

2020 Preventive Medication List for Consumer Driven Health Plans Core Plus List

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

Effective September 1, 2020

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.

This list applies to UnitedHealthcare and Oxford medical plans. It is correct as of May 1, 2020 and is subject to change after this date. The next anticipated update will occur with the next PDL cycle.

Therapeutic Drug Classes	Requirements & Limits
Breast Cancer Prevention	
Anastrozole	
Arimidex	E
Aromasin	
Exemestane	
Fareston	
Femara	E
Letrozole	
Soltamox	E
Tamoxifen	
Toremifene	

Therapeutic Drug Classes	Requirements & Limits
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy	
Aggrenox	
Arixtra	
Aspirin-Dipyridamole	
Bevyxxa	
Brilinta	
Cilostazol	
Clopidogrel	
Coumadin	
Dipyridamole	
Effient	E
Eliquis	

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

¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Enoxaparin	
Fragmin	
Fondaparinux	
Heparin	
Jantoven	
Lovenox	E
Persantine	
Plavix	E
Pletal	
Pradaxa	
Prasugrel	
Savaysa	
Ticlopidine	
Warfarin	
Xarelto	
Zontivity	
Cardiovascular/Heart Disease: High Blood Pressure	
Accupril	
Accuretic	
Acebutolol	
Aceon	
Adalat CC	
Afeditab	
Aldactazide	
Aldactone	
Aliskiren	
Altace	
Amiloride	
Amiloride-Hydrochlorothiazide	
Amlodipine	
Amlodipine-Benazepril	
Amlodipine-Olmesartan	E
Amlodipine-Olmesartan-Hydrochlorothiazide	E

Therapeutic Drug Classes	Requirements & Limits
Amlodipine-Valsartan	
Amlodipine-Valsartan-Hydrochlorothiazide	E
Amturnide	E
Atacand	
Atacand HCT	
Atenolol	
Atenolol-Chlorthalidone	
Avalide	
Avapro	
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	

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

¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Carvedilol	
Carvedilol ER	E
Catapres	
Catapres TTS	
Chlorothiazide	
Clonidine	
Clonidine Patch	
Clorpress	
Coreg	
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	

Therapeutic Drug Classes	Requirements & Limits
Epaned	
Eplerenone	
Eprosartan	
Ethacrynic Acid	
Exforge	E
Exforge HCT	E
Felodipine ER	
Fosinopril	
Fosinopril-Hydrochlorothiazide	
Furosemide	
Guanfacine	
Hydralazine	
Hydrochlorothiazide	
Hyzaar	
Indapamide	
Inderal	
Inderal LA	E
Innopran XL	
Inspra	
Irbesartan	
Irbesartan-Hydrochlorothiazide	
Isoptin SR	
Isradipine	
Kapspargo	
Katerzia	
Labetalol	
Lasix	
Levatol	
Lisinopril	
Lisinopril-Hydrochlorothiazide	
Lopressor	
Lopressor HCT	
Losartan	
Losartan-Hydrochlorothiazide	

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

¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Lotensin	
Lotensin HCT	
Lotrel	
Matzim LA	
Mavik	
Maxzide	
Methyclothiazide	
Methyldopa	
Methyldopa-Hydrochlorothiazide	
Metolazone	
Metoprolol 37.5, 75 mg	E
Metoprolol-Hydrochlorothiazide	
Metoprolol Succinate	
Metoprolol Tartrate	
Micardis	E
Micardis HCT	E
Microzide	
Midamor	
Minipress	
Minoxidil	
Moexipril	
Moexipril-Hydrochlorothiazide	
Nadolol	
Nadolol-Bendroflumethazide	
Nicardipine	
Nifedipine	
Nifedipine ER	
Nimodipine	
Nisoldipine	
Norvasc	E
Olmesartan	
Olmesartan-Hydrochlorothiazide	
Perindopril	
Pindolol	

Therapeutic Drug Classes	Requirements & Limits
Prazosin	
Prestalia	E
Prinivil	
Procardia	
Procardia XL	
Propranolol	
Propranolol-Hydrochlorothiazide	
Qbrelis	E
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
Sectral	
Spirolactone	
Spirolactone-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	

