



2019 Preventive Drug List for Consumer Driven Health Plans Expanded List

Effective January 1, 2019

This document is a list of **Preventive Medications** that may be covered under your benefit plan. If your plan includes these Preventive Medications, your insurance benefit is applied before you meet your deductible for the below drugs.

Some medications may have additional requirements or limits depending on your benefit plan and are noted below. To confirm your plan coverage for a specific drug, please view your plan benefits on the member website or call the toll-free phone number on your health plan ID card. This list is intended as a reference and may not be all-inclusive. Brand or generic availability may not be current due to changes in the market.

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

Therapeutic Drug Classes	Requirements & Limits
Brilinta	
Cilostazol	
Clopidogrel	
Coumadin	
Dipyridamole	
Effient	E
Eliquis	
Enoxaparin	
Fondaparinux	
Fragmin	
Heparin	
Jantoven	
Lovenox	
Persantine	
Plavix	E

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

*Coverage is provided for oral formulations

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

Therapeutic Drug Classes	Requirements & Limits
Azor	E
Benazepril	
Benazepril-Hydrochlorothiazide	
Benicar	E
Benicar HCT	E
Betaxolol*	
Bidil	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
Bystolic	
Byvalson	
Calan	
Calan SR	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
Cardene SR	
Cardizem	E
Cardizem CD	E
Cardizem LA	E
Cardura	
Carospir	
Cartia XT	
Carvedilol	
Carvedilol ER	E
Catapres	
Catapres TTS	
Chlorothiazide	
Clonidine	
Clonidine Patch	
Clorpress	
Coreg	

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Therapeutic Drug Classes	Requirements & Limits
Coreg CR	E
Corgard	
Corzide	
Covera HS	
Cozaar	
Demadex	
Dilacor XR	
Dilt CD	
Dilt XR	
Diltia XT	
Diltiazem	
Diltiazem ER	
Diltzac ER	
Diovan	E
Diovan HCT	E
Diuril	
Doxazosin	
Dutoprol	E
Dyazide	
Dynacirc CR	
Dyrenium	
Edarbi	
Edarbyclor	
Edecrin	
Enalapril	
Enalapril-Hydrochlorothiazide	
Epaned	
Eplerenone	
Eprosartan	
Ethacrynic Acid	
Exforge	E
Exforge HCT	E
Felodipine ER	
Fosinopril	

Therapeutic Drug Classes	Requirements & Limits
Fosinopril-Hydrochlorothiazide	
Furosemide	
Guanfacine	
Hydralazine	
Hydrochlorothiazide	
Hyzaar	
Indapamide	
Inderal	
Inderal LA	E
Innopran XL	
Inspra	
Irbesartan	
Irbesartan - Hydrochlorothiazide	
Isoptin SR	
Isradipine	
Kapspargo	E
Labetalol	
Lasix	
Levatol	
Lisinopril	
Lisinopril-Hydrochlorothiazide	
Lopressor	
Lopressor HCT	
Losartan	
Losartan-Hydrochlorothiazide	
Lotensin	
Lotensin HCT	
Lotrel	
Matzim LA	
Mavik	
Maxzide	
Methyclothiazide	
Methyldopa	
Methyldopa-Hydrochlorothiazide	

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

Therapeutic Drug Classes	Requirements & Limits
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
Sectral	
Spironolactone	
Spironolactone-Hydrochlorothiazide	
Sular	
Tarka	
Taztia XT	
Tekturna	
Tekturna HCT	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
Tenex	
Tenoretic	E
Tenormin	E
Terazosin	
Teveten	
Teveten HCT	
Thalitone	
Tiazac	
Timolol *	
Toprol XL	
Torsemide	
Trandate	
Trandolapril	
Trandolapril-Verapamil	
Triamterene-Hydrochlorothiazide	
Tribenzor	E
Twynsta	E
Uniretic	
Univasc	
Valsartan	

