

# 2021 Preventive Medication List for Consumer Driven Health Plans Expanded List

This is a list of **Preventive Medications** that may be covered under your plan. If your plan covers these Preventive Medications, your insurance benefit is applied before you meet your deductible.

Some medications may have other requirements or limits depending on your benefit plan and are noted below. To find out if a drug is covered, please check your plan benefits on the health plan's member website. Or, call the toll-free phone number on your health plan ID card. This list may not be all-inclusive. Brand and generic drugs may not always be available due to market changes.

**CDH preventive drug lists may also be used with non-CDH plans**

**Effective January 1, 2021**

Therapeutic Drug Classes	Requirements & Limits
<b>Breast Cancer Prevention</b>	
Anastrozole	
<b>Arimidex</b>	E
<b>Aromasin</b>	
Exemestane	
<b>Fareston</b>	
<b>Femara</b>	E
Letrozole	
<b>Soltamox</b>	E
Tamoxifen	
Toremifene	
<b>Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy</b>	
<b>Aggrenox</b>	
<b>Arixtra</b>	
Aspirin-Dipyridamole	

Therapeutic Drug Classes	Requirements & Limits
<b>Bevyxxa</b>	
<b>Brilinta</b>	
Cilostazol	
Clopidogrel	
<b>Coumadin</b>	
Dipyridamole	
<b>Effient</b>	E
<b>Eliquis</b>	
Enoxaparin	
Fondaparinux	
<b>Fragmin</b>	
Heparin	
Jantoven	
<b>Lovenox</b>	E
<b>Persantine</b>	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** = May be excluded from coverage

<sup>1</sup>Coverage is provided for oral formulations.

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
<b>Plavix</b>	E
<b>Pletal</b>	
<b>Pradaxa</b>	
Prasugrel	
<b>Savaysa</b>	
Ticlopidine	
Warfarin	
<b>Xarelto</b>	
<b>Zontivity</b>	
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>	
<b>Accupril</b>	
<b>Accuretic</b>	
Acebutolol	
<b>Aceon</b>	
<b>Adalat CC</b>	
Afeditab	
<b>Aldactazide</b>	
<b>Aldactone</b>	
Aliskiren	
<b>Altace</b>	
Amiloride	
Amiloride-Hydrochlorothiazide	
Amlodipine	
Amlodipine-Benazepril	
Amlodipine-Olmesartan	E
Amlodipine-Olmesartan-Hydrochlorothiazide	E
Amlodipine-Valsartan	
Amlodipine-Valsartan-Hydrochlorothiazide	E
<b>Amturnide</b>	E
<b>Atacand</b>	
<b>Atacand HCT</b>	
Atenolol	
Atenolol-Chlorthalidone	

Therapeutic Drug Classes	Requirements & Limits
<b>Avalide</b>	
<b>Avapro</b>	
<b>Azor</b>	E
Benazepril	
Benazepril-Hydrochlorothiazide	
<b>Benicar</b>	E
<b>Benicar HCT</b>	E
Betaxolol <sup>1</sup>	
<b>Bidil</b>	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
<b>Bystolic</b>	E
<b>Byvalson</b>	
<b>Calan</b>	
<b>Calan SR</b>	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
<b>Cardene SR</b>	
<b>Cardizem</b>	E
<b>Cardizem CD</b>	E
<b>Cardizem LA</b>	E
<b>Cardura</b>	
<b>Carospir</b>	
Cartia XT	
Carvedilol	
Carvedilol ER	E
<b>Catapres</b>	
<b>Catapres TTS</b>	
Chlorothiazide	
Clonidine	
Clonidine Patch	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
<b>Clorpress</b>		Felodipine ER	
<b>Coreg</b>		Fosinopril	
<b>Coreg CR</b>	E	Fosinopril-Hydrochlorothiazide	
<b>Corgard</b>		Furosemide	
<b>Corzide</b>		Guanfacine	
<b>Covera HS</b>		Hydralazine	
<b>Cozaar</b>		Hydrochlorothiazide	
<b>Demadex</b>		<b>Hyzaar</b>	
<b>Dilacor XR</b>		Indapamide	
Dilt CD		<b>Inderal</b>	
Dilt XR		<b>Inderal LA</b>	E
Diltia XT		<b>Inderal XL</b>	E
Diltiazem		<b>Innopran XL</b>	E
Diltiazem ER		<b>Inspra</b>	
Diltzac ER		Irbesartan	
<b>Diovan</b>	E	Irbesartan - Hydrochlorothiazide	
<b>Diovan HCT</b>	E	<b>Isoptin SR</b>	
<b>Diuril</b>		Isradipine	
Doxazosin		<b>Kaspargo</b>	
<b>Dutoprol</b>	E	<b>Katerzia</b>	
<b>Dyazide</b>		Labetalol	
<b>Dynacirc CR</b>		<b>Lasix</b>	
<b>Dyrenium</b>		<b>Levatol</b>	
<b>Edarbi</b>		Lisinopril	
<b>Edarbyclor</b>		Lisinopril-Hydrochlorothiazide	
<b>Edecrin</b>		<b>Lopressor</b>	
Enalapril		<b>Lopressor HCT</b>	
Enalapril-Hydrochlorothiazide		Losartan	
<b>Epaned</b>		Losartan-Hydrochlorothiazide	
Eplerenone		<b>Lotensin</b>	
Eprosartan		<b>Lotensin HCT</b>	
Ethacrynic Acid		<b>Lotrel</b>	
<b>Exforge</b>	E	Matzim LA	
<b>Exforge HCT</b>	E	<b>Mavik</b>	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
<b>Maxzide</b>	
Methyclothiazide	
Methyldopa	
Methyldopa-Hydrochlorothiazide	
Metolazone	
Metoprolol 37.5, 75 mg	E
Metoprolol Succinate	
Metoprolol Tartrate	
Metoprolol-Hydrochlorothiazide	
<b>Micardis</b>	E
<b>Micardis HCT</b>	E
<b>Microzide</b>	
<b>Midamor</b>	
<b>Minipress</b>	
Minoxidil	
Moexipril	
Moexipril-Hydrochlorothiazide	
Nadolol	
Nadolol-Bendroflumethazide	
Nicardipine	
Nifedipine	
Nifedipine ER	
Nimodipine	
Nisoldipine	
<b>Norvasc</b>	E
Olmesartan	
Olmesartan-Hydrochlorothiazide	
Perindopril	
Pindolol	
Prazosin	
<b>Prestalia</b>	E
<b>Prinivil</b>	
<b>Procardia</b>	
<b>Procardia XL</b>	

