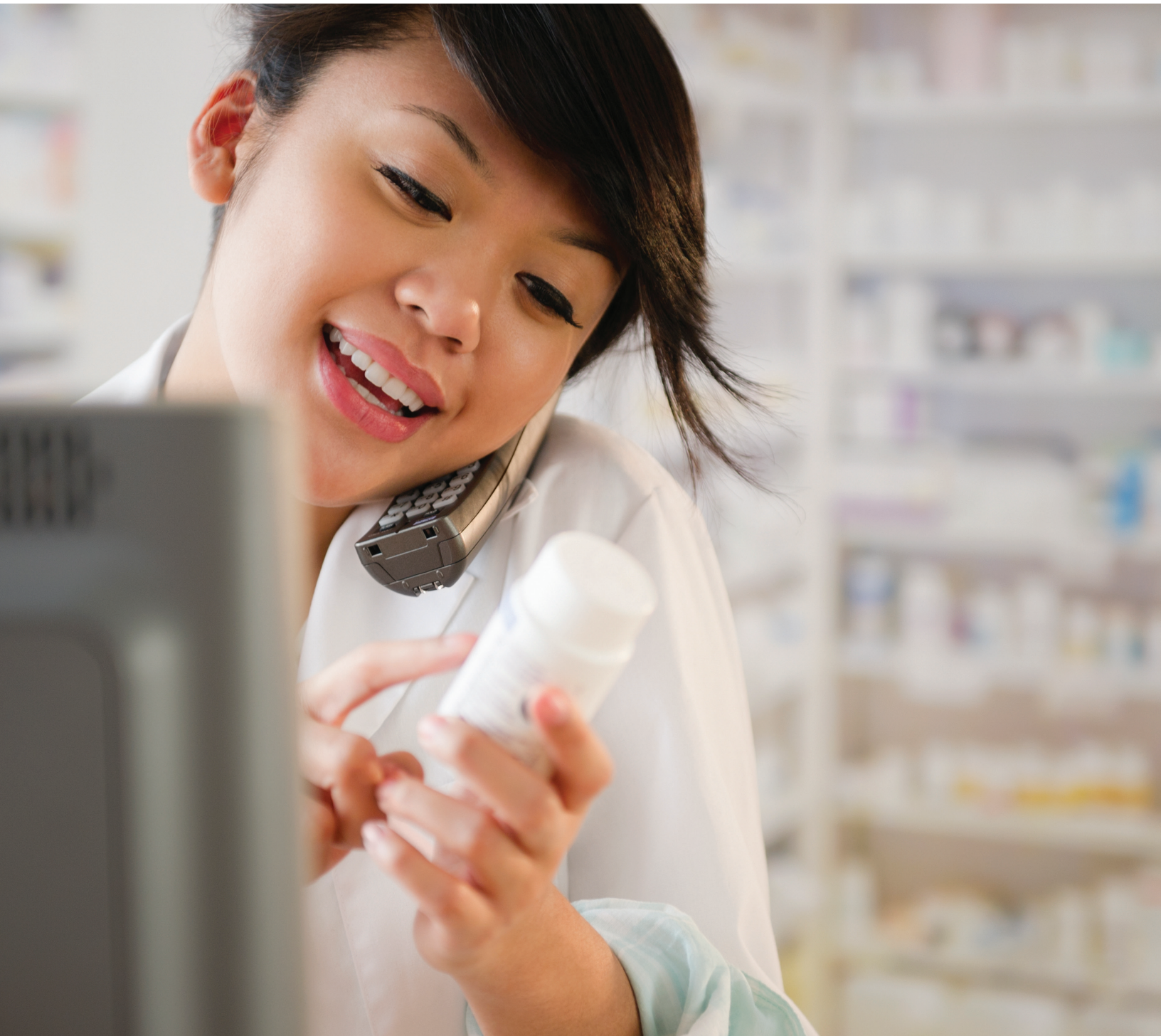




BlueCross BlueShield
of Illinois



Preventive Drug Benefit Program

Employee Guide

Effective January 1, 2026

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
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Preventive Drug Benefit Program for Bimbo Bakeries

Introduction

Blue Cross and Blue Shield of Illinois administers the preventive drug benefit for your group's high deductible health plan, which has been designed for use with Health Savings Accounts. The preventive drug benefit program 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 before you meet your HDHP deductible.

