



BlueCross BlueShield
of Texas



PREVENTIVE DRUG BENEFIT PROGRAM

Employee Guide

Effective January 1, 2019

INTRODUCTION

Blue Cross and Blue Shield of Texas (BCBSTX) administers the preventive drug benefit for your group's high deductible health plan ("HDHP"), which has been designed for use with Health Savings Accounts ("HSAs"). The preventive drug benefit program includes categories of prescription drugs that are frequently used for preventive purposes. If your doctor has prescribed any of them to you for preventive purposes, then you and your HSA-eligible dependents may have coverage before satisfying your HDHP deductible.

Below and on the following pages is a guide listing some examples of drugs that are commonly prescribed for preventive purposes. Coverage of all medications is still subject to your HDHP limitations, exclusions and out-of-pocket requirements (for example, your prescription drug payment levels). Coverage of some medications or drug products may be covered under your medical benefit.

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 particular 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 your HDHP tax obligations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on the back of your member ID card when your doctor confirms to you that he or she 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.**

REMEMBER: Just because a drug is on the list, doesn't always mean it is covered.

FOLLOW THESE STEPS:

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 the back of your ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

2019 STANDARD HSA COMMON PREVENTIVE DRUG LIST FOR THE CITY OF AUSTIN



This Guide lists some, but not all, examples of drugs that are commonly prescribed for preventive purposes. It is being provided to you at your employer's request as a resource to help you in managing your prescription drug benefits under your employer's HDHP.

This list does not include all drugs that may be prescribed as preventive. It will be reviewed periodically and is subject to change. Coverage of all medications is still subject to your HDHP limitations, exclusions and out-of-pocket requirements (for example, your prescription drug payment levels). Coverage of some medications or drug products may be covered under your medical benefit. Please verify with your plan if there are any additional requirements before a drug may be covered.

It is important to note, for the reasons described in the Introduction to this Guide, that the listing of a drug in the Guide does not mean that it will be covered by your particular benefit plan before your HDHP deductible is satisfied. Please follow the steps outlined in the Introduction to ensure you are properly directing the processing of your claims.

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

- Anticoagulants/antiplatelets
- Diabetes medications
- Diabetic supplies
- High blood pressure
- High cholesterol
- 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.

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

2019 STANDARD HSA COMMON PREVENTIVE DRUG LIST FOR THE CITY OF AUSTIN

ANTICOAGULANTS/ ANTIPLATELETS

anagrelide hcl cap 0.5 mg (Agrylin),
1 mg
aspirin-dipyridamole cap er 12hr
25-200 mg (Aggrenox)
cilostazol tab 50 mg, 100 mg
clopidogrel bisulfate tab 75 mg,
300 mg (base equivalent) (Plavix)
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 (Coumadin)

DIABETES MEDICATIONS

Hypoglycemic Agents

GLUCAGON EMERGENCY KIT –
glucagon (rdna) for inj kit 1 mg

Insulin Only

FIASP – insulin aspart inj 100 unit/mL
FIASP FLEXTOUCH – insulin aspart
soln pen-injector 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
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 RELION – insulin nph
(human) (isophane) inj 100 unit/mL

NOVOLIN R – insulin regular
(human) inj 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 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
TOUJEO SOLOSTAR – insulin
glargine soln pen-injector
300 unit/mL
TRESIBA FLEXTOUCH – insulin
degludec soln pen-injector
100 unit/mL, 200 unit/mL

Orals Only

acarbose tab 25 mg, 50 mg, 100 mg
(Precose)
glimepiride tab 1 mg, 2 mg, 4 mg
(Amaryl)
glipizide tab 5 mg, 10 mg (Glucotrol)
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 micronized tab 1.5 mg,
3 mg, 6 mg (Glynase)
glyburide-metformin tab 1.25-250 mg
glyburide-metformin tab 2.5-500 mg,
5-500 mg (Glucovance)

metformin hcl tab 500 mg, 850 mg,
1000 mg (Glucophage)
metformin hcl tab er 24hr 500 mg,
750 mg (Glucophage xr)
miglitol tab 25 mg, 50 mg, 100 mg
(Glyset)
nateglinide tab 60 mg, 120 mg
(Starlix)
pioglitazone hcl tab 15 mg, 30 mg,
45 mg (base equivalent) (Actos)
pioglitazone hcl-metformin hcl
tab 15-500 mg, 15-850 mg
(Actoplus met)
repaglinide tab 0.5 mg
repaglinide tab 1 mg, 2 mg (Prandin)