Therapeutic Drug Classes	Requirements & Limits
Propranolol	
Propranolol-Hydrochlorothiazide	
<b>Qbrelis</b>	E
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
<b>Sectral</b>	
Spirolactone	
Spirolactone-Hydrochlorothiazide	
<b>Sular</b>	
<b>Tarka</b>	
Taztia XT	
<b>Tekturna</b>	
<b>Tekturna HCT</b>	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
<b>Tenex</b>	
<b>Tenoretic</b>	E
<b>Tenormin</b>	E
Terazosin	
<b>Teveten</b>	
<b>Teveten HCT</b>	
<b>Thalitone</b>	
<b>Tiazac</b>	
Timolol <sup>1</sup>	
<b>Toprol XL</b>	
Torsemide	
<b>Trandate</b>	
Trandolapril	
Trandolapril-Verapamil	
Triamterene	
Triamterene-Hydrochlorothiazide	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
<b>Tribenzor</b>	E
<b>Twynsta</b>	E
<b>Uniretic</b>	
<b>Univasc</b>	
Valsartan	
Valsartan-Hydrochlorothiazide	
<b>Vaseretic</b>	E
<b>Vasotec</b>	E
Verapamil	
Verapamil ER	
Verelan	
<b>Verelan PM</b>	
<b>Zaroxolyn</b>	
<b>Zebeta</b>	
<b>Zestoretic</b>	E
<b>Zestril</b>	E
<b>Ziac</b>	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>	
<b>Altoprev</b>	E
<b>Antara</b>	E
Atorvastatin	
Cholestyramine	
Cholestyramine Light	
Choline Fenofibrate	E
<b>Colesevelam Tablets, Powder for Suspension</b>	E
<b>Colestid</b>	
Colestipol	
<b>Crestor</b>	E
<b>Ezallor Sprinkle</b>	
Ezetimibe	
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	E
Fenofibrate 40, 48, 120 mg Tablet	E
Fenofibrate 54, 145, 160 mg Tablet	

Therapeutic Drug Classes	Requirements & Limits
Fenofibric Acid	E
<b>Fenoglide</b>	E
<b>Fibricor</b>	E
<b>Flolipid</b>	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
<b>Lescol</b>	
<b>Lescol XL</b>	E
<b>Lipitor</b>	E
<b>Lipofen</b>	E
<b>Livalo</b>	E
<b>Lofibra</b>	E
<b>Lopid</b>	
Lovastatin	
<b>Lovaza</b>	E
<b>Mevacor</b>	
<b>Nexletol</b>	
<b>Nexlizet</b>	
Niacin Extended-Release	
<b>Niacor</b>	
<b>Niaspan</b>	
Omega-3 Acid Ethyl Esters	
<b>Pravachol</b>	
Pravastatin	
Prevalite	
<b>Questran</b>	
<b>Questran Light</b>	
Rosuvastatin	
Simvastatin	
Simvastatin/Ezetimibe	
<b>Tricor</b>	E
<b>Triglide</b>	E
<b>Trilipix</b>	E

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
<b>Vascepa</b>	
<b>Vytorin</b>	E
<b>Welchol</b>	
<b>Zetia</b>	E
<b>Zocor</b>	
<b>Zypitamag</b>	E
<b>Central Nervous System: Mental Health</b>	
<b>Abilify, Abilify Mycite</b>	E
Aripiprazole	
<b>Caplyta</b>	
Chlorpromazine	
Clozapine	
<b>Clozaril</b>	
<b>Fanapt</b>	
<b>FazaClo</b>	
Fluphenazine	
<b>Geodon</b>	E
Haloperidol	
<b>Invega</b>	E
<b>Latuda</b>	
Loxapine	
Molindone	
Olanzapine	
Paliperidone ER	
Perphenazine	
Quetiapine	
Quetiapine ER	
<b>Rexulti</b>	
<b>Risperdal</b>	E
Risperidone	
<b>Saphris</b>	
<b>Secuado</b>	E
<b>Seroquel</b>	E
<b>Seroquel XR</b>	E

