











Therapeutic Drug Classes	Requirements & Limits
<b>Tricor</b>	E
<b>Triglide</b>	E
<b>Trilipix</b>	E
<b>Vascepa</b>	
<b>Vytorin</b>	E
<b>Welchol</b>	
<b>Zetia</b>	E
<b>Zocor</b>	
<b>Zypitamag</b>	E
<b>Immunosuppressant: Organ Rejection</b>	
<b>Astagraf XL</b>	E
<b>Azasan</b>	
Azathioprine	
<b>Cellcept</b>	E
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>	E
<b>Rapamune</b>	E
<b>Sandimmune</b>	E
Sirolimus	
Tacrolimus	
<b>Zortress</b>	

Therapeutic Drug Classes	Requirements & Limits
<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	
<b>Evista</b>	E
<b>Forteo</b>	
<b>Fortical</b>	
<b>Fosamax</b>	
<b>Fosamax Plus D</b>	
Ibandronate	
<b>Miacalcin</b>	
Raloxifene	
Risedronate	
<b>Teriparatide</b>	E
<b>Tymlos</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]

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

\*Coverage is provided for oral formulations



Exforge.....	3
Exforge HCT.....	3
Ezallor Sprinkle.....	5
Ezetimibe.....	5

## F

Fareston.....	1
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
Fibricor.....	5
Flolipid.....	5
Fluvastatin.....	5
Fluvastatin ER.....	5
Fondaparinux.....	2
Forteo.....	6
Fortical.....	6
Fosamax.....	6
Fosamax Plus D.....	6
Fosinopril.....	3
Fosinopril-Hydrochlorothiazide.....	3
Fragmin.....	2
Furosemide.....	3

## G

Gemfibrozil.....	5
Gengraf.....	6
Guanfacine.....	3

## H

Heparin.....	2
Hydralazine.....	3
Hydrochlorothiazide.....	3
Hyzaar.....	3

## I

Ibandronate.....	6
Imuran.....	6
Indapamide.....	3
Inderal.....	3
Inderal LA.....	3
Innopran XL.....	3
Inspra.....	3
Irbesartan.....	3

Irbesartan-Hydrochlorothiazide.....	3
Isoptin SR.....	3
Isradipine.....	3

## J

Jantoven.....	2
---------------	---

## K

Kapsargo.....	3
Katerzia.....	3

## L

Labetalol.....	3
Lasix.....	3
Lescol.....	5
Lescol XL.....	5
Letrozole.....	1
Levitol.....	3
Lipitor.....	5
Lipofen.....	5
Lisinopril.....	3
Lisinopril-Hydrochlorothiazide.....	3
Livalo.....	5
Lofibra.....	5
Lopid.....	5
Lopressor.....	3
Lopressor HCT.....	3
Losartan.....	3
Losartan-Hydrochlorothiazide.....	3
Lotensin.....	4
Lotensin HCT.....	4
Lotrel.....	4
Lovastatin.....	5
Lovaza.....	5
Lovenox.....	2

## M

Matzim LA.....	4
Mavik.....	4
Maxzide.....	4
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.....	6

Micardis.....	4
Micardis HCT.....	4
Microzide.....	4
Midamor.....	4
Minipress.....	4
Minoxidil.....	4
Moexipril.....	4
Moexipril-Hydrochlorothiazide.....	4
Mycophenolate.....	6
Mycophenolic Acid.....	6
Myfortic.....	6

## N

Nadolol.....	4
Nadolol-Bendroflumethazide.....	4
Neoral.....	6
Niacin Extended-Release.....	5
Niacor.....	5
Niaspan.....	5
Nicardipine.....	4
Nifedipine.....	4
Nifedipine ER.....	4
Nimodipine.....	4
Nisoldipine.....	4
Norvasc.....	4

## O

Olmesartan.....	4
Olmesartan-Hydrochlorothiazide.....	4
Omega-3 Acid Ethyl Esters.....	5

## P

Pediatric Fluoride Preparations.....	6
Perindopril.....	4
Persantine.....	2
Pindolol.....	4
Plavix.....	2
Pletal.....	2
Pradaxa.....	2
Prasugrel.....	2
Pravachol.....	5
Pravastatin.....	5
Prazosin.....	4
Prenatal Vitamins.....	6
Prestalia.....	4
Prevalite.....	5
Prinivil.....	4
Procardia.....	4
Procardia XL.....	4
Prograf.....	6



Propranolol..... 4  
 Propranolol-Hydrochlorothiazide ..... 4

**Q**

Qbrelis ..... 4  
 Questran ..... 5  
 Questran Light..... 5  
 Quinapril ..... 4  
 Quinapril-Hydrochlorothiazide ..... 4

**R**

Raloxifene..... 6  
 Ramipril ..... 4  
 Rapamune..... 6  
 Reserpine ..... 4  
 Risedronate..... 6  
 Rosuvastatin ..... 5

**S**

Sandimmune ..... 6  
 Savaysa ..... 2  
 Sectral ..... 4  
 Simvastatin ..... 5  
 Simvastatin/Ezetimibe..... 5  
 Simvastatin Suspension ..... 5  
 Sirolimus ..... 6  
 Soltamox..... 1  
 Spironolactone ..... 4  
 Spironolactone-Hydrochlorothiazide... 4  
 Sular..... 4

**T**

Tacrolimus ..... 6  
 Tamoxifen ..... 1  
 Tarka ..... 4  
 Taztia XT ..... 4  
 Tekturna ..... 4  
 Tekturna HCT ..... 4  
 Telmisartan..... 4  
 Telmisartan-Amlodipine ..... 4  
 Telmisartan-Hydrochlorothiazide..... 4  
 Tenex ..... 4  
 Tenoretic ..... 4  
 Tenormin..... 4  
 Terazosin..... 4  
 Teriparatide ..... 6  
 Teveten ..... 4  
 Teveten HCT ..... 4  
 Thalitone ..... 4  
 Tiazac ..... 4  
 Ticlopidine..... 2

Timolol..... 4  
 Toprol XL..... 4  
 Toremifene ..... 1  
 Torsemide..... 4  
 Trandate ..... 5  
 Trandolapril ..... 5  
 Trandolapril-Verapamil ..... 5  
 Triamterene ..... 5  
 Triamterene-Hydrochlorothiazide..... 5  
 Tribenzor ..... 5  
 Tricor ..... 6  
 Triglide..... 6  
 Trilipix..... 6  
 Twynsta ..... 5  
 Tymlos ..... 6

**U**

Uniretic ..... 5  
 Univasc..... 5

**V**

Valsartan ..... 5  
 Valsartan-Hydrochlorothiazide..... 5  
 Vascepa ..... 6  
 Vaseretic ..... 5  
 Vasotec..... 5  
 Verapamil..... 5  
 Verapamil ER ..... 5  
 Verelan ..... 5  
 Verelan PM..... 5  
 Vytorin ..... 6

**W**

Warfarin..... 2  
 Welchol ..... 6

**X**

Xarelto ..... 2

**Z**

Zaroxolyn ..... 5  
 Zebeta ..... 5  
 Zestoretic..... 5  
 Zestril ..... 5  
 Zetia ..... 6  
 Ziac..... 5  
 Zocor ..... 6  
 Zontivity..... 2  
 Zortress..... 6  
 Zypitamag..... 6

# 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 its 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

**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 xov tooj 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 kenyan. 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 shqoqdí 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.

