN PM – verapamil hcl cap er 24hr 200 mg
VERELAN PM – verapamil hcl cap er 24hr 300 mg

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)
colesevelam hcl packet for susp 3.75 gm (Welchol)
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)
fenofibrate micronized cap 67 mg
fenofibrate micronized cap 134 mg
fenofibrate micronized cap 200 mg

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HIGH CHOLESTEROL -(continued)-

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) (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

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 (Zocor)

simvastatin tab 10 mg (Zocor)

simvastatin tab 20 mg (Zocor)

simvastatin tab 40 mg (Zocor)

simvastatin tab 80 mg (Zocor)

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

PRENATABS RX

PRENATAL 19

PRENATAL-U

PRENATAL VITAMINS PLUS LOW IRON

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

RESPIRATORY -(continued)-

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 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 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
100-25 mcg/inh

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

BREZTRI 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

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

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

RESPIRATORY –(continued)-

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/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
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 concentrate 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)
montelukast sodium tab 10 mg (base equiv)
(Singulair)
QVAR REDHALER – beclomethasone diprop hfa breath
act inh aer 40 mcg/act
QVAR REDHALER – beclomethasone diprop hfa breath
act inh aer 80 mcg/act
SEREVENT DISKUS – salmeterol xinafoate aer pow
ba 50 mcg/dose (base equiv)
SPIRIVA HANDHALER – 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 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/inh
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol
aepb200-62.5-25 mcg/inh
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

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
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
NICOTENE 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)
VARENICLINE TARTRATE – varenicline tartrate tablet 0.5 mg
VARENICLINE TARTRATE – varenicline tartrate tablet 1 mg
VARENICLINE STARTING MONTH – varenicline tartrate tab 0.5 MG x
11 & tab 1 mg x 42 pack

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
- 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.

နမ့်ကတိကညိကိဉ်း. တကဟ့ၣ်နကိဉ်တၢ်မၤတၢ်လိတဖၣ်န့ၣ်လီၤ. 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. للاتصال 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.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

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 béésh bee hodííłnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béésh bee hodííłnih.

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