Therapeutic Drug Classes	Requirements & Limits
Thioridazine	
Thiothixene	
Trifluoperazine	
<b>Vraylar</b>	
<b>Versacloz</b>	E
Ziprasidone	
Zyprexa	E
<b>Central Nervous System: Multiple Sclerosis</b>	
<b>Aubagio</b>	
<b>Avonex</b>	
<b>Bafiertam</b>	
<b>Betaseron</b>	
Copaxone	E
Dimethyl Fumarate (generic <b>Tecfidera</b> )	
Extavia	E
<b>Gilenya</b>	
Glatiramer Acetate [Mylan only (generic <b>Copaxone</b> )]	
Glatopa	
<b>Mavenclad</b>	E
<b>Mayzent</b>	E
<b>Plegridy</b>	
<b>Rebif</b>	
<b>Tecfidera</b>	E
<b>Vumerity</b>	E
<b>Zeposia</b>	E
<b>Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)<sup>2</sup></b>	
<b>Celexa</b>	E
Citalopram	
Escitalopram	
Fluoxetine Capsules	
Fluoxetine 10 mg, 20 mg Tablets	
Fluoxetine 60 mg Tablets	E
Fluvoxamine	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Fluvoxamine Extended-Release	
<b>Lexapro</b>	E
Paroxetine	
Paroxetine Extended-Release	
<b>Paxil</b>	
<b>Paxil CR</b>	
<b>Pexeva</b>	E
<b>Prozac</b>	E
Sertraline	
<b>Zoloft</b>	E
<b>Diabetes: Diabetic Supplies</b>	
<b>Accu-Chek Guide Meters</b>	
<b>Accu-Chek Guide Test Strips</b>	
<b>Contour Next EZ Meters</b>	
<b>Contour Next Meters</b>	
<b>Contour Next One Meters</b>	
<b>Contour Next Test Strips</b>	
Diabetic Testing - Lancets	
Insulin Needles/Syringes	
<b>OneTouch Diabetic Meters</b>	
<b>OneTouch Diabetic Test Strips</b>	
<b>Diabetes: Insulin</b>	
<b>Admelog, Admelog SoloStar</b>	E
<b>Afrezza</b>	E
<b>Apidra, Apidra SoloStar</b>	E
<b>Basaglar</b>	E
<b>Fiasp, Fiasp FlexTouch</b>	E
<b>Humalog</b>	
<b>Humalog Junior</b>	
<b>Humalog Mix 50/50</b>	
<b>Humalog Mix 75/25</b>	
<b>Humulin 50/50</b>	
<b>Humulin 70/30</b>	
<b>Humulin N</b>	

Therapeutic Drug Classes	Requirements & Limits
<b>Humulin R</b>	
<b>Insulin Aspart</b>	E
<b>Insulin Aspart Protamine/Insulin Aspart</b>	E
<b>Insulin Lispro</b>	E
<b>Insulin Lispro Jr.</b>	E
<b>Insulin Lispro Protamine/Insulin Lispro 75/25</b>	E
<b>Lantus</b>	
<b>Levemir</b>	E
<b>Lyumjev</b>	E
<b>Novolin 70/30</b>	E
<b>Novolin N</b>	E
<b>Novolin R</b>	E
<b>Novolog</b>	E
<b>Novolog Mix 70/30</b>	E
<b>Soliqua</b>	
<b>Toujeo</b>	
<b>Tresiba</b>	E
<b>Diabetes: Non-Insulin</b>	
Acarbose	
<b>ACTOplus Met</b>	
<b>ACTOplus Met XR</b>	
<b>Actos</b>	E
<b>Adlyxin</b>	
<b>Alogliptin</b>	E
<b>Alogliptin-Metformin</b>	E
<b>Alogliptin-Pioglitazone</b>	E
<b>Amaryl</b>	
<b>Avandia</b>	
<b>Bydureon</b>	
<b>Bydureon BCise</b>	
<b>Byetta</b>	
<b>Cycloset</b>	
<b>Diabeta</b>	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
<b>Duetact</b>		Metformin Solution (generic <b>Riomet</b> )	
<b>Farxiga</b>	E	Miglitol	
<b>Fortamet</b>	E	Nateglinide	
Glimepiride		<b>Nesina</b>	
Glipizide		<b>Onglyza</b>	
Glipizide ER		<b>Oseni</b>	
Glipizide-Metformin		<b>Ozempic</b>	
<b>Glucophage</b>		Pioglitazone	
<b>Glucophage XR</b>		Pioglitazone-Glimepiride	
<b>Glucotrol</b>		Pioglitazone-Metformin	
<b>Glucotrol XL</b>		<b>PrandiMet</b>	
<b>Glucovance</b>		<b>Prandin</b>	
<b>Glumetza</b>	E	<b>Precose</b>	
Glyburide		<b>Qtern</b>	E
Glyburide Micronized		Repaglinide	
Glyburide-Metformin		Repaglinide-Metformin	
<b>Glynase</b>		<b>Riomet</b>	
<b>Glyset</b>		<b>Riomet ER</b>	
<b>Glyxambi</b>		<b>Rybelsus</b>	
<b>Invokamet</b>	E	<b>Segluromet</b>	E
<b>Invokamet XR</b>	E	<b>Starlix</b>	
<b>Invokana</b>	E	<b>Steglatro</b>	E
<b>Janumet</b>	E	<b>Steglujan</b>	E
<b>Janumet XR</b>	E	<b>SymlinPen</b>	
<b>Januvia</b>	E	<b>Synjardy</b>	
<b>Jardiance</b>		<b>Synjardy XR</b>	
<b>Jentadueto</b>		Tolbutamide	
<b>Jentadueto XR</b>		<b>Tradjenta</b>	
<b>Kazano</b>		<b>Trijardy XR</b>	
<b>Kombiglyze XR</b>		<b>Trulicity</b>	
Metformin		<b>Victoza</b>	
Metformin ER (generic <b>Fortamet</b> )	E	<b>Xigduo XR</b>	E
Metformin ER (generic <b>Glucophage XR</b> )		<b>Xultophy</b>	E
Metformin ER (generic <b>Glumetza</b> )	E		

