BlueCross BlueShield of Illinois

Preventive Drug Benefit Program

Member Guide

Effective January 1, 2026

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Preventive Drug Benefit Program

Introduction

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

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

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

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

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

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

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

2026 HDHP-HSA $0 Preventive Drug List

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

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

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

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

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

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

Please be reminded that Health Savings Accounts have tax and legal ramifications. Blue Cross and Blue Shield of 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.

*Select plans will not have this category until the plan renews in 2026.

2026 HDHP-HSA $0 Preventive Drug List

Anti-Coagulants / Anti-Platelets

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

Depression

Selective Serotonin Reuptake Inhibitors

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

Diabetes Medications

Hypoglycemic Agents

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

Insulin Only

FIASP – insulin aspart (with niacinamide) inj 100 unit/mL
FIASP FLEXTOUCH – insulin aspart (with niacinamide) soln pen-injector 100 unit/mL
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/mL
HUMALOG – insulin lispro inj soln 100 unit/mL
HUMALOG – insulin lispro soln cartridge 100 unit/mL
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial)
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/mL (1 unit dial), 200 unit/mL
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/mL (50-50)
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/mL (75-25)
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/mL (75-25)
HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/transmitter port 100 unit/mL
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/mL (70-30)
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/mL (70-30)
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/mL
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/mL
HUMULIN R – insulin regular (human) inj 100 unit/mL
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/mL
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/mL
INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/mL
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/mL
LYUMJEV – insulin lispro-aabc inj 100 unit/mL
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial)
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/mL
LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL

2026 HDHP-HSA $0 Preventive Drug List

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-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 unit/mL
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/mL, 200 unit/mL

Oral Only

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

Diabetic Supplies

Calibration Liquids
ABBOTT FREESTYLE
ABBOTT MEDISENSE, HIGH/MID/LOW
ABBOTT PRECISION
ASCENSIA CONTOUR
ASCENSIA CONTOUR NEXT
Insulin Syringes
Lancets
Lancet Devices
Pen Needles
Test Strips & Discs
ABBOTT FREESTYLE, INSULINX, LITE, PRECISION NEO
ABBOTT PRECISION SOF-TACT
ABBOTT OPTIUMEZ
ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

High Blood Pressure

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

2026 HDHP-HSA $0 Preventive Drug List

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

2026 HDHP-HSA $0 Preventive Drug List

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

High Cholesterol Orals

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

Osteoporosis

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

Respiratory

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

2026 HDHP-HSA $0 Preventive Drug List

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/act, 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)

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

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

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

QVAR REDIHALER –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 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 mcg/act, 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)