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

¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Trandate	
Trandolapril	
Trandolapril-Verapamil	
Triamterene	
Triamterene-Hydrochlorothiazide	
Tribenzor	E
Twynsta	E
Uniretic	
Univasc	
Valsartan	
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
Ezallor Sprinkle	

Therapeutic Drug Classes	Requirements & Limits
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	
Fenofibric Acid	E
Fenoglide	E
Fibracor	E
Flolipid	
Fluvastatin	
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	
Simvastatin Suspension (Flolipid Authorized Generic)	E

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
¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Tricor	E
Triglide	E
Trilipix	E
Vascepa	
Vytorin	E
Welchol	
Zetia	E
Zocor	
Zypitamag	E
Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)¹	
Celexa	E
Citalopram	
Escitalopram	
Fluoxetine Capsules	
Fluoxetine 10 mg, 20 mg Tablets	
Fluoxetine 60 mg Tablets	E
Fluvoxamine	
Fluvoxamine Extended-Release	
Lexapro	E
Paroxetine	
Paroxetine Extended-Release	
Paxil	
Paxil CR	
Pexeva	
Prozac	E
Sertraline	
Zoloft	E
Diabetes: Diabetic Supplies	
Contour Next EZ Meters	
Contour Next Meters	
Contour Next One Meters	
Contour Next Test Strips	
Diabetic Testing - Lancets	

Therapeutic Drug Classes	Requirements & Limits
Insulin Needles/Syringes	
OneTouch Diabetic Meters	
OneTouch Diabetic Test Strips	
Diabetes: Insulin	
Admelog, Admelog SoloStar	E
Afrezza	E
Apidra, Apidra SoloStar	E
Basaglar	E
Fiasp, Fiasp FlexTouch	E
Humalog	
Humalog Junior	
Humalog Mix 50/50	
Humalog Mix 75/25	
Humulin 50/50	
Humulin 70/30	
Humulin N	
Humulin R	
Insulin Aspart	E
Insulin Aspart Protamine/Insulin Aspart	E
Insulin Lispro	E
Insulin Lispro Jr.	E
Insulin Lispro Protamine/Insulin Lispro 75/25	E
Lantus	
Levemir	E
Novolin 70/30	E
Novolin N	E
Novolin R	E
Novolog, Novolog FlexPen	E
Novolog Mix 70/30	E
Soliqua	
Toujeo	
Tresiba	E

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

¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
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	
Glipizide-Metformin	
Glucophage	
Glucophage XR	
Glucotrol	
Glucotrol XL	
Glucovance	
Glumetza	E
Glyburide	
Glyburide Micronized	
Glyburide-Metformin	
Glynase	
Glyset	

Therapeutic Drug Classes	Requirements & Limits
Glyxambi	
Invokamet	E
Invokamet XR	E
Invokana	E
Janumet	E
Janumet XR	E
Januvia	E
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	
Pioglitazone	
Pioglitazone-Glimepiride	
Pioglitazone-Metformin	
PrandiMet	
Prandin	
Precose	
Qtern	E
Repaglinide	
Repaglinide-Metformin	
Riomet	
Riomet ER	
Rybelsus	

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

¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Segluromet	E
Starlix	
Steglatro	E
Steglujan	E
SymlinPen	
Synjardy	
Synjardy XR	
Tolbutamide	
Tradjenta	
Trijardy XR	
Trulicity	
Victoza	
Xigduo XR	E
Xultophy	E
Immunosuppressant: Organ Rejection	
Astagraf XL	E
Azasan	
Azathioprine	
Cellcept	E
Cyclosporine	
Envarsus XR	E
Everolimus	
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	E
Rapamune	E
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	

Therapeutic Drug Classes	Requirements & Limits
Musculoskeletal: Osteoporosis	
Actonel	
Alendronate	
Atelvia	E
Binosto	E
Boniva	
Calcitonin (Salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	
Fortical	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Teriparatide	E
Tymlos	
Respiratory: Asthma/COPD	
Accolate	
Accuneb	
Advair Diskus	
Advair HFA	
Albuterol HFA (ProAir HFA, Proventil HFA authorized generic)	
Albuterol HFA (Ventolin HFA authorized generic)	E
AirDuo RespiClick	E
Albuterol Nebulized Solution	
Albuterol Oral Tablet	
Alvesco	E
Aminophylline	
Anoro Ellipta	
Arcapta Neohaler	
ArmonAir RespiClick	E