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes	Requirements & Limits
<b>HIV</b>	
Abacavir	
Abacavir-Lamivudine	
Abacavir-Lamivudine-Zidovudine	
<b>Aptivus</b>	
Atazanavir	
<b>Atripla</b>	E
<b>Biktarvy</b>	
<b>Cimduo</b>	
<b>Combivir</b>	
<b>Complera</b>	
<b>Crixivan</b>	
<b>Delstrigo</b>	
<b>Descovy</b>	E
Didanosine	
<b>Dovato</b>	
<b>Edurant</b>	
Efavirenz	
Emtricitabine/Tenofovir Disoproxil Fumarate (generic <b>Truvada</b> )	
<b>Emtriva</b>	
<b>Epivir</b>	
<b>Epzicom</b>	E
<b>Evotaz</b>	
Fosamprenavir	
<b>Fuzeon</b>	
<b>Genvoya</b>	
<b>Intelence</b>	
<b>Invirase</b>	
<b>Isentress</b>	
<b>Isentress HD</b>	
<b>Juluca</b>	
<b>Kaletra</b>	
Lamivudine	

Therapeutic Drug Classes	Requirements & Limits
Lamivudine-Zidovudine	
<b>Lexiva</b>	
Lopinavir-Ritonavir	
Nevirapine	
Nevirapine Extended-Release	E
<b>Norvir Tablet</b>	E
<b>Odefsey</b>	
<b>Pifeltro</b>	
<b>Prezcobix</b>	
<b>Prezista</b>	
<b>Rescriptor</b>	
<b>Retrovir</b>	
<b>Reyataz</b>	E
<b>Ritonavir</b>	
<b>Rukobia</b>	
<b>Selzentry</b>	
Stavudine	
<b>Stribild</b>	
<b>Sustiva</b>	
<b>Symfi</b>	
<b>Symfi Lo</b>	
<b>Symtuza</b>	E
<b>Temixys</b>	E
Tenofovir	
<b>Tivicay</b>	
<b>Tivicay PD</b>	
<b>Triumeq</b>	
<b>Trizivir</b>	
<b>Truvada</b>	E
<b>Videx</b>	
<b>Videx EC</b>	
<b>Viracept</b>	
<b>Viramune</b>	E
<b>Viramune XR</b>	E

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
<b>Viread</b>	E
<b>Viteka</b>	
<b>Zerit</b>	
<b>Ziagen</b>	
Zidovudine	
<b>Immunosuppressant: Organ Rejection</b>	
<b>Astagraf XL</b>	E
<b>Azasan</b>	
Azathioprine	
<b>Cellcept E</b>	
Cyclosporine	
<b>Envarsus XR</b>	E
Everolimus	
Gengraf	
<b>Imuran</b>	E
Mycophenolate	
Mycophenolic Acid	
<b>Myfortic</b>	E
<b>Neoral</b>	E
<b>Prograf</b>	
<b>Rapamune</b>	E
<b>Sandimmune</b>	E
Sirolimus	
Tacrolimus	
<b>Zortress</b>	
<b>Musculoskeletal: Osteoporosis</b>	
<b>Actonel</b>	
Alendronate	
<b>Atelvia</b>	E
<b>Binosto</b>	E
<b>Boniva</b>	
Calcitonin (salmon)	
<b>Didronel</b>	
Etidronate	

Therapeutic Drug Classes	Requirements & Limits
<b>Evista</b>	E
<b>Forteo</b>	E
<b>Fortical</b>	
<b>Fosamax</b>	
<b>Fosamax Plus D</b>	
Ibandronate	
<b>Miacalcin</b>	
Raloxifene	
Risedronate	
<b>Teriparatide</b>	
<b>Tymlos</b>	
<b>Respiratory: Asthma/COPD</b>	
<b>Accolate</b>	
<b>Accuneb</b>	
<b>Advair Diskus</b>	
<b>Advair HFA</b>	
<b>AirDuo RespiClick</b>	E
<b>Albuterol HFA (generic ProAir HFA, Proventil HFA)</b>	
<b>Albuterol HFA (Ventolin HFA authorized generic)</b>	E
Albuterol Nebulized Solution	
Albuterol Oral Tablet	
<b>Alvesco</b>	E
Aminophylline	
<b>Anoro Ellipta</b>	
<b>ArmonAir RespiClick</b>	E
<b>Arnuity Ellipta</b>	
<b>Asmanex HFA</b>	E
<b>Asmanex Twisthaler</b>	E
<b>Atrovent HFA</b>	
<b>Bevespi Aerosphere</b>	
<b>Breo Ellipta</b>	
<b>Brovana</b>	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
<b>Budesonide/Formoterol (Symbicort Authorized Generic)</b>	E
Budesonide Nebulized Solution	
<b>Combivent Respimat</b>	
Cromolyn	
<b>Daliresp</b>	
<b>Duaklir Pressair</b>	E
<b>Dulera</b>	E
<b>Duoneb</b>	
<b>Elixophyllin</b>	
<b>Flovent Diskus</b>	
<b>Flovent HFA</b>	
Fluticasone/Salmeterol Diskus	E
Fluticasone/Salmeterol RespiClick	
<b>Foradil</b>	
<b>Gastrocrom</b>	
<b>Incruse Ellipta</b>	E
Ipratropium	
Ipratropium/Albuterol	
<b>Levalbuterol HFA</b>	
Levalbuterol Nebulized Solution	
<b>Lonhala Magnair</b>	E
<b>Lufyllin</b>	
Metaproterenol	
Montelukast	
<b>Perforomist</b>	
<b>ProAir Digihaler</b>	E
<b>Proair HFA</b>	
<b>Proair RespiClick</b>	
<b>Proventil HFA</b>	
<b>Pulmicort Flexhaler</b>	
<b>Pulmicort Nebulized Solution</b>	E

