

# No cost medications

You can count on covered $0 prescriptions to help keep care affordable with your UnitedHealthcare Individual & Family plan.

Questions? Call the number on your health plan ID or visit **myuhc.com/exchange** for 24/7 assistance.

Applies to the following states*: AL, AZ, CO, FL, GA, IA, IL, IN, KS, LA, MD, MI, MO, MS, NC, NE, NJ, NM, NY, OH, OK, SC, TN, TX, VA, WA, WI, and WY

United Healthcare®

Your UnitedHealthcare Individual & Family plan covers certain medications at no cost to you when filled at a network pharmacy. Even if your plan has a deductible and you haven't met it, your cost-share is still $0. Requirements and restrictions such as quantity limits may apply.

# Covered medication list

## Allergic reactions

| |
|---|
| EPINEPHRINE (GENERIC EPIPEN, GENERIC EPIPEN JR.) |

## Asthma

| |
|---|
| ALBUTEROL HFA |
| ALBUTEROL NEBULIZED SOLUTION (0.083%, 0.5%, 0.63MG/3ML, 1.25MG/3ML) |
| VENTOLIN HFA |

## Diabetes – blood glucose monitors & supplies

| |
|---|
| ACCU-CHEK® GUIDE MONITOR |
| ACCU-CHEK® GUIDE ME MONITOR |
| CONTOUR® NEXT MONITOR |
| CONTOUR® NEXT EZ MONITOR |
| CONTOUR® NEXT GEN MONITOR |
| CONTOUR® NEXT ONE MONITOR |
| CONTOUR® PLUS BLUE MONITOR |
| ACCU-CHEK® GUIDE TEST STRIPS |
| CONTOUR® NEXT TEST STRIPS |
| CONTOUR® PLUS TEST STRIPS |

## Diabetes – hypoglycemia (low blood sugar) medications

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|---|
| BAQSIMI |
| GLUCAGON (GENERIC GLUCAGON KIT) |
| GVOKE (HYPOPEN, KIT, PFS) |

## Diabetes – oral medications

| |
|---|
| GLIMEPIRIDE TAB (1MG, 2MG, 4MG) |
| GLIPIZIDE TAB (2.5MG, 5MG, 10MG) |
| GLIPIZIDE ER TAB (2.5MG, 5MG, 10MG) |
| METFORMIN TAB (500MG, 850MG, 1000MG) |
| METFORMIN ER TAB (500MG ER, 1000MG ER) |
| PIOGLITAZONE TAB (15MG, 30MG, 45MG) |



## Diabetes – insulin

| |
|---|
| BASAGLAR KWIKPEN INJECTION 100UNIT |
| HUMALOG CARTRIDGE 100UNIT |
| HUMALOG JR. KWIKPEN 100UNIT |
| HUMALOG KWIK INJECTION (100UNIT, 200UNIT) |
| HUMALOG MIX INJECTION (50/50, 50/50KWP, 75/25KWP) |
| HUMALOG MIX SUSPENSION 75/25 |
| HUMULIN INJECTION (70/30, 70/30KWP) |
| HUMULIN N INJECTION (100UNIT, 100KWP) |
| HUMULIN R INJECTION (100UNIT, 500KWP, 500UNIT |
| INSULIN ASPART INJECTION 70/30 |
| INSULIN LISPRO INJECTION (100UNIT, 100KWP) |
| INSULIN LISPRO JR.. KWIKPEN |
| INSULIN LISPRO PROTAMINE KWIKPEN |
| NOVOLOG INJECTION (FLEXPEN, FLEXPEN RELION, PENFILL) |
| NOVOLOG MIX INJECTION (70/30, FLEXPEN RELION, FLEXPEN, RELION INJECTION 70/30) |
| REZVOGLAR KWIKPEN INJECTION 100UNIT |
| TRESIBA FLEX INJECTION (100UNIT, 200UNIT) |
| TRESIBA INJECTION 100UNIT |

## Diabetes – insulin administration supplies and aids

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|---|
| AUTOPEN MIS 1-21 UNIT |
| COUNT-A-DOSE |
| NOVOPEN ECHO |

## Diabetes – other supplies

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|---|
| ALCOHOL PREP PADS |
| CONTROL SOLUTIONS |
| HYDROGEN PEROXIDE 3% |
| LANCETS AND DEVICES |
| RUBBING ALCOHOL 70% |
| SHARPS CONTAINER |
| URINE TEST STRIPS (ACETONE, ALBUMIN, GLUCOSE, AND KETONES) |



## Heart – high blood pressure

| |
|---|
| AMLODIPINE TAB (2.5MG, 5MG, 10MG) |
| CARVEDILOL TAB (3.125MG, 6.25MG, 12.5MG, 25MG) |
| FUROSEMIDE TAB (20MG, 40MG, 80MG) |
| HYDROCHLOROTHIAZIDE CAP (12.5MG, 25MG, 50MG) |
| LISINOPRIL/HYDROCHLOROTHIAZIDE TAB (10-12.5MG, 20-12.5MG, 20-25MG) |
| LISINOPRIL TAB (2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG) |
| LOSARTAN TAB (25MG, 50MG, 100MG) |
| LOSARTAN/HYDROCHLOROTHIAZIDE TAB (50-12.5MG, 100-12.5MG, 100-25MG) |
| METOPROLOL SUCCINATE TAB (25MG ER, 50MG ER, 100MG ER, 200MG ER) |
| METOPROLOL TARTRATE TAB (25MG, 50MG, 100MG) |

## Heart – high cholesterol medications

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|---|
| ATORVASTATIN TAB (10MG, 20MG, 40MG, 80MG) |
| SIMVASTATIN TAB (5MG, 10MG, 20MG, 40MG, 80MG) |

## Opioid overdose

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|---|
| NARCAN NASAL SPRAY |
| NALOXONE NASAL SPRAY |
| REXTOVY NASAL SPRAY |

## Mental health

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|---|
| CITALOPRAM TAB (10 MG, 20 MG, 40 MG) |
| ESCITALOPRAM TAB (5 MG, 10 MG, 20 MG) |
| FLUOXETINE CAP (10 MG, 20 MG, 40 MG) |
| SERTRALINE TAB (25 MG, 50 MG, 100 MG) |





# Where can I get more information about pharmacy drug coverage and costs?

Applicable coverage rules or limits such as quantity limits may apply. To find if your medication has these coverage rules, view your Prescription Drug List (PDL) at **myuhc.com/exchange**. You can also call the phone number on your health plan ID. Health care providers can visit **uhcprovider.com/exchange**.

United Healthcare®

*Refer to your benefit plan materials to determine your coverage for medications and cost share. Where differences are noted, the benefit plan documents will govern.
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