This guide is being provided as a resource to help you manage your prescription drug benefits under your employer's HDHP. 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 requirements, 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 Preventive Drug List for Bimbo Bakeries

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

- Anti-coagulants / anti-platelets
- Anti-malarials
- Asthma – advanced
- Bowel prep medications
- Breast cancer primary prevention
- Depression
- Diabetes medications
- Diabetic supplies
- Fluoride supplements
- High blood pressure
- High cholesterol injectable PCSK-9s
- High cholesterol orals
- HIV PrEP
- Lipid lowering – other
- Migraine prophylaxis CGRPs injectable
- Migraine prophylaxis CGRPs oral
- Osteoporosis
- Respiratory
- Tobacco cessation
- Vaccines
- Vitamins
- Weight loss agents (traditional, non-GLP1)

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 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.

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.

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

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
ELIQUIS – apixaban tab 2.5 mg,
5 mg
ELIQUIS STARTER PACK – apixaban
tab starter pack 5 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
XARELTO – rivaroxaban for susp
1 mg/mL
XARELTO – rivaroxaban tab
2.5 mg, 10 mg, 15 mg, 20 mg
XARELTO STARTER PACK –
rivaroxaban tab starter therapy
pack 15 mg & 20 mg

Anti-Malarials

atovaquone-proguanil hcl tab
62.5-25 mg, 250-100 mg
(Malarone)
chloroquine phosphate tab
250 mg, 500 mg
hydroxychloroquine sulfate tab
100 mg, 300 mg, 400 mg
hydroxychloroquine sulfate tab
200 mg (Plaquenil)
mefloquine hcl tab 250 mg

primaquine phosphate tab
26.3 mg (15 mg base)
(Primaquine)

Asthma – Advanced

DUPIXENT – dupilumab
subcutaneous soln auto
injector 200 mg/1.14 mL,
300 mg/2 mL
DUPIXENT – dupilumab
subcutaneous soln prefilled
syringe 200 mg/1.14 mL,
300 mg/2 mL
FASENRA PEN – benralizumab
subcutaneous soln auto-
injector 30 mg/mL
NUCALA – mepolizumab
subcutaneous solution auto-
injector 100 mg/mL
NUCALA – mepolizumab
subcutaneous solution pref
syringe 100 mg/mL,
40 mg/0.4 mL
TEZSPIRE – tezepelumab-ekko
subcutaneous soln auto-inj
210 mg/1.91 mL
XOLAIR – omalizumab subcutaneous
soln auto-injector 75 mg/0.5 mL,
150 mg/mL, 300 mg/2 mL
XOLAIR – omalizumab subcutaneous
soln prefilled syringe
75 mg/0.5 mL, 150 mg/mL,
300 mg/2 mL

Bowel Prep Medications

peg 3350-kcl-na bicarb-nacl-na
sulfate for soln 236 gm
(Golytely)
peg 3350-kcl-nacl-na sulfate-na
ascorbate-c for soln 100 gm
(Moviprep)
peg 3350-kcl-sod bicarb-nacl for
soln 420 gm

Breast Cancer

Primary Prevention

raloxifene hcl tab 60 mg (Evista)
tamoxifen citrate tab 10 mg,
20 mg (base equivalent)

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

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

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial)	LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial)	NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/mL
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/mL (1 unit dial), 200 unit/mL	LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/mL	NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/mL (70-30)
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/mL (50-50)	LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL	NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/mL (70-30)
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/mL (75-25)	NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/mL (70-30)	NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/mL (70-30)
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/mL (75-25)	NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/mL (70-30)	NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/mL
HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/transmitter port 100 unit/mL	NOVOLIN 70/30 FLEXPEN REL – insulin nph & regular susp pen-inj 100 unit/mL (70-30)	NOVOLOG RELION – insulin aspart inj soln 100 unit/mL
HUMULIN 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)	SEMGLEE – insulin glargine-yfgn inj 100 unit/mL
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/mL (70-30)	NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/mL	SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/mL
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/mL	NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/mL	TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (2 unit dial)
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/mL	NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/mL	TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/mL (1 unit dial)
HUMULIN R – insulin regular (human) inj 100 unit/mL	NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/mL	TRESIBA – insulin degludec inj 100 unit/mL
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/mL	NOVOLIN R – insulin regular (human) inj 100 unit/mL	TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/mL, 200 unit/mL
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/mL	NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/mL	Oral Only
INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/mL	NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/mL	acarbose tab 25 mg, 50 mg, 100 mg
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/mL	NOVOLIN R RELION – insulin regular (human) inj 100 unit/mL	FARXIGA – dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent)
LYUMJEV – insulin lispro-aabc inj 100 unit/mL	NOVOLOG – insulin aspart inj 100 unit/mL	glimepiride tab 1 mg, 2 mg, 4 mg
	NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/mL	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
		GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg, 25-5 mg