Therapeutic Drug Classes	Requirements & Limits
<b>QVAR Redihaler</b>	E
<b>Serevent Diskus</b>	
<b>Singular</b>	E
<b>Spiriva HandiHaler</b>	
<b>Spiriva Respimat</b>	
<b>Stiolto Respimat</b>	E
<b>Striverdi Respimat</b>	
<b>Symbicort</b>	
Terbutaline	
<b>Theo-24</b>	
Theophylline	
Theophylline/Guaifenesin	
<b>Trelegy Ellipta</b>	
<b>Tudorza Pressair</b>	E
<b>Ventolin HFA</b>	
<b>VoSpire ER</b>	
<b>Yupelri</b>	
<b>Xopenex HFA</b>	
<b>Xopenex Nebulized Solution</b>	E
Zafirlukast	
<b>Zyflo</b>	
<b>Zyflo CR</b>	
<b>Vitamins</b>	
Pediatric Fluoride Preparations (for example: Florvite, Poly-Vi-Flor, Tri-Vi-Flor) - Brand Name and Generic Products	
Prenatal Vitamins (for example: Citranatal Assure, Prenate DHA, Stuartnatal) - Brand Name and Generic Products	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



**E** = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

<sup>2</sup>SSRIs are included only for employer groups who have specifically requested coverage.

# Index

## A

Abacavir .....	9
Abacavir-Lamivudine.....	9
Abacavir-Lamivudine-Zidovudine .....	9
Abilify, Abilify Mycite .....	6
Acarbose.....	7
Accolate .....	10
Accu-Chek Guide Meters .....	7
Accu-Chek Guide Test Strips.....	7
Accuneb .....	10
Accupril .....	2
Accuretic .....	2
Acebutolol .....	2
Aceon .....	2
Actonel .....	10
ACTOplus Met .....	7
ACTOplus Met XR .....	7
Actos.....	7
Adalat CC.....	2
Adlyxin.....	7
Admelog, Admelog SoloStar.....	7
Advair Diskus .....	10
Advair HFA .....	10
Afeditab .....	2
Afrezza.....	7
Aggrenox.....	1
AirDuo RespiClick .....	10
Albuterol HFA.....	10
Albuterol Nebulized Solution .....	10
Albuterol Oral Tablet .....	10
Aldactazide .....	2
Aldactone .....	2
Alendronate.....	10
Aliskiren.....	2
Alogliptin .....	7
Alogliptin-Metformin.....	7
Alogliptin-Pioglitazone .....	7
Altace.....	2
Altoprev .....	5
Alvesco.....	10
Amaryl .....	7
Amiloride.....	2
Amiloride-Hydrochlorothiazide .....	2
Aminophylline .....	10
Amlodipine .....	2
Amlodipine-Benazepril .....	2
Amlodipine-Olmesartan.....	2

Amlodipine-Olmesartan- Hydrochlorothiazide .....	2
Amlodipine-Valsartan.....	2
Amlodipine-Valsartan- Hydrochlorothiazide .....	2
Amturnide.....	2
Anastrozole .....	1
Anoro Ellipta.....	10
Antara .....	5
Apidra, Apidra SoloStar.....	7
Aptivus.....	9
Arimidex .....	1
Aripiprazole.....	6
Arixtra .....	1
ArmonAir RespiClick.....	10
Arnuity Ellipta.....	10
Aromasin .....	1
Asmanex HFA .....	10
Asmanex Twisthaler .....	10
Aspirin-Dipyridamole.....	1
Astagraf XL .....	10
Atacand .....	2
Atacand HCT .....	2
Atazanavir.....	9
Atelvia .....	10
Atenolol .....	2
Atenolol-Chlorthalidone.....	2
Atorvastatin .....	5
Atripla .....	9
Atrovent HFA.....	10
Aubagio .....	6
Avalide.....	2
Avandia.....	7
Avapro .....	2
Avonex.....	6
Azasan.....	10
Azathioprine.....	10
Azor.....	2

## B

Bafiertam.....	6
Basaglar .....	7
Benazepril .....	2
Benazepril-Hydrochlorothiazide .....	2
Benicar .....	2
Benicar HCT.....	2
Betaseron.....	6
Betaxolol .....	2

Bevespi Aerosphere.....	10
Bevyxxa.....	1
Bidil .....	2
Biktarvy .....	9
Binosta .....	10
Bisoprolol .....	2
Bisoprolol-Hydrochlorothiazide .....	2
Boniva.....	10
Breo Ellipta.....	10
Brilinta.....	1
Brovana .....	10
Budesonide Nebulized Solution .....	11
Budesonide/Formotero .....	11
Bumetanide.....	2
Bydureon.....	7
Bydureon BCise.....	7
Byetta .....	7
Bystolic.....	2
Byvalson.....	2

## C

Calan.....	2
Calan SR .....	2
Calcitonin (salmon).....	10
Candesartan .....	2
Candesartan-Hydrochlorothiazide .....	2
Caplyta .....	6
Captopril.....	2
Captopril-Hydrochlorothiazide.....	2
Cardene SR.....	2
Cardizem .....	2
Cardizem CD.....	2
Cardizem LA .....	2
Cardura.....	2
Carospir.....	2
Cartia XT .....	2
Carvedilol .....	2
Carvedilol ER .....	2
Catapres.....	2
Catapres TTS.....	2
Celexa.....	6
Cellcept E.....	10
Chlorothiazide.....	2
Chlorpromazine .....	6
Cholestyramine .....	5
Cholestyramine Light.....	5
Choline Fenofibrate.....	5
Cilostazol.....	1



