



BlueCross BlueShield
of Illinois



Preventive Drug Benefit Program

Employee Guide

Effective January 1, 2025

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Preventive Drug Benefit Program

Introduction

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

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

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

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

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

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

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

2025 HDHP-HSA \$0 Preventive Drug List

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

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

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

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



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

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

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

2025 HDHP-HSA \$0 Preventive Drug List

Anti-Coagulants / Anti-Platelets

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

Depression

Selective Serotonin Reuptake Inhibitors (SSRIs)

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

Diabetes Medications

Hypoglycemic Agents

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

Insulin Only

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

HUMALOG MIX 50/50 – 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)
HUMULIN 70/30 - insulin nph
isophane & regular human inj
100 unit/mL (70-30)
HUMULIN 70/30 KWIKPEN - insulin
nph & regular susp pen-inj 100
unit/mL (70-30)
HUMULIN N - insulin nph (human)
(isophane) inj 100 unit/mL
HUMULIN N KWIKPEN - insulin nph
(human) (isophane) susp pen-
injector 100 unit/mL
HUMULIN R - insulin regular (human)
inj 100 unit/mL
HUMULIN R U-500 (CONCENTR -
insulin regular (human) inj 500
unit/mL
HUMULIN R U-500 KWIKPEN insulin
regular (human) soln pen-injector
500 unit/mL
INSULIN GLARGINE-YFGN – insulin
glargine-yfgn inj 100 unit/mL
INSULIN GLARGINE-YFGN – insulin
glargine-yfgn soln pen-injector 100
unit/mL
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

2025 HDHP-HSA \$0 Preventive Drug List

LYUMJEV TEMPO PEN - insulin
lispro-aabc soln pen-inj w/transmit
port 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 REL –
insulin nph & regular susp pen-inj
100 unit/mL (70-30)
NOVOLIN 70/30 RELION – insulin
nph isophane & regular human inj
100 unit/mL (70-30)
NOVOLIN N – insulin nph (human)
(isophane) inj 100 unit/mL
NOVOLIN N FLEXPEN – insulin nph
(human) (isophane) susp pen-
injector 100 unit/mL
NOVOLIN N FLEXPEN RELION –
insulin nph (human) (isophane)
susp pen-injector 100 unit/mL
NOVOLIN N RELION – insulin nph
(human) (isophane) inj 100 unit/mL
NOVOLIN R – insulin regular (human)
inj 100 unit/mL
NOVOLIN R FLEXPEN – insulin regular
(human) soln pen-injector
100 unit/mL
NOVOLIN R FLEXPEN RELION –
insulin regular (human) soln
pen-injector 100 unit/mL
NOVOLIN R RELION – insulin regular
(human) inj 100 unit/mL
NOVOLOG – insulin aspart inj
100 unit/mL
NOVOLOG FLEXPEN – insulin aspart
soln pen-injector
100 unit/mL
NOVOLOG FLEXPEN RELION - insulin
aspart soln pen-injector 100 unit/mL
NOVOLOG MIX 70/30 – insulin aspart
prot & aspart (human) inj 100 unit/
mL (70-30)

NOVOLOG MIX 70/30 PREFILL -
insulin aspart prot & aspart sus
pen-inj 100 unit/mL (70-30)
NOVOLOG MIX 70/30 RELION -
insulin aspart prot & aspart
(human) inj 100 unit/mL (70-30)
NOVOLOG PENFILL – insulin aspart
soln cartridge 100 unit/mL
NOVOLOG RELION - insulin aspart inj
soln 100 unit/mL
SEMGLEE – insulin glargine-yfng inj
100 unit/mL
SEMGLEE – insulin glargine-yfng soln
pen-injector 100 unit/mL
TOUJEO MAX SOLOSTAR –insulin
glargine soln pen-injector 300 unit/
mL (2 unit dial)
TOUJEO SOLOSTAR – insulin glargine
soln pen-injector 300 unit/mL
(1 unit dial)
TRESIBA – insulin degludec inj
100 unit/mL
TRESIBA FLEXTouch – insulin
degludec soln pen-injector
100 unit/mL, 200 unit/mL