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

Therapeutic Drug Classes	Requirements & Limits
Fluvastatin ER	
Gemfibrozil	
Lescol	
Lescol XL	E
Lipitor	E
Lipofen	E
Livalo	E
Lofibra	E
Lopid	
Lovastatin	
Lovaza	E
Mevacor	
Niacin Extended-Release	
Niacor	
Niaspan	
Omega-3 Acid Ethyl Esters	
Pravachol	
Pravastatin	
Prevalite	
Questran	
Questran Light	
Rosuvastatin	
Simvastatin	
Simvastatin/Ezetimibe	
Tricor	E
Triglide	E
Trilipix	E
Vascepa	
Vytorin	E
Welchol	
Zetia	E
Zocor	
Zypitamag	E

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Therapeutic Drug Classes	Requirements & Limits
Central Nervous System: Mental Health	
Abilify	E
Aripiprazole	
Chlorpromazine	
Clozapine	
Clozaril	
Fanapt	
FazaClo	
Fluphenazine	
Geodon	E
Haloperidol	
Invega	E
Latuda	
Loxapine	
Molindone	
Olanzapine	
Paliperidone ER	
Perphenazine	
Quetiapine	
Quetiapine ER	
Rexulti	
Risperdal	E
Risperidone	
Saphris	
Seroquel	E
Seroquel XR	E
Thioridazine	
Thiothixene	
Trifluoperazine	
Vraylar	
Versacloz	E
Ziprasidone	
Zyprexa	E

Therapeutic Drug Classes	Requirements & Limits
Central Nervous System: Multiple Sclerosis	
Aubagio	
Avonex	
Betaseron	
Copaxone	E
Extavia	E
Gilenya	
glatiramer acetate [Mylan only (generic Copaxone)]	
Glatopa	E
Plegridy	
Rebif	
Tecfidera	
Diabetes: Diabetic Supplies	
Contour Next EZ Meters	
Contour Next Meters	
Contour Next One Meters	
Contour Next Test Strips	
Diabetic Testing - Lancets	
Insulin Needles/Syringes	
OneTouch Diabetic Meters	
OneTouch Diabetic Test Strips	
Diabetes: Insulin	
Admelog, Admelog SoloStar	E
Afrezza	E
Apidra, Apidra SoloStar	E
Basaglar	
Fiasp, Fiasp FlexTouch	E
Humalog	
Humalog Junior	
Humalog Mix 50/50	
Humalog Mix 75/25	
Humulin 50/50	
Humulin 70/30	

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Therapeutic Drug Classes	Requirements & Limits
Humulin N	
Humulin R	
Lantus	E
Levemir	
Novolin 70/30	E
Novolin N	E
Novolin R	E
Novolog	E
Novolog Mix 70/30	E
Soliqua	
Toujeo	E
Tresiba	
Diabetes: Non-Insulin	
Acarbose	
ACTOplus Met	
ACTOplus Met XR	
Actos	E
Adlyxin	
Alogliptin	E
Alogliptin-Metformin	E
Alogliptin-Pioglitazone	E
Amaryl	
Avandia	
Bydureon	
Bydureon BCise	
Byetta	
Cycloset	
Diabeta	
Duetact	
Farxiga	E
Fortamet	E
Glimepiride	
Glipizide	
Glipizide ER	

Therapeutic Drug Classes	Requirements & Limits
Glipizide-Metformin	
Glucophage	
Glucophage XR	
Glucotrol	
Glucotrol XL	
Glucovance	
Glumetza	E
Glyburide	
Glyburide Micronized	
Glyburide-Metformin	
Glynase	
Glyset	
Glyxambi	
Invokamet	
Invokamet XR	
Invokana	
Janumet	
Janumet XR	
Januvia	
Jardiance	
Jentadueto	
Jentadueto XR	
Kazano	
Kombiglyze XR	
Metformin	
Metformin ER (generic Fortamet)	E
Metformin ER (generic Glucophage XR)	
Metformin ER (generic Glumetza)	E
Miglitol	
Nateglinide	
Nesina	
Onglyza	
Oseni	
Ozempic	