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
¹SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Arnuity Ellipta	
Asmanex HFA	E
Asmanex Twisthaler	E
Atrovent HFA	
Bevespi Aerosphere	
Breo Ellipta	
Brovana	
Budesonide/Formoterol (Symbicort Authorized Generic)	E
Budesonide Nebulized Solution	
Combivent Respimat	
Cromolyn	
Daliresp	
Duaklir Pressair	E
Dulera	E
Duoneb	
Elixophyllin	
Flovent Diskus	
Flovent HFA	
Fluticasone/Salmeterol Diskus	E
Fluticasone/Salmeterol RespiClick	
Foradil	
Gastrocrom	
Incruse Ellipta	
Ipratropium	
Ipratropium/Albuterol	
Levalbuterol HFA	
Levalbuterol Nebulized Solution	
Lonhala Magnair	E
Lufyllin	
Metaproterenol	
Montelukast	
Perforomist	
Proair HFA	

Therapeutic Drug Classes	Requirements & Limits
Proair RespiClick	
Proventil HFA	
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	E
QVAR Redihaler	E
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	E
Utibron NeoHaler	E
Ventolin HFA	
VoSpire ER	
Xopenex HFA	
Xopenex Nebulized Solution	E
Yupelri	
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	

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

¹SSRIs are included only for employer groups who have specifically requested coverage.

A

Acarbose	7
Accolate	8
Accuneb.....	8
Accupril.....	2
Accuretic.....	2
Acebutolol	2
Aceon	2
Actonel	8
ACTOplus Met.....	7
ACTOplus Met XR	7
Actos.....	7
Adalat CC	2
Adlyxin.....	7
Admelog, Admelog SoloStar	6
Advair Diskus.....	8
Advair HFA.....	8
Afeditab.....	2
Afrezza.....	6
Aggrenox	1
AirDuo RespiClick	8
Albuterol HFA	8
Albuterol Nebulized Solution	8
Albuterol Oral Tablet	8
Aldactazide	2
Aldactone	2
Alendronate.....	8
Aliskiren.....	2
Alogliptin.....	7
Alogliptin-Metformin	7
Alogliptin-Pioglitazone.....	7
Altace.....	2
Altoprev	5
Alvesco.....	8
Amaryl	7
Amiloride.....	2
Amiloride-Hydrochlorothiazide	2
Aminophylline.....	8
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.....	8
Antara	5
Apidra, Apidra SoloStar	6
Arcapta Neohaler	8
Arimidex.....	1
Arixtra	1
ArmonAir RespiClick	8
Arnuity Ellipta.....	9
Aromasin.....	1
Asmanex HFA.....	9
Asmanex Twisthaler	9
Aspirin-Dipyridamole	1
Astagraf XL.....	8
Atacand.....	2
Atacand HCT	2
Atelvia	8
Atenolol.....	2
Atenolol-Chlorthalidone	2
Atorvastatin	5
Atrovent HFA.....	9
Avalide.....	2
Avandia.....	7
Avapro	2
Azasan.....	8
Azathioprine.....	8
Azor.....	2

B

Basaglar	6
Benazepril	2
Benazepril-Hydrochlorothiazide	2
Benicar	2
Benicar HCT	2
Betaxolol.....	2
Bevespi Aerosphere.....	9
Bevyxxa.....	1
Bidil	2
Binosto	8
Bisoprolol.....	2
Bisoprolol-Hydrochlorothiazide	2
Boniva.....	8
Breo Ellipta.....	9
Brilinta.....	1
Brovana.....	9
Budesonide Nebulized Solution	9
Budesonide/Formoterol.....	9
Bumetanide.....	2
Bydureon	7