Oral Only

acarbose tab 25 mg, 50 mg,
100 mg
glimepiride tab 1 mg, 2 mg, 4 mg
glipizide tab 5 mg, 10 mg
glipizide tab er 24hr 2.5 mg,
5 mg, 10 mg (Glucotrol xl)
glipizide-metformin hcl tab
2.5-250 mg, 2.5-500 mg,
5-500 mg
glyburide tab 1.25 mg, 2.5 mg,
5 mg
glyburide-metformin tab
1.25-250 mg, 2.5-500 mg,
5-500 mg
metformin hcl tab 500 mg,
850 mg, 1000 mg

metformin hcl tab er 24hr
500 mg, 750 mg
nateglinide tab 60 mg, 120 mg
pioglitazone hcl tab 15 mg,
30 mg, 45 mg (base equivalent)
(Actos)
pioglitazone hcl-metformin hcl
tab 15-500 mg
pioglitazone hcl-metformin hcl tab
15-850 mg (Actoplus met)
repaglinide tab 0.5 mg, 1 mg,
2 mg

Diabetic Supplies

Calibration Liquid

ASCENSIA CONTOUR
ASCENSIA CONTOUR NEXT
LIFESCAN ONETOUCH ULTRA
LIFESCAN ONETOUCH VERIO

Insulin Syringes

Lancets

Lancet Devices

Pen Needles

Test Strips & Discs

ASCENSIA CONTOUR
ASCENSIA CONTOUR NEXT
LIFESCAN ONETOUCH ULTRA
LIFESCAN ONETOUCH VERIO

High Blood Pressure

acebutolol hcl cap 200 mg,
400 mg
amiloride hcl tab 5 mg
amlodipine besylate tab 2.5 mg,
5 mg, 10 mg (base equivalent)
(Norvasc)
amlodipine besylate-benazepril
hcl cap 2.5-10 mg, 5-40 mg
amlodipine besylate-benazepril
hcl cap 5-10 mg, 5-20 mg,
10-20 mg, 10-40 mg (Lotrel)
amlodipine besylate-olmesartan
medoxomil tab 5-20 mg,
5-40 mg, 10-20 mg, 10-40 mg
(Azor)

2025 HDHP-HSA \$0 Preventive Drug List




amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)
amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 (Exforge hct)	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)
atenolol & chlorthalidone tab 50-25 mg, (Tenoretic 50) 100-25 mg (Tenoretic 100)	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	labetalol hcl tab 100 mg, 200 mg, 300 mg
benazepril hcl tab 5 mg	diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	diltiazem hcl tab 90 mg	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)
benazepril & hydrochlorothiazide tab 5-6.25 mg	diltiazem hcl tab er 24hr 120 mg (Cardizem la)	losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)
betaxolol hcl tab 10 mg, 20 mg	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	metolazone tab 2.5 mg, 5 mg, 10 mg
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg (tartrate equivalent) (Toprol xl)
bisoprolol fumarate tab 5 mg, 10 mg	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg
bumetanide tab 0.5 mg (Bumex)	enalapril maleate oral soln 1 mg/ mL (Epaned)	metoprolol tartrate tab 50 mg, 100 mg (Lopressor)
bumetanide tab 1 mg, 2 mg	epiorenone tab 25 mg, 50 mg (Inspra)	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	minoxidil tab 2.5 mg, 10 mg
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	fosinopril sodium tab 10 mg, 20 mg, 40 mg	moexipril hcl tab 7.5 mg, 15 mg
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	nadolol tab 20 mg, 40 mg (Corgard)
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	furosemide oral soln 10 mg/mL	nadolol tab 80 mg
chlorthalidone tab 25 mg, 50 mg	furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent) (Bystolic)
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	guanfacine hcl tab 1 mg, 2 mg	nifedipine cap 10 mg, 20 mg
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1), 0.2 mg/24hr (Catapres-tts-2), 0.3 mg/24hr (Catapres-tts-3)	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg
	hydrochlorothiazide cap 12.5 mg	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)
	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	
	indapamide tab 1.25 mg, 2.5 mg	

2025 HDHP-HSA \$0 Preventive Drug List

olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)
perindopril erbumine 4 mg
phenoxybenzamine hcl cap 10 mg (Dibenzyl)
pindolol tab 5 mg, 10 mg
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)
propranolol hcl oral soln 20 mg/5 mL
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)
spironolactone & hydrochlorothiazide tab 25-25 mg
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)
terazosin hcl cap 1 mg, 2 mg, 5 mg, 10 mg (base equivalent)
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg
trandolapril tab 1 mg, 2 mg, 4 mg
triamterene cap 50 mg, 100 mg (Dyrenium)
triamterene & hydrochlorothiazide cap 37.5-25 mg


triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)
verapamil hcl tab 40 mg, 80 mg, 120 mg
verapamil hcl tab er 120 mg, 180 mg, 240 mg