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

**glyburide tab 1.25 mg, 2.5 mg,
5 mg**

**glyburide-metformin tab
1.25-250 mg, 2.5-500 mg,
5-500 mg**

JANUMET – sitagliptin-phosphate-
metformin hcl tab 50-500 mg,
50-1000 mg

JANUMET XR – sitagliptin phosphate-
metformin hcl tab er 24hr
50-500 mg, 50-1000 mg,
100-1000 mg

JANUVIA – sitagliptin phosphate tab
25 mg, 50 mg, 100 mg
(base equivalent)

JARDIANCE – empagliflozin tab
10 mg, 25 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

SYNJARDY – empagliflozin-metformin
hcl tab 5-500 mg, 5-1000 mg,
12.5-500 mg, 12.5-1000 mg

SYNJARDY XR – empagliflozin-
metformin hcl tab er 24hr
5-1000 mg, 10-1000 mg,
12.5-1000 mg, 25-1000 mg

TRIJARDY XR – empagliflozin-linagli-
metformin tab er 24hr
5-2.5-1000 mg, 10-5-1000 mg,
12.5-2.5-1000 mg, 25-5-1000 mg

XIGDUO XR – dapagliflozin prop-
metformin hcl tab er 24hr
5-500 mg, 10-500 mg,
2.5-1000 mg, 5-1000 mg,
10-1000 mg

GLP1 Oral & Other Injectables Preferred Brands

MOUNJARO – tirzepatide soln
auto-injector 2.5 mg/0.5 mL,
5 mg/0.5 mL, 7.5 mg/0.5 mL,
10 mg/0.5 mL, 12.5 mg/0.5 mL,
15 mg/0.5 mL

OZEMPIC – semaglutide
soln pen-inj
0.25 or 0.5 mg/dose (2 mg/3 mL),
1 mg/dose (4 mg/3 mL),
2 mg/dose (8 mg/3 mL)

RYBELSUS – semaglutide tab
3 mg, 7 mg, 14 mg

SOLIQUA 100/33 – insulin glargine-
lixisenatide sol pen-inj
100-33 unit-mcg/mL

TRULICITY – dulaglutide soln auto-
injector 0.75 mg/0.5 mL,
1.5 mg/0.5 mL, 3 mg/0.5 mL,
4.5 mg/0.5 mL

XULTOPHY 100/3.6 – insulin
degludec-liraglutide sol pen-inj
100-3.6 unit-mg/mL

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
ASCENSIA CONTOUR
ASCENSIA CONTOUR NEXT

Continuous Glucose Monitors (CGMs) & Associated Supplies

DEXCOM G6 Receiver
DEXCOM G7 Receiver
DEXCOM G6 Sensor
DEXCOM G7 Sensor
DEXCOM G6 Transmitter

Insulin Pumps and Associated Supplies

Insulin Infusion Disposable Pump Kits

OMNIPOD DASH INTRO KIT
OMNIPOD 5 DEXCOM G7G6
INTRO KIT
OMNIPOD 5 LIBRE2 PLUS G6 KIT
ILET INSULIN PUMP
ILET STARTER KIT
TWIIST STARTER KIT

Insulin Infusion Disposable Pump Supplies

OMNIPOD DASH PODS
OMNIPOD 5 LIBRE2 PLUS G6 PODS
OMNIPOD 5 DEXCOM G7G6 PODS
ILET INSULIN INFUSION KIT
TWIIST REFILL KIT
TWIIST REFILL KIT/INFUSION