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Therapeutic Drug Classes	Requirements & Limits
Pioglitazone	
Pioglitazone-Glimepiride	
Pioglitazone-Metformin	
PrandiMet	
Prandin	
Precose	
Qtern	E
Repaglinide	
Repaglinide-Metformin	
Riomet	
Segluromet	E
Starlix	
Steglatro	E
Steglujan	E
SymlinPen	
Synjardy	
Synjardy XR	
Tolbutamide	
Tradjenta	
Trulicity	
Victoza	
Xigduo XR	E
Xultophy	E
HIV	
Abacavir	
Abacavir-Lamivudine	
Abacavir-Lamivudine-Zidovudine	
Aptivus	
Atazanavir	
Atripla	E
Biktarvy	
Cimduo	
Combivir	
Complera	

Therapeutic Drug Classes	Requirements & Limits
Crixivan	
Descovy	
Didanosine	
Edurant	
Efavirenz	
Emtriva	
Epivir	
Epzicom	E
Evotaz	
Fosamprenavir	
Fuzeon	
Genvoya	
Intelence	
Invirase	
Isentress	
Isentress HD	
Juluca	
Kaletra	
Lamivudine	
Lamivudine-Zidovudine	
Lexiva	
Lopinavir-Ritonavir	
Nevirapine	
Nevirapine Extended-Release	E
Norvir Tablet	E
Odefsey	
Prezcobix	
Prezista	
Rescriptor	
Retrovir	
Reyataz	E
Ritonavir	
Selzentry	
Stavudine	

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Therapeutic Drug Classes	Requirements & Limits
Stribild	
Sustiva	
Symfi	
Symfi Lo	
Symtuza	E
Tenofovir	
Tivicay	
Triumeq	
Trizivir	
Truvada	
Videx	
Videx EC	
Viracept	
Viramune	E
Viramune XR	E
Viread	E
Viteka	
Zerit	
Ziagen	
Zidovudine	
Immunosuppressant: Organ Rejection	
Astagraf XL	E
Azasan	
Azathioprine	
Cellcept E	
Cyclosporine	
Envarsus XR	E
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	E

Therapeutic Drug Classes	Requirements & Limits
Rapamune	E
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	
Musculoskeletal: Osteoporosis	
Actonel	
Alendronate	
Atelvia	E
Binosto	E
Boniva	
Calcitonin (salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	
Fortical	
Fosamax	
Fosamax Plus D	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Tymlos	
Respiratory: Asthma/COPD	
Accolate	
Accuneb	
Advair Diskus	
Advair HFA	
AirDuo RespiClick	E
Albuterol Nebulized Solution	
Albuterol Oral Tablet	
Alvesco	
Aminophylline	

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Therapeutic Drug Classes	Requirements & Limits
Anoro Ellipta	
Arcapta Neohaler	
ArmonAir RespiClick	E
Arnuity Ellipta	
Asmanex HFA	
Asmanex Twisthaler	
Atrovent HFA	
Bevespi Aerosphere	
Breo Ellipta	
Brovana	
Budesonide Nebulized Solution	
Combivent Respimat	
Cromolyn	
Daliresp	
Dulera	E
Duoneb	
Elixophyllin	
Flovent Diskus	
Flovent HFA	
Fluticasone/Salmeterol RespiClick	
Foradil	
Gastrocrom	
Incruse Ellipta	
Ipratropium	
Ipratropium/Albuterol	
Levalbuterol HFA	
Levalbuterol Nebulized Solution	E
Lonhala Magnair	
Lufyllin	
Metaproterenol	
Montelukast	
Perforomist	
Proair HFA	