Cimduo.....	9
Citalopram.....	6
Clonidine.....	2
Clonidine Patch.....	2
Clopidogrel.....	1
Clorpress.....	3
Clozapine.....	6
Clozaril.....	6
Colesevelam Tablets, Powder for Suspension.....	5
Colestid.....	5
Colestipol.....	5
Combivent Respimat.....	11
Combivir.....	9
Complera.....	9
Contour Next EZ Meters.....	7
Contour Next Meters.....	7
Contour Next One Meters.....	7
Contour Next Test Strips.....	7
Copaxone.....	6
Coreg.....	3
Coreg CR.....	3
Corgard.....	3
Corzide.....	3
Coumadin.....	1
Covera HS.....	3
Cozaar.....	3
Crestor.....	5
Crixivan.....	9
Cromolyn.....	11
Cycloset.....	7
Cyclosporine.....	10

## D

Daliresp.....	11
Delstrigo.....	9
Demadex.....	3
Descovy.....	9
Diabeta.....	7
Diabetic Testing - Lancets.....	7
Didanosine.....	9
Didronel.....	10
Dilacor XR.....	3
Dilt CD.....	3
Dilt XR.....	3
Diltia XT.....	3
Diltiazem.....	3
Diltiazem ER.....	3
Diltzac ER.....	3
Dimethyl Fumarate.....	6

Diovan.....	3
Diovan HCT.....	3
Dipyridamole.....	1
Diuril.....	3
Dovato.....	9
Doxazosin.....	3
Duaklir Pressair.....	11
Duetact.....	8
Dulera.....	11
Duoneb.....	11
Dutoprol.....	3
Dyazide.....	3
Dynacirc CR.....	3
Dyrenium.....	3

## E

Edarbi.....	3
Edarbyclor.....	3
Edecrin.....	3
Edurant.....	9
Efavirenz.....	9
Effient.....	1
Eliquis.....	1
Elixophyllin.....	11
Emtricitabine/Tenofovir Disoproxil Fumarate.....	9
Emtriva.....	9
Enalapril.....	3
Enalapril-Hydrochlorothiazide.....	3
Enoxaparin.....	1
Envarsus XR.....	10
Epaned.....	3
Epivir.....	9
Eplerenone.....	3
Eprosartan.....	3
Epzicom.....	9
Escitalopram.....	6
Ethacrynic Acid.....	3
Etidronate.....	10
Everolimus.....	10
Evista.....	10
Evotaz.....	9
Exemestane.....	1
Exforge.....	3
Exforge HCT.....	3
Extavia.....	6
Ezallor Sprinkle.....	5
Ezetimibe.....	5

## F

Fanapt.....	6
Fareston.....	1
Farxiga.....	8
FazaClo.....	6
Felodipine ER.....	3
Femara.....	1
Fenofibrate 40, 48, 120 mg Tablet.....	5
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule.....	5
Fenofibrate 54, 145, 160 mg Tablet.....	5
Fenofibric Acid.....	5
Fenoglide.....	5
Fiasp, Fiasp FlexTouch.....	7
Fibracor.....	5
Flolipid.....	5
Flovent Diskus.....	11
Flovent HFA.....	11
Fluoxetine 10 mg, 20 mg Tablets.....	6
Fluoxetine 60 mg Tablets.....	6
Fluoxetine Capsules.....	6
Fluphenazine.....	6
Fluticasone/Salmeterol Diskus.....	11
Fluticasone/Salmeterol RespiClick.....	11
Fluvastatin.....	5
Fluvastatin ER.....	5
Fluvoxamine.....	6, 7
Fluvoxamine Extended-Release.....	7
Fondaparinux.....	1
Foradil.....	11
Fortamet.....	8
Forteo.....	10
Fortical.....	10
Fosamax.....	10
Fosamax Plus D.....	10
Fosamprenavir.....	9
Fosinopril.....	3
Fosinopril-Hydrochlorothiazide.....	3
Fragmin.....	1
Furosemide.....	3
Fuzeon.....	9

## G

Gastrocrom.....	11
Gemfibrozil.....	5
Gengraf.....	10
Genvoya.....	9
Geodon.....	6
Gilenya.....	6
glatiramer acetate.....	6



Glatopa.....	6
Glimepiride.....	8
Glipizide.....	8
Glipizide ER.....	8
Glipizide-Metformin.....	8
Glucophage.....	8
Glucophage XR.....	8
Glucotrol.....	8
Glucotrol XL.....	8
Glucovance.....	8
Glumetza.....	8
Glyburide.....	8
Glyburide Micronized.....	8
Glyburide-Metformin.....	8
Glynase.....	8
Glyset.....	8
Glyxambi.....	8
Guanfacine.....	3

## H

Haloperidol.....	6
Heparin.....	1
Humalog.....	7
Humalog Junior.....	7
Humalog Mix 50/50.....	7
Humalog Mix 75/25.....	7
Humulin 50/50.....	7
Humulin 70/30.....	7
Humulin N.....	7
Humulin R.....	7
Hydralazine.....	3
Hydrochlorothiazide.....	3
Hyzaar.....	3