Fluoride Supplements

Dental Products and Combinations

**sodium fluoride cream 1.1%
(Prevident 5000 plus)**
**sodium fluoride gel 1.1% (0.5% f)
(Prevident Fluoride)**
**sodium fluoride paste 1.1%
(Prevident 5000 Ortho Defe)**
**sodium fluoride rinse 0.2%
(Prevident Rinse)**
**stannous fluoride conc 0.63%
stannous fluoride gel 0.4%
(Gel-Kam)**

Supplements and Combinations

SODIUM FLUORIDE – sodium fluoride
soln 0.5 mg/mL f
(from 1.1 mg/mL naf)

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

SODIUM FLUORIDE – sodium fluoride
tab 0.5 mg f (from 1.1 mg naf),
1 mg f (from 2.2 mg naf)

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

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)

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)

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

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
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
triarterene cap 50 mg, 100 mg
(Dyrenium)
triarterene & hydrochlorothiazide
cap 37.5-25 mg
triarterene & 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 Injectable PCSK-9s

REPATHA – evolocumab
subcutaneous soln prefilled
syringe 140 mg/mL
REPATHA PUSHTRONEX SYSTEM –
evolocumab subcutaneous soln
cartridge/infusor 420 mg/3.5 mL

REPATHA SURECLICK – evolocumab
subcutaneous soln auto-injector
140 mg/mL

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
(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 
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

HIV PrEP

APRETUDE – cabotegravir im extended
release susp 600 mg/3 mL

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

DESCOVY – emtricitabine-tenofovir
alafenamide fumarate tab
200-25 mg

**emtricitabine-tenofovir disoproxil
fumarate tab 200-300 mg
(Truvada)**

Lipid Lowering – Other

NEXLETOL – bempedoic acid tab
180 mg

NEXLIZET – bempedoic acid-
ezetimibe tab 180-10 mg

Migraine Prophylaxis CGPRs Injectable

AIMOVIG – erenumab-aooe
subcutaneous soln auto-injector
70 mg/mL, 140 mg/mL

AJOVY – fremanezumab-vfrm
subcutaneous soln auto-inj
225 mg/1.5 mL

AJOVY – fremanezumab-vrfm
subcutaneous soln pref syr
225 mg/1.5 mL

EMGALITY – galcanezumab-gnlm
subcutaneous soln auto-injector
120 mg/mL

EMGALITY – galcanezumab-gnlm
subcutaneous soln prefilled syr
120 mg/mL

Migraine Prophylaxis CGPRs Oral

NURTEC – rimegepant sulfate tab
disint 75 mg

QULIPTA – atogepant tab 10 mg,
30 mg, 60 mg

UBRELVY – ubrogepant tab 50 mg,
100 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)**

**rалoxifene hcl tab 60 mg
(Evista) **

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)