Therapeutic Drug Classes	Requirements & Limits
Proair RespiClick	
Proventil HFA	
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	
QVAR Redihaler	
Seebri NeoHaler	
Serevent Diskus	
Singulair	E
Spiriva HandiHaler	
Spiriva Respimat	
Stiolto Respimat	E
Striverdi Respimat	
Symbicort	
Terbutaline	
Theo-24	
Theophylline	
Theophylline/Guaifenesin	
Trelegy Ellipta	
Tudorza Pressair	
Utibron NeoHaler	E
Ventolin HFA	
VoSpire ER	
Xopenex HFA	
Xopenex Nebulized Solution	E
Zafirlukast	
Zyflo	
Zyflo CR	
Vitamins	
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	

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Index

A

Abacavir	8
Abacavir-Lamivudine	8
Abacavir-Lamivudine-Zidovudine	8
Abilify	6
Acarbose	7
Accolate	9
Accuneb.....	9
Accupril.....	2
Accuretic.....	2
Acebutolol	2
Aceon	2
Actonel	9
ACTOplus Met.....	7
ACTOplus Met XR	7
Actos.....	7
Adalat CC	2
Adlyxin.....	7
Admelog, Admelog SoloStar.....	6
Advair Diskus.....	9
Advair HFA.....	9
Afeditab.....	2
Afrezza.....	6
Aggrenox	1
AirDuo RespiClick	9
Albuterol Nebulized Solution	9
Albuterol Oral Tablet.....	9
Aldactazide	2
Aldactone	2
Alendronate.....	9
Alogliptin	7
Alogliptin-Metformin	7
Alogliptin-Pioglitazone.....	7
Altace.....	2
Altoprev	5
Alvesco.....	9
Amaryl	7
Amiloride.....	2
Amiloride-Hydrochlorothiazide	2
Aminophylline.....	9
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	6
Aptivus.....	8
Arcapta Neohaler	10
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.....	9
Atacand.....	2
Atacand HCT	2
Atazanavir.....	8
Atelvia	9
Atenolol	2
Atenolol-Chlorthalidone	2
Atorvastatin	5
Atripla.....	8
Atrovent HFA.....	10
Aubagio.....	6
Avalide.....	2
Avandia.....	7
Avapro	2
Avonex.....	6
Azasan.....	9
Azathioprine.....	9
Azor.....	2

B

Basaglar	6
Benazepril	2
Benazepril-Hydrochlorothiazide	2
Benicar	2
Benicar HCT	2
Betaseron	6
Betaxolol	2
Bevespi Aerosphere.....	10
Bevyxxa.....	1
Bidil	2
Biktarvy	8
Binosto	9

Bisoprolol.....	2
Bisoprolol-Hydrochlorothiazide	2
Boniva.....	9
Breo Ellipta	10
Brilinta.....	1
Brovana.....	10
Budesonide Nebulized Solution	10
Bumetanide.....	2
Bydureon	7
Bydureon BCise.....	7
Byetta	7
Bystolic.....	2
Byvalson	2

C

Calan.....	2
Calan SR.....	2
Calcitonin (salmon).....	9
Candesartan	2
Candesartan-Hydrochlorothiazide.....	2
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
Cellcept E	9
Chlorothiazide	2
Chlorpromazine	6
Cholestyramine.....	5
Cholestyramine Light	5
Choline Fenofibrate.....	5
Cilostazol	1
Cimduo.....	8
Clonidine.....	2
Clonidine Patch.....	2
Clopidogrel.....	1
Clorpress	2
Clozapine.....	6
Clozaril.....	6