## I

Ibandronate.....	10
Imuran.....	10
Incruse Ellipta.....	11
Indapamide.....	3
Inderal.....	3
Inderal LA.....	3
Inderal XL.....	3
Innopran XL.....	3
Inspra.....	3
Insulin Aspart.....	7
Insulin Aspart Protamine/ Insulin Aspart.....	7
Insulin Lispro.....	7
Insulin Lispro Jr.....	7

Insulin Lispro Protamine/Insulin Lispro 75/25.....	7
Insulin Needles/Syringes.....	7
Intelence.....	9
Invega.....	6
Invirase.....	9
Invokamet.....	8
Invokamet XR.....	8
Invokana.....	8
Ipratropium.....	11
Ipratropium/Albuterol.....	11
Irbesartan.....	3
Irbesartan - Hydrochlorothiazide.....	3
Isentress.....	9
Isentress HD.....	9
Isoptin SR.....	3
Isradipine.....	3

## J

Jantoven.....	1
Janumet.....	8
Janumet XR.....	8
Januvia.....	8
Jardiance.....	8
Jentaduetto.....	8
Jentaduetto XR.....	8
Juluca.....	9

## K

Kaletra.....	9
Kapspargo.....	3
Katerzia.....	3
Kazano.....	8
Kombiglyze XR.....	8

## L

Labetalol.....	3
Lamivudine.....	9
Lamivudine-Zidovudine.....	9
Lantus.....	7
Lasix.....	3
Latuda.....	6
Lescol.....	5
Lescol XL.....	5
Letrozole.....	1
Levalbuterol HFA.....	11
Levalbuterol Nebulized Solution.....	11
Levitol.....	3
Levemir.....	7
Lexapro.....	7

Lexiva.....	9
Lipitor.....	5
Lipofen.....	5
Lisinopril.....	3
Lisinopril-Hydrochlorothiazide.....	3
Livalo.....	5
Lofibra.....	5
Lonhala Magnair.....	11
Lopid.....	5
Lopinavir-Ritonavir.....	9
Lopressor.....	3
Lopressor HCT.....	3
Losartan.....	3
Losartan-Hydrochlorothiazide.....	3
Lotensin.....	3
Lotensin HCT.....	3
Lotrel.....	3
Lovastatin.....	5
Lovaza.....	5
Lovenox.....	1
Loxapine.....	6
Lufyllin.....	11
Lyumjev.....	7

## M

Matzim LA.....	3
Mavenclad.....	6
Mavik.....	3
Maxzide.....	4
Mayzent.....	6
Metaproterenol.....	11
Metformin.....	8
Metformin ER.....	8
Metformin Solution.....	8
Methyclothiazide.....	4
Methyldopa.....	4
Methyldopa-Hydrochlorothiazide.....	4
Metolazone.....	4
Metoprolol 37.5, 75 mg.....	4
Metoprolol Succinate.....	4
Metoprolol Tartrate.....	4
Metoprolol-Hydrochlorothiazide.....	4
Mevacor.....	5
Miacalcin.....	10
Micardis.....	4
Micardis HCT.....	4
Microzide.....	4
Midamor.....	4
Miglitol.....	8
Minipress.....	4



Minoxidil .....	4
Moexipril.....	4
Moexipril-Hydrochlorothiazide.....	4
Molindone .....	6
Montelukast .....	11
Mycophenolate .....	10
Mycophenolic Acid.....	10
Myfortic .....	10

## N

Nadolol .....	4
Nadolol-Bendroflumethazide .....	4
Nateglinide .....	8
Neoral .....	10
Nesina.....	8
Nevirapine .....	9
Nevirapine Extended-Release .....	9
Nexletol.....	5
Nexlizet .....	5
Niacin Extended-Release .....	5
Niacor .....	5
Niaspan .....	5
Nicardipine.....	4
Nifedipine .....	4
Nifedipine ER .....	4
Nimodipine.....	4
Nisoldipine .....	4
Norvasc .....	4
Norvir Tablet.....	9
Novolin 70/30.....	7
Novolin N.....	7
Novolin R.....	7
Novolog .....	7
Novolog Mix 70/30 .....	7

## O

Odefsey .....	9
Olanzapine .....	6
Olmesartan .....	4
Olmesartan-Hydrochlorothiazide.....	4
Omega-3 Acid Ethyl Esters.....	5
OneTouch Diabetic Meters.....	7
OneTouch Diabetic Test Strips.....	7
Onglyza .....	8
Oseni.....	8
Ozempic .....	8

## P

Paliperidone ER.....	6
Paroxetine .....	7

Paroxetine Extended-Release.....	7
Paxil .....	7
Paxil CR.....	7
Pediatric Fluoride Preparations .....	11
Perforomist .....	11
Perindopril.....	4
Perphenazine.....	6
Persantine .....	1
Pexeva .....	7
Pifeltro .....	9
Pindolol.....	4
Pioglitazone .....	8
Pioglitazone-Glimepiride .....	8
Pioglitazone-Metformin .....	8
Plavix.....	2
Plegridy.....	6
Pletal .....	2
Pradaxa .....	2
PrandiMet.....	8
Prandin .....	8
Prasugrel .....	2
Pravachol.....	5
Pravastatin .....	5
Prazosin.....	4
Precose .....	8
Prenatal Vitamins .....	11
Prestalia.....	4
Prevalite.....	5
Prezcobix.....	9
Prezista.....	9
Prinivil .....	4
ProAir Digihaler.....	11
ProAir HFA.....	10, 11
Proair RespiClick.....	11
Procardia .....	4
Procardia XL .....	4
Prograf.....	10
Propranolol .....	4
Propranolol-Hydrochlorothiazide.....	4
Proventil HFA .....	10, 11
Prozac.....	7
Pulmicort Flexhaler .....	11
Pulmicort Nebulized Solution.....	11