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)**

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

**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)**

Respiratory Devices & Supplies – Devices

AEROCHAMBER HOLDING CHAMB

AEROCHAMBER MINI AEROSOL

AEROCHAMBER MV

AEROCHAMBER PLUS FLOW VU

AEROCHAMBER Z-STAT PLUS V

AEROCHAMBER Z-STAT PLUS –
F, L, M, S

AEROVENT PLUS HOLDING CHA

BREATHE COMFORT ANTI-STAT

BREATHE EASE MASK – SMALL,
MEDIUM, LARGE

BREATHERITE VALVED MDI CH

CLEVER CHOICE ANTI-STATIC

COMPACT SPACE CHAMBER/ANT

DETACHABLE FACE MASK

EASIVENT

EASIVENT/MASK – SMALL, MEDIUM,
LARGE

EQ SPACE CHAMBER ANTI-STA

FLEXICHAMBER

INSPIREASE DRUG DELIVERY

MICROCHAMBER

MICROSPACER

OPTICHAMBER ADVANTAGE

OPTICHAMBER ADVANTAGE – SMA,
MED, LAR

OPTICHAMBER DIAMOND

OPTICHAMBER DIAMOND – SMALL,
MEDIU, LARGE

OPTICHAMBER DIAMOND FACE

MASK – MEDIUM, LARGE

OPTICHAMBER DIAMOND/SMALL

OPTICHAMBER FACE MASK – SMA,
MED, LAR

OPTICHAMBER VALVED HOLDING

OPTICHAMBER/MASK

POCKET CHAMBER

POCKET SPACER

PROCARE SPACE CHAMBER W

PRO COMFORT INHALER SPACE

PROCHAMBER VALVED HOLDING

PURE COMFORT INHALER SPAC

RITEFLO

VORTEX HOLDING CHAMBER/MASK/
CHILDS/FROG

VORTEX NON ELECTROSTATIC
VORTEX VALVED HOLDING CHA

Respiratory Devices & Supplies – Masks

FLEXICHAMBER ADULT MASK/S
FLEXICHAMBER CHILD MASK – S, L
MASK VORTEX/CHILD/FROG
MASK VORTEX/TODDLER – LADY,
LADYBUG

PANDA MASK – SMALL, MEDIUM,
LARGE

PEDIATRIC PANDA MASK

Respiratory Devices & Supplies – Bags

INSPIREASE RESERVOIR BAGS

Tobacco Cessation

Your health plan covers two 90-day
treatments for tobacco use cessation
medicine per benefit period.

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

NICODERM CQ – nicotine td patch
24hr 7 mg/24hr, 14 mg/24hr,
21 mg/24hr

NICORETTE – nicotine polacrilex gum
2 mg, 4 mg

NICORETTE STARTER KIT – nicotine
polacrilex gum 2 mg, 4 mg

nicotine polacrilex gum 2 mg, 4 mg

nicotine polacrilex lozenge 2 mg, 4 mg

nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr

NICOTINE TRANSDERMAL SYST –
nicotine td patch 24hr 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 tab

