



## 2025 BANNER FAMILY PHARMACY \$0 MEDICATION LIST

CARDIOVASCULAR DISEASE - CHOLESTEROL	ASTHMA AND COPD
ACEBUTOLOL	ALBUTEROL HFA <i>(except for NDCs 66993001968, 93317431)</i>
AMLODIPINE	ALBUTEROL SULFATE (NEBULIZING SOLN, SYRUP, TABS)
AMLODIPINE-BENAZEPRIL	FLUTICASONE-SALMETEROL DISKUS <i>(Manfu Hikma and Teva)</i>
AMLODIPINE-VALSARTAN	IPRATROPIUM (NASAL SPRAY, NEBULIZING SOLN)
AMLODIPINE-VALSARTAN-HCTZ	IPRATROPIUM-ALBUTEROL (NEBULIZING SOLN)
ATENOLOL	MONTELUKAST (CHEWABLES, GRANULES, TABS)
ATENOLOL-CHLORTHALIDONE	PULMICORT INH
ATORVASTATIN	WIXELA INHUB
BENAZEPRIL	DIABETES
BISOPROLOL FUM	FIASP*
BISOPROLOL-HCTZ	FIASP (FLEXTOUCH, PENFILL)*
CARTIA XT (24HR)	GLIMEPIRIDE
CARVEDILOL	GLIPIZIDE
CHLORTHALIDONE	GLIPIZIDE ER
CLONIDINE TABS	GLIPIZIDE XL
DILT-XR, DILTIAZEM 24 HR, DILTIAZEM ER	GLYBURIDE
DILTIAZEM HCL	GLYBURIDE - METFORMIN
ENALAPRIL- HCTZ	HUMULIN R U-500*
FELODIPINE ER	INSULIN GLARGINE-YFGN*
FENOFIBRATE 48MG, 54MG, 67MG, 145MG, 160MG	LANTUS*
FOSINOPRIL	LANTUS (SOLOSTAR PEN) *
FUROSEMIDE (INJ, SOLN, TAB)	METFORMIN (SOLN, TAB)
GEMFIBROZIL	METFORMIN ER
GUANFACINE (ER, IR)	NOVOLIN 70/30*
HYDRALAZINE (INJ, TAB)	NOVOLIN 70/30 FLEXPEN*
HYDROCHLOROTHIAZIDE	NOVOLIN N* <i>(except for ReliOn formulations)</i>
INDAPAMIDE	NOVOLIN R* <i>(except for ReliOn formulations)</i>
LABETALOL (INJ, TAB)	NOVOLOG* <i>(except for ReliOn formulations)</i>
LISINOPRIL	NOVOLOG* (FLEXPEN, PENFILL) <i>(except for ReliOn formulations)</i>
LISINOPRIL- HCTZ	NOVOLOG MIX 70/30*
LOSARTAN	NOVOLOG MIX 70/30 FLEXPEN*
LOSARTAN - HCTZ	PIOGLITAZONE
MATZIM LA TAB	TRESIBA*
METHYLDOPA	TRESIBA (FLEXTOUCH PEN 100 U/ML AND 200 U/ML)*
METOPROLOL SUCCINATE ER	Diabetic Supplies
METOPROLOL TARTRATE	ACCU-CHEK GUIDE TEST STRIPS*
NIFEDIPINE (ER, IR)	ACCU-CHEK SMARTVIEW TEST STRIPS*
PRAVASTATIN	ACCU-CHEK LANCETS <i>(FastClix, Softclix-only NDCs 50924097110, 65702012410)*</i>
PROPRANOLOL (ER CAPS, IR TABS, SOLN)	BD INSULIN SYRINGES*
QUINAPRIL	BD PENS AND NEEDLES*
RAMIPRIL	ONE TOUCH ULTRA TEST STRIPS*
SIMVASTATIN	ONE TOUCH VERIO TEST STRIPS*
SPIRONOLACTONE	ONE TOUCH LANCETS <i>(Delica-only NDCs 53885000810, 53885001110)*</i>
TAZTIA XT	
TIADYLT ER/24HR	
TORSEMIDE	
TRIAMTERENE - HCTZ	
VERAPAMIL ER/SR 120MG, 180MG, 240MG CAPS/TABS	

\*CONTINUATION OF \$0 COPAY BENEFIT FOR SELECT DIABETIC MEDICATIONS MAY REQUIRE PARTICIPATION IN DIABETIC DISEASE STATE MANAGEMENT PROGRAM