High Cholesterol Orals

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

rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)
simvastatin tab 10 mg, 20 mg, 40 mg, (Zocor)
simvastatin tab 5 mg, 80 mg

Osteoporosis

alendronate sodium oral soln 70 mg/75 mL
alendronate sodium tab 10 mg, 35 mg
alendronate sodium tab 70 mg (Fosamax)
calcitonin (salmon) nasal soln 200 unit/act
ibandronate sodium tab 150 mg (base equivalent)
raloxifene hcl tab 60 mg (Evista) 
risedronate sodium tab 5 mg, 30 mg
risedronate sodium tab 35 mg, 150 mg (Actonel)

Respiratory

acetylcysteine inhal soln 10%, 20%
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act
albuterol sulfate inhal aero 108 mcg/act (90 mcg base equivalent) (Proventil hfa)
albuterol sulfate soln nebu 0.083% (2.5 mg/3 mL), 0.5% (5 mg/ml)
albuterol sulfate soln nebu 0.63 mg/3 mL, 1.25 mg/3 mL (base equivalent)
albuterol sulfate syrup 2 mg/5 mL
albuterol sulfate tab 2 mg, 4 mg
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act
arformoterol tartrate soln nebu 15 mcg/2 mL (base equivalent) (Brovana)

2025 HDHP-HSA \$0 Preventive Drug List

ARNUITY ELLIPTA – fluticasone
furoate aerosol powder breath
activ 50 mcg/act, 100 mcg/act, 200
mcg/act

ASMANEX HFA – mometasone
furoate inhal aerosol suspension
50 mcg/act, 100 mcg/act,
200 mcg/act

ASMANEX TWISTHALER 30 METERED
– mometasone furoate inhal powd
110 mcg/act (breath activated)

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

BREO ELLIPTA - fluticasone furoate
vilanterol aero powd ba 50-25
mcg/act, 100-25 mcg/inh, 200-25
mcg/act

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

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

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

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

**cromolyn sodium soln nebu
20 mg/2 mL**

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

FLUTICASONE PROPIONATE/SA
-futicasone-salmeterol aer powder
ba 55-14 mcg/act, 113-14 mcg/act,
232-14 mcg/act

**fluticasone-salmeterol aer powder
ba 100-50 mcg/act, 250-50 mcg/
act, 500-50 mcg/act (Advair
diskus)**

INCRUSE ELLIPTA - umeclidinium br
aero powd breath act 62.5 mcg/act
(base equivalent)

**ipratropium bromide inhal soln
0.02%**

**ipratropium-albuterol nebu soln
0.5-2.5(3) mg/3 mL**

**levalbuterol hcl soln nebu
0.31 mg/3 mL, 0.63 mg/3 mL,
1.25 mg/3 mL (base equivalent)
(Xopenex)**

**levalbuterol hcl soln nebu conc
1.25 mg/0.5 mL (base
equivalent) (Xopenex
Concentrate)**

**montelukast sodium chew tab
4 mg, 5 mg (base equivalent)
(Singulair)**

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

QVAR REDHALER – beclomethasone
diprop hfa breath act inh aer 40
mcg/act, 80 mcg/act

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

SEREVENT DISKUS – salmeterol
xinafoate aer pow ba 50 mcg/act
(base equivalent)

SPIRIVA HANDHALER –tiotropium
bromide monohydrate inhal cap
18 mcg (base equivalent)

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

STIOLTO RESPIMAT – tiotropium
br-olodaterol inhal aero soln
2.5-2.5 mcg/act

STRIVERDI RESPIMAT - olodaterol hcl
inhal aerosol soln 2.5 mcg/act
(base equivalent)

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

**terbutaline sulfate tab 2.5 mg,
5 mg**

**theophylline elixir 80 mg/15 mL
theophylline soln 80 mg/15 mL
theophylline tab er 12hr 300 mg,
450 mg**

**theophylline tab er 24hr 400 mg,
600 mg**

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

VENTOLIN HFA - albuterol sulfate
inhal aero 108 mcg/act (90 mcg
base equivalent)

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