**11 x 0.5 mg & 42 x 1 mg
start pack**

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

**varenicline tartrate tab 0.5 mg,
1 mg (base equivalent)**

Vaccines

ABRYSVO – RSV pre-fusion f

A&B vac recomb for im soln
120 mcg/0.5 mL

ACTHIB – haemophilus b

polysaccharide conjugate vaccine
for inj

ADACEL – tet tox-diph-acell pertuss
ad inj

5-2-15.5 lf-lf-mcg/0.5 mL

AFLURIA – influenza virus vaccine

split pf susp pref syringe 0.5 mL

AREXVY – rsvpref3 vaccine recomb

adjuvanted for im susp
120 mcg/0.5 mL

BEXSERO – meningococcal vac b

(recomb omv adjuv) inj prefilled
syringe

BOOSTRIX – tet-diph-acell pertuss

ad pref syr
5-2.5-18.5 lf-mcg/0.5 mL

CAPVAXIVE – pneumococcal

21-valent conjugate vaccine soln
pref syr 0.5 mL

COMIRNATY – covid-19 mrna vac

tris-pfizer im susp pref syr
30 mcg/0.3 mL

DAPTACEL – diph, acellular pert

& tet tox inj
15 lf-23 mcg-5 lf/0.5 mL

ENGERIX-B – hepatitis b vaccine

(recombinant) susp 20 mcg/mL

ENGERIX-B – hepatitis b vaccine

(recombinant) susp pref syr
10 mcg/0.5 mL, 20 mcg/mL

FLUAD – influenza vac type a&b

surface ant adj susp pref syr
0.5 mL

FLUARIX – influenza virus vaccine

split pf susp pref syringe
0.5 mL

FLUBLOK – influenza virus vacc

recombinant ha pf soln pref syr
0.5 mL

FLUCELVAX – influenza virus vac
tiss-cult subunit susp pref syr
0.5 mL

FLULAVAL – influenza virus vaccine

split pf susp pref syringe
0.5 mL

FLUMIST NASAL VACCINE – influenza

virus vaccine live intranasal liquid

FLUZONE – influenza virus vaccine

split pf susp pref syringe 0.5 mL

FLUZONE HIGH-DOSE – influenza

virus vac split high-dose pf susp
pref syr 0.5 mL

GARDASIL 9 – human papillomavirus

(hvp) 9-valent recomb vac im susp

GARDASIL 9 – human papillomavirus

(hvp) 9-valent recomb vac susp
pref syr

HAVRIX – hepatitis a vaccine inj susp

720 el unit/0.5 mL, 1440 el unit/mL

HEPLISAV-B – hepatitis b vaccine

recomb adjuvanted pref syr
20 mcg/0.5 mL

HIBERIX – haemophilus b

polysaccharide conjugate vac
for inj 10 mcg

INFANRIX – diph, acellular

pert & tet tox inj
25 lf-58 mcg-10 lf/0.5 mL

IPOL INACTIVATED IPV – poliovirus

vaccine, ipv injection

JYNNEOS – smallpox & monkeypox

vac, live, non-replicating inj
0.5 mL

KINRIX – diph-tetanus-acell pert-

polio, ipv vacc susp pref syr
0.5 mL

MENQUADFI – meningococcal (a, c, y,

and w-135) tetanus conjugate
vaccine

MENVEO – meningococcal (a, c, y,

and w-135) oligo conj vac for inj

MENVEO – meningococcal (a, c, y,

and w-135) oligo conj vac im soln

M-M-R II – measles-mumps rubella

virus vaccines for inj soln

MNEXSPIKE INJ 2025-26 – covid-19

mrna vaccine-moderna im susp
pref syr 10 mcg/0.2 mL

MODERNA COVID-19 VACCINE –

covid-19 mrna vaccine
6mo-11yr-moderna im susp
25 mcg/0.25 mL

MRESVIA – rsv mrna pre-f vaccine im

susp pref syr 50 mcg/0.5 mL

NOVAVAX COVID-19 VACCINE –

covid-19 subunit vacc-novavax im
susp pref syr 5 mcg/0.5 mL

PEDIARIX – diph-tet tox-acell pert-

hep b-polio ipv vac susp pref syr

PEDVAX HIB – haemophilus b

polysaccharide conj vac im susp
7.5 mcg/0.5 mL

PENBRAYA – meningococcal acyw (tet

conj)-mening b (rcmb) vacc for inj

PENMENVY – meningococcal acwy

(oligo conj)-mening b (rcmb)
vacc for inj

PENTACEL – diph-ac per-tet tox

ad-poliov-haemoph b poly vac
for im susp

PFIZER-BIONTECH COVID-19 –

covid-19 mrna vac tris-s
5-11y-pfizer im susp
10 mcg/0.3 mL

PFIZER-BIONTECH COVID-19 –

covid-19 mrna vac tris-s
6mo-4y-pfizer im susp
3 mcg/0.3 mL

PNEUMOVAX 23 – pneumococcal

vaccine polyvalent soln pref syr
25 mcg/0.5 mL

PNEUMOVAX 23/1 DOSE –

pneumococcal vaccine
polyvalent inj soln
25 mcg/0.5 mL

PREVNAR 20 – pneumococcal

20-valent conjugate vaccine sus
pref syr 0.5 mL

PRIORIX – measles-mumps-rubella

virus vaccines for subcutaneous
susp

2026 HDHP-HSA Preventive Drug List for Bimbo Bakeries

PROQUAD – measles-mumps-rubellavaricella virus vaccines for susp

QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj

QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL

RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5 mL, 10 mcg/mL, 40 mcg/mL

RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5 mL, 10 mcg/mL

ROTARIX – rotavirus vaccine, live oral susp

ROTATEQ – rotavirus vaccine, live oral pentavalent soln

SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/ 0.5 mL

SPIKEVAX COVID-19 VACCINE – covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5 mL

TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu

TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr

TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu mcg/mL

VAQTA – hepatitis a vaccine inj susp 25 unit/0.5 mL, 50 unit/mL

VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5 mL

VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp

VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr

VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 mL

Vitamins

Prenatal

PRENATAL 19 – prenatal vit w/dss-fe fumarate-fa tab 29-1 mg

PRENATAL 19 – prenatal vit w/fe fumarate-fa chew tab 29-1 mg

PRENATAL PLUS – prenatal vit w/fe fumarate-fa tab 27-1 mg

PRENATAL-U – prenatal w/o a vit w/fe fumarate-fa cap 106.5-1 mg

SE-NATAL 19 – prenatal vit w/dss-fe fumarate-fa tab 29-1 mg

SE-NATAL 19 – prenatal vit w/fe fumarate-fa chew tab 29-1 mg

TRINATE – prenatal vit w/fe fumarate-fa tab 28-1 mg

Weight Loss Agents (Traditional, non-GLP1)

LOMAIRA – phentermine hcl tab 8 mg

ORLISTAT – orlistat cap 120 mg

phentermine hcl cap 15 mg, 30 mg, 37.5 mg

phentermine hcl tab 37.5 mg (Adipex-P)

phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg (Qsymia)

XENICAL – orlistat cap 120 mg