Colesevelam Tablets, Powder for Suspension	5	Dynacirc CR.....	3	Flovent HFA.....	10	
Colestid.....	5	Dyrenium	3	Fluphenazine	6	
Colestipol.....	5	E			Fluticasone/Salmeterol RespiClick....	10
Combivent Respimat.....	10	Edarbi	3	Fluvastatin	5	
Combivir.....	8	Edarbyclor	3	Fluvastatin ER.....	5	
Complera.....	8	Edecrin	3	Fondaparinux.....	1	
Contour Next EZ Meters.....	6	Edurant.....	8	Foradil.....	10	
Contour Next Meters	6	Efavirenz.....	8	Fortamet	7	
Contour Next One Meters	6	Effient.....	1	Forteo	9	
Contour Next Test Strips	6	Eliquis	1	Fortical.....	9	
Copaxone.....	6	Elixophyllin.....	10	Fosamax	9	
Coreg.....	2, 3	Emtriva	8	Fosamax Plus D.....	9	
Coreg CR.....	3	Enalapril	3	Fosamprenavir.....	8	
Corgard.....	3	Enalapril-Hydrochlorothiazide.....	3	Fosinopril	3	
Corzide.....	3	Enoxaparin	1	Fosinopril-Hydrochlorothiazide.....	3	
Coumadin.....	1	Envarsus XR.....	9	Fragmin	1	
Covera HS	3	Epaned.....	3	Furosemide	3	
Cozaar	3	Epivir	8	Fuzeon.....	8	
Crestor.....	5	Eplerenone.....	3	G		
Crixivan	8	Eprosartan.....	3	Gastrocrom	10	
Cromolyn	10	Epzicom	8	Gemfibrozil.....	5	
Cycloset	7	Ethacrynic Acid	3	Gengraf	9	
Cyclosporine.....	9	Etidronate	9	Genvoya	8	
D			Evista	Geodon	6	
Daliresp	10	Evotaz.....	8	Gilenya.....	6	
Demadex	3	Exemestane	1	glatiramer acetate.....	6	
Descovy	8	Exforge.....	3	Glatopa.....	6	
Diabeta.....	7	Exforge HCT	3	Glimepiride.....	7	
Diabetic Testing - Lancets	6	Extavia.....	6	Glipizide	7	
Didanosine	8	Ezetimibe.....	5	Glipizide ER.....	7	
Didronel.....	9	F			Glipizide-Metformin.....	7
Dilacor XR.....	3	Fanapt.....	6	Glucophage	7	
Dilt CD	3	Fareston	1	Glucophage XR.....	7	
Dilt XR.....	3	Farxiga.....	7	Glucotrol	7	
Diltia XT.....	3	FazaClo.....	6	Glucotrol XL	7	
Diltiazem	3	Felodipine ER	3	Glucovance	7	
Diltiazem ER.....	3	Femara	1	Glumetza	7	
Diltzac ER	3	Fenofibrate 40, 48, 120, 145 mg Tablet.....	5	Glyburide	7	
Diovan.....	3	Fenofibrate 43, 50 , 67,130, 134, 150, 200 mg Capsule.....	5	Glyburide Micronized	7	
Diovan HCT.....	3	Fenofibrate 54, 160 mg Tablet.....	5	Glyburide-Metformin.....	7	
Dipyridamole.....	1	Fenofibric Acid	5	Glynase	7	
Diuril.....	3	Fenoglide.....	5	Glyset.....	7	
Doxazosin	3	Fiasp, Fiasp FlexTouch.....	6	Glyxambi.....	7	
Duetact.....	7	Fibracor	5	Guanfacine.....	3	
Dulera	10	Flolipid	5	H		
Duoneb	10	Flovent Diskus	10	Haloperidol.....	6	
Dutoprol	3			Heparin.....	1	
Dyazide	3			Humalog	6	

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

I

Ibandronate.....	9
Imuran	9
Incruse Ellipta	10
Indapamide	3
Inderal.....	3
Inderal LA	3
Innopran XL.....	3
Inspra.....	3
Insulin Needles/Syringes.....	6
Intelence	8
Invega	6
Invirase	8
Invokamet	7
Invokamet XR	7
Invokana.....	7
Ipratropium.....	10
Ipratropium/Albuterol	10
Irbesartan	3
Irbesartan - Hydrochlorothiazide	3
Isentress.....	8
Isentress HD	8
Isoptin SR	3
Isradipine	3