DIABETIC SUPPLIES

Calibration Liquid

BAYER BREEZE 2
BAYER CONTOUR

Insulin Syringes

Lancets

Lancet Devices

Pen Needles

Test Strips & Discs

BAYER BREEZE
BAYER CONTOUR
BAYER CONTOUR NEXT

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg, 400 mg
(Sectral)
amiloride hcl tab 5 mg
amiloride & hydrochlorothiazide tab
5-50 mg
amlodipine besylate tab 2.5 mg,
5 mg, 10 mg (base equivalent)
(Norvasc)
amlodipine besylate-atorvastatin
calcium tab 2.5-10 mg, 2.5-20 mg,
2.5-40 mg
amlodipine besylate-atorvastatin
calcium tab 5-10 mg, 5-20 mg, 5-40
mg, 5-80 mg, 10-10 mg, 10-20 mg,
10-40 mg, 10-80 mg (Caduet)

2019 STANDARD HSA COMMON PREVENTIVE DRUG LIST FOR THE CITY OF AUSTIN

amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	guanfacine hcl tab 1 mg, 2 mg (Tenex)
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	chlorothiazide tab 500 mg	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	chlorthalidone tab 25 mg, 50 mg	hydrochlorothiazide cap 12.5 mg (Microzide)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg
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 mg (Exforge hct)	clonidine hcl td patch weekly 0.1 mg/24hr (Catapres-tts-1), 0.2 mg/24hr (Catapres-tts-2), 0.3 mg/24hr (Catapres-tts-3)	indapamide tab 1.25 mg, 2.5 mg
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)
atenolol & chlorthalidone tab 50-25 mg, (Tenoretic 50) 100-25 mg (Tenoretic 100)	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)
benazepril hcl tab 5 mg	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	isradipine cap 2.5 mg, 5 mg
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem la)	labetalol hcl tab 100 mg, 200 mg, 300 mg
benazepril & hydrochlorothiazide tab 5-6.25 mg	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	lisinopril tab 2.5 mg, 30 mg, 40 mg (Zestril)
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	lisinopril tab 5 mg, 10 mg, 20 mg (Prinivil)
betaxolol hcl tab 10 mg, 20 mg	diltiazem hcl tab 90 mg	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)
bisoprolol fumarate tab 5 mg	doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)
bisoprolol fumarate tab 10 mg (Zebeta)	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	methyldopa tab 250 mg, 500 mg
bumetanide tab 0.5 mg, 1 mg, 2 mg (Bumex)	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	metolazone tab 2.5 mg, 5 mg, 10 mg
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	eplerenone tab 25 mg, 50 mg (Inspra)	metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg (tartrate equiv) (Toprol xl)
candesartan cilexetil - hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	metoprolol tartrate tab 25 mg
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	fosinopril sodium tab 10 mg, 20 mg, 40 mg	metoprolol tartrate tab 50 mg, 100 mg (Lopressor)
	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)
	furosemide oral soln 10 mg/mL	metoprolol & hydrochlorothiazide tab 100-25 mg
	furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	minoxidil tab 2.5 mg, 10 mg
		moexipril hcl tab 7.5 mg, 15 mg
		moexipril-hydrochlorothiazide tab 7.5-12.5 mg, 15-12.5 mg, 15-25 mg
		nadolol tab 20 mg, 40 mg, 80 mg (Corgard)

2019 STANDARD HSA COMMON PREVENTIVE DRUG LIST FOR THE CITY OF AUSTIN

nadolol & bendroflumethiazide tab
40-5 mg, 80-5 mg (Corzide)
nicardipine hcl cap 20 mg, 30 mg
nifedipine cap 10 mg (Procardia)
nifedipine cap 20 mg
nifedipine tab er 24hr 30 mg, 60 mg,
90 mg (Adalat cc)
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 tab 2 mg
perindopril erbumine tab 4 mg, 8 mg
(Aceon)
phenoxybenzamine hcl cap 10 mg
(Dibenzyline)
pindolol tab 5 mg, 10 mg
prazosin hcl cap 1 mg, 2 mg, 5 mg
(Minipress)
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, 20-25 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
(Aldactazide)
telmisartan tab 20 mg, 40 mg, 80 mg
(Micardis)

telmisartan-amlodipine tab 40-5 mg,
40-10 mg, 80-5 mg, 80-10 mg
(Twynsta)
telmisartan-hydrochlorothiazide tab
40-12.5 mg, 80-12.5 mg, 80-25 mg
(Micardis hct)
terazosin hcl cap 1 mg, 2 mg, 5 mg,
10 mg (base equivalent)
torsemide tab 5 mg, 100 mg
torsemide tab 10 mg, 20 mg
(Demadex)
trandolapril tab 1 mg, 2 mg (Mavik)
trandolapril tab 4 mg
trandolapril-verapamil hcl tab er
2-180 mg, 2-240 mg, 4-240 mg
(Tarka)
triarterene & hydrochlorothiazide
cap 37.5-25 mg (Dyazide)
triarterene & hydrochlorothiazide
tab 37.5-25 mg (Maxzide-25), 75-50
mg (Maxzide)
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 100 mg,
200 mg, 300 mg (Verelan pm)
verapamil hcl cap er 24hr 120 mg,
180 mg, 240 mg (Verelan)
verapamil hcl tab 40 mg
verapamil hcl tab 80 mg, 120 mg
(Calan)
verapamil hcl tab er 120 mg, 180 mg,
240 mg (Calan sr)