## Q

Qbrexelis .....	4
Qtern.....	8
Questran.....	5
Questran Light .....	5
Quetiapine.....	6

Quetiapine ER.....	6
Quinapril.....	4
Quinapril-Hydrochlorothiazide.....	4
QVAR Redihaler.....	11

## R

Raloxifene .....	10
Ramipril .....	4
Rapamune.....	10
Rebif .....	6
Repaglinide .....	8
Repaglinide-Metformin .....	8
Rescriptor.....	9
Reserpine.....	4
Retrovir .....	9
Rexulti.....	6
Reyataz.....	9
Riomet .....	8
Riomet ER .....	8
Risedronate.....	10
Risperdal .....	6
Risperidone.....	6
Ritonavir .....	9
Rosuvastatin .....	5
Rukobia .....	9
Rybelsus.....	8

## S

Sandimmune.....	10
Saphris .....	6
Savaysa .....	2
Sectral .....	4
Secuado .....	6
Segluromet.....	8
Selzentry.....	9
Serevent Diskus.....	11
Seroquel.....	6
Seroquel XR.....	6
Sertraline.....	7
Simvastatin.....	5
Simvastatin/Ezetimibe .....	5
Singular.....	11
Sirolimus.....	10
Soliqua.....	7
Soltamox .....	1
Spiriva HandiHaler.....	11
Spiriva Respimat .....	11
Spirolactone .....	4
Spirolactone- Hydrochlorothiazide .....	4



Starlix.....	8	Toprol XL.....	4	VoSpire ER.....	11
Stavudine.....	9	Toremifene.....	1	Vraylar.....	6
Steglatro.....	8	Torse mide.....	4	Vumerity.....	6
Steglujan.....	8	Toujeo.....	7	Vytorin.....	6
Stiolto Respimat.....	11	Tradjenta.....	8		
Stribild.....	9	Trandate.....	4	<b>W</b>	
Striverdi Respimat.....	11	Trandolapril.....	4	Warfarin.....	2
Sular.....	4	Trandolapril-Verapamil.....	4	Welchol.....	6
Sustiva.....	9	Trelegy Ellipta.....	11		
Symbicort.....	11	Tresiba.....	7	<b>X</b>	
Symfi.....	9	Triamterene.....	4	Xarelto.....	2
Symfi Lo.....	9	Triamterene-Hydrochlorothiazide.....	4	Xigduo XR.....	8
SymlinPen.....	8	Tribenzor.....	5	Xopenex HFA.....	11
Symtuza.....	9	Tricor.....	5	Xopenex Nebulized Solution.....	11
Synjardy.....	8	Trifluoperazine.....	6	Xultophy.....	8
Synjardy XR.....	8	Triglide.....	5		
		Trijardy XR.....	8	<b>Y</b>	
<b>T</b>		Trilipix.....	5	Yupelri.....	11
Tacrolimus.....	10	Triumeq.....	9		
Tamoxifen.....	1	Trizivir.....	9	<b>Z</b>	
Tarka.....	4	Trulicity.....	8	Zafirlukast.....	11
Taztia XT.....	4	Truvada.....	9	Zaroxolyn.....	5
Tecfidera.....	6	Tudorza Pressair.....	11	Zebeta.....	5
Tekturna.....	4	Twynsta.....	5	Zeposia.....	6
Tekturna HCT.....	4	Tymlos.....	10	Zerit.....	10
Telmisartan.....	4			Zestoretic.....	5
Telmisartan-Amlodipine.....	4	<b>U</b>		Zestril.....	5
Telmisartan-Hydrochlorothiazide.....	4	Uniretic.....	5	Zetia.....	6
Temixys.....	9	Univasc.....	5	Ziac.....	5
Tenex.....	4			Ziagen.....	10
Tenofovir.....	9	<b>V</b>		Zidovudine.....	10
Tenoretic.....	4	Valsartan.....	5	Ziprasidone.....	6
Tenormin.....	4	Valsartan-Hydrochlorothiazide.....	5	Zocor.....	6
Terazosin.....	4	Vascepa.....	6	Zoloft.....	7
Terbutaline.....	11	Vaseretic.....	5	Zontivity.....	2
Teriparatide.....	10	Vasotec.....	5	Zortress.....	10
Teveten.....	4	Ventolin HFA.....	10, 11	Zyflo.....	11
Teveten HCT.....	4	Verapamil.....	5	Zyflo CR.....	11
Thalitone.....	4	Verapamil ER.....	5	Zypitomag.....	6
Theo-24.....	11	Verelan.....	5	Zyprexa.....	6
Theophylline.....	11	Verelan PM.....	5		
Theophylline/Guaifenesin.....	11	Versacloz.....	6		
Thioridazine.....	6	Victoza.....	8		
Thiothixene.....	6	Videx.....	9		
Tiazac.....	4	Videx EC.....	9		
Ticlopidine.....	2	Viracept.....	9		
Timolol.....	4	Viramune.....	9		
Tivicay.....	9	Viramune XR.....	9		
Tivicay PD.....	9	Viread.....	10		
Tolbutamide.....	8	Viteka.....	10		





# Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll free **1-800-368-1019**, **1-800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



## Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'izíí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

## Learn more



Call the toll-free phone number on your health plan ID card to speak with a Customer Service representative.



Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

**United  
Healthcare**

If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [myuhc.com](https://myuhc.com) for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.

10/20 ©2021 United HealthCare Services, Inc. WF3273499-E\_2021 Preventive Expanded List