J

Jantoven.....	1
Janumet	7
Janumet XR	7
Januvia	7
Jardiance	7
Jentadueto	7
Jentadueto XR.....	7
Juluca	8

K

Kaletra	8
Kapspargo.....	3
Kazano	7

Kombiglyze XR.....	7
--------------------	---

L

Labetalol	3
Lamivudine.....	8
Lamivudine-Zidovudine	8
Lantus.....	7
Lasix.....	3
Latuda	6
Lescol	5
Lescol XL.....	5
Letrozole	1
Levalbuterol HFA	10
Levalbuterol Nebulized Solution.....	10
Levator	3
Levemir.....	7
Lexiva.....	8
Lipitor.....	5
Lipofen	5
Lisinopril.....	3
Lisinopril-Hydrochlorothiazide	3
Livalo.....	5
Lofibra	5
Lonhala Magnair.....	10
Lopid.....	5
Lopinavir-Ritonavir.....	8
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	10

M

Matzim LA	3
Mavik	3
Maxzide.....	3
Metaproterenol.....	10
Metformin	7
Metformin ER.....	7
Methyclothiazide.....	3
Methyldopa	3
Methyldopa-Hydrochlorothiazide.....	3
Metolazone.....	4

Metoprolol 37.5, 75 mg.....	4
Metoprolol Succinate.....	4
Metoprolol Tartrate.....	4
Metoprolol-Hydrochlorothiazide	4
Mevacor	5
Miacalcin.....	9
Micardis.....	4
Micardis HCT.....	4
Microzide	4
Midamor.....	4
Miglitol	7
Minipress	4
Minoxidil.....	4
Moexipril	4
Moexipril-Hydrochlorothiazide	4
Molindone.....	6
Montelukast	10
Mycophenolate	9
Mycophenolic Acid	9
Myfortic	9

N

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

O

Odefsey.....	8
Olanzapine	6
Olmesartan	4
Olmesartan-Hydrochlorothiazide	4

Omega-3 Acid Ethyl Esters.....	5
OneTouch Diabetic Meters.....	6
OneTouch Diabetic Test Strips.....	6
Onglyza.....	7
Oseni.....	7
Ozempic.....	7

P

Paliperidone ER.....	6
Pediatric Fluoride Preparations.....	10
Perforomist.....	10
Perindopril.....	4
Perphenazine.....	6
Persantine.....	1
Pindolol.....	4
Pioglitazone.....	8
Pioglitazone-Glimepiride.....	8
Pioglitazone-Metformin.....	8
Plavix.....	1
Plegridy.....	6
Pletal.....	2
Pradaxa.....	2
PrandiMet.....	8
Prandin.....	8
Prasugrel.....	2
Pravachol.....	5
Pravastatin.....	5
Prazosin.....	4
Precose.....	8
Prenatal Vitamins.....	10
Prestalia.....	4
Prevalite.....	5
Prezcobix.....	8
Prezista.....	8
Prinivil.....	4
Proair HFA.....	10
Proair RespiClick.....	10
Procardia.....	4
Procardia XL.....	4
Prograf.....	9
Propranolol.....	4
Propranolol-Hydrochlorothiazide.....	4
Proventil HFA.....	10
Pulmicort Flexhaler.....	10
Pulmicort Nebulized Solution.....	10

Q

Qbrexiss.....	4
Qtern.....	8
Questran.....	5
Questran Light.....	5

Quetiapine.....	6
Quetiapine ER.....	6
Quinapril.....	4
Quinapril-Hydrochlorothiazide.....	4
QVAR Redihaler.....	10