HIGH CHOLESTEROL

amlodipine besylate-atorvastatin
calcium tab 2.5-10 mg, 2.5-20 mg,
2.5-40 mg
amlodipine besylate-atorvastatin
calcium tab 5-10 mg, 5-20 mg,
5-40 mg, 5-80 mg, 10-10 mg,
10-20 mg, 10-40 mg, 10-80 mg
(Caduet)

atorvastatin calcium tab
10 mg, 20 mg, 40 mg, 80 mg (base
equivalent) (Lipitor)
cholestyramine light powder
4 gm/dose (Questran Light)
cholestyramine light powder packets
4 gm
cholestyramine powder 4 gm/dose,
packets 4 gm (Questran)
choline fenofibrate cap dr 45 mg,
135 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,
granule packets 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 40 mg, 120 mg
(Fenoglide)
fenofibrate tab 48 mg, 145 mg
(Tricor)
fenofibrate tab 54 mg, 160 mg
fenofibrate micronized cap 43 mg,
67 mg, 130 mg, 134 mg
fenofibrate micronized cap 200 mg
(Lofibra)
fluvastatin sodium cap 20 mg, 40 mg
fluvastatin sodium tab er 24 hr
80 mg (Lescor xl)
gemfibrozil tab 600 mg (Lopid)
lovastatin tab 10 mg, 20 mg
lovastatin tab 40 mg (Mevacor)
niacin tab er 500 mg, 750 mg,
1000 mg (antihyperlipidemic)
(Niaspan)
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg,
40 mg, 80 mg (Pravachol)
rosuvastatin calcium tab 5 mg,
10 mg, 20 mg, 40 mg (Crestor)
simvastatin tab 5 mg, 10 mg, 20 mg,
40 mg, 80 mg (Zocor)

2019 STANDARD HSA COMMON PREVENTIVE DRUG LIST FOR THE CITY OF AUSTIN

OSTEOPOROSIS

alendronate sodium tab 5 mg, 10 mg, 35 mg
alendronate sodium tab 70 mg (Fosamax)
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)
ibandronate sodium tab 150 mg (base equivalent) (Boniva)
raloxifene hcl tab 60 mg (Evista)
risedronate sodium tab 5 mg, 30 mg, 35 mg, 150 mg (Actonel)
risedronate sodium tab delayed release 35 mg (Atelvia)

RESPIRATORY

acetylcysteine inhal soln 10%, 20%
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act
albuterol sulfate soln nebu 0.083% (2.5 mg/3 mL)
albuterol sulfate soln nebu 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/inh
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act, 200 mcg/act
ASMANEX TWISTHALER 7, 30, 60, 120 METERED - mometasone furoate inhal powd 110 mcg/inh (breath activated)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh, 200-25 mcg/inh
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equivalent)
budesonide inhalation susp 0.25 mg/2 mL, 0.5 mg/2 mL, 1 mg/2 mL (Pulmicort)
cromolyn sodium soln nebu 20 mg/2 mL
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act, 200-5 mcg/act
FLOVENT DISKUS - fluticasone propionate aer powd ba 50 mcg/blister, 100 mcg/blister, 250 mcg/blister
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)
FLUTICASONE PROPIONATE/SA-fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh (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)
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act (90 mcg base equivalent)
PROAIR RESPICLICK - albuterol sulfate aer powd ba 108 mcg/act (90 mcg base equivalent)
QVAR - beclomethasone diprop inhal aero soln 40 mcg/act (50/valve), 80 mcg/act (100/valve)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act, 80 mcg/act
SEREVENT DISKUS - salmeterol xinafoate aer powd ba 50 mcg/dose (base equivalent)
SPIRIVA HANDIHALER - 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 soln 80 mg/15 mL
theophylline tab er 12hr 100 mg, 200 mg, 300 mg, 450 mg
theophylline tab er 24hr 400 mg, 600 mg
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90 mcg base equivalent)
zafirlukast tab 10 mg, 20 mg (Accolate)