R

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

S

Sandimmune.....	9
Saphris.....	6
Savaysa.....	2
Sectral.....	4
Seebri NeoHaler.....	10
Segluromet.....	8
Selzentry.....	8
Serevent Diskus.....	10
Seroquel.....	6
Seroquel XR.....	6
Simvastatin.....	5
Simvastatin/Ezetimibe.....	5
Singulair.....	10
Sirolimus.....	9
Soliqua.....	7
Soltamox.....	1
Spiriva HandiHaler.....	10
Spiriva Respimat.....	10
Spironolactone.....	4
Spironolactone-Hydrochlorothiazide.....	4
Starlix.....	8
Stavudine.....	8
Steglatro.....	8
Steglujan.....	8
Stiolto Respimat.....	10

Stribild.....	9
Striverdi Respimat.....	10
Sular.....	4
Sustiva.....	9
Symbicort.....	10
Symfi.....	9
Symfi Lo.....	9
SymlinPen.....	8
Symtuza.....	9
Synjardy.....	8
Synjardy XR.....	8

T

Tacrolimus.....	9
Tamoxifen.....	1
Tarka.....	4
Taztia XT.....	4
Tecfidera.....	6
Tekturna.....	4
Tekturna HCT.....	4
Telmisartan.....	4
Telmisartan-Amlodipine.....	4
Telmisartan-Hydrochlorothiazide.....	4
Tenex.....	4
Tenofovir.....	9
Tenoretic.....	4
Tenormin.....	4
Terazosin.....	4
Terbutaline.....	10
Teveten.....	4
Teveten HCT.....	4
Thalitone.....	4
Theo-24.....	10
Theophylline.....	10
Theophylline/Guaifenesin.....	10
Thioridazine.....	6
Thiothixene.....	6
Tiazac.....	4
Ticlopidine.....	2
Timolol.....	4
Tivicay.....	9
Tolbutamide.....	8
Toprol XL.....	4
Torse mide.....	4
Toujeo.....	7
Tradjenta.....	8
Trandate.....	4
Trandolapril.....	4
Trandolapril-Verapamil.....	4
Trelegy Ellipta.....	10
Tresiba.....	7

Triamterene-Hydrochlorothiazide.....	4
Tribenzor.....	4
Tricor.....	5
Trifluoperazine.....	6
Triglide.....	5
Trilipix.....	5
Triumeq.....	9
Trizivir.....	9
Trulicity.....	8
Truvada.....	9
Tudorza Pressair.....	10
Twynsta.....	4
Tymlos.....	9

U

Uniretic.....	4
Univasc.....	4
Utibron NeoHaler.....	10

V

Valsartan.....	4
Valsartan-Hydrochlorothiazide.....	5
Vascepa.....	5
Vaseretic.....	5
Vasotec.....	5
Ventolin HFA.....	10
Verapamil.....	5
Verapamil ER.....	5
Verelan.....	5
Verelan PM.....	5
Versacloz.....	6
Victoza.....	8
Videx.....	9
Videx EC.....	9
Viracept.....	9
Viramune.....	9
Viramune XR.....	9
Viread.....	9
Viteka.....	9
VoSpire ER.....	10
Vraylar.....	6
Vytorin.....	5

W

Warfarin.....	2
Welchol.....	5

X

Xarelto.....	2
Xigduo XR.....	8
Xopenex HFA.....	10
Xopenex Nebulized Solution.....	10
Xultophy.....	8

Z

Zafirlukast.....	10
Zaroxolyn.....	5
Zebeta.....	5
Zerit.....	9
Zestoretic.....	5
Zestril.....	5
Zetia.....	5
Ziac.....	5
Ziagen.....	9
Zidovudine.....	9
Ziprasidone.....	6
Zocor.....	5
Zontivity.....	2
Zortress.....	9
Zyflo.....	10
Zyflo CR.....	10
Zypitamag.....	5
Zyprexa.....	6

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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)**, udostępniliśmy 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 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 shqoqdí ninaaltsoos nit'i'izí 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.

For additional information:



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.



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

If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access **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.