C

Bydureon BCise.....	7
Byetta	7
Bystolic.....	2
Byvalson	2
Calan.....	2
Calan SR.....	2
Calcitonin (Salmon)	8
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.....	3
Carvedilol ER.....	3
Catapres	3
Catapres TTS	3
Celexa.....	6
Cellcept.....	8
Chlorothiazide	3
Cholestyramine	5
Cholestyramine Light	5
Choline Fenofibrate.....	5
Cilostazol	1
Citalopram.....	6
Clonidine.....	3
Clonidine Patch.....	3
Clopidogrel.....	1
Clorpress	3
Colesevelam Tablets, Powder for Suspension	5
Colestid	5
Colestipol.....	5
Combivent Respimat	9
Contour Next EZ Meters.....	6
Contour Next Meters	6
Contour Next One Meters	6
Contour Next Test Strips	6
Core Plus Drug List.....	1
Coreg.....	3
Coreg CR.....	3

Corgard.....	3
Corzide.....	3
Coumadin.....	1
Covera HS.....	3
Cozaar.....	3
Crestor.....	5
Cromolyn.....	9
Cycloset.....	7
Cyclosporine.....	8

D

Daliresp.....	9
Demadex.....	3
Diabeta.....	7
Diabetic Testing - Lancets.....	6
Didronel.....	8
Dilacor XR.....	3
Dilt CD.....	3
Dilt XR.....	3
Diltia XT.....	3
Diltiazem.....	3
Diltiazem ER.....	3
Diltzac ER.....	3
Diovan.....	3
Diovan HCT.....	3
Dipyridamole.....	1
Diuril.....	3
Doxazosin.....	3
Duaklir Pressair.....	9
Duetact.....	7
Dulera.....	9
Duoneb.....	9
Dutoprol.....	3
Dyazide.....	3
Dynacirc CR.....	3
Dyrenium.....	3

E

Edarbi.....	3
Edarbyclor.....	3
Edecrin.....	3
Effient.....	1
Eliquis.....	1
Elixophyllin.....	9
Enalapril.....	3
Enalapril-Hydrochlorothiazide.....	3
Enoxaparin.....	2
Envarsus XR.....	8
Epaned.....	3
Eplerenone.....	3
Eprosartan.....	3

Escitalopram.....	6
Ethacrynic Acid.....	3
Etidronate.....	8
Everolimus.....	8
Evista.....	8
Exemestane.....	1
Exforge.....	3
Exforge HCT.....	3
Ezallor Sprinkle.....	5
Ezetimibe.....	5

F

Fareston.....	1
Farxiga.....	7
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.....	6
Fibricor.....	5
Flolipid.....	5
Flovent Diskus.....	9
Flovent HFA.....	9
Fluoxetine 10 mg, 20 mg Tablets.....	6
Fluoxetine 60 mg Tablets.....	6
Fluoxetine Capsules.....	6
Fluticasone/Salmeterol Diskus.....	9
Fluticasone/Salmeterol RespiClick.....	9
Fluvastatin.....	5
Fluvastatin ER.....	5
Fluvoxamine.....	6
Fluvoxamine Extended-Release.....	6
Fondaparinux.....	2
Foradil.....	9
Fortamet.....	7
Forteo.....	8
Fortical.....	8
Fosinopril.....	3
Fosinopril-Hydrochlorothiazide.....	3
Fragmin.....	2
Furosemide.....	3

G

Gastrocrom.....	9
Gemfibrozil.....	5
Gengraf.....	8
Glimepiride.....	7

Glipizide.....	7
Glipizide ER.....	7
Glipizide-Metformin.....	7
Glucophage.....	7
Glucophage XR.....	7
Glucotrol.....	7
Glucotrol XL.....	7
Glucovance.....	7
Glumetza.....	7
Glyburide.....	7
Glyburide Micronized.....	7
Glyburide-Metformin.....	7
Glynase.....	7
Glyset.....	7
Glyxambi.....	7
Guanfacine.....	3

H

Heparin.....	2
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.....	6
Humulin R.....	6
Hydralazine.....	3
Hydrochlorothiazide.....	3
Hyzaar.....	3

I

Ibandronate.....	8
Imuran.....	8
Incruse Ellipta.....	9
Indapamide.....	3
Inderal.....	3
Inderal LA.....	3
Innopran XL.....	3
Inspra.....	3
Insulin Aspart.....	6
Insulin Aspart Protamine/Insulin Aspart.....	6
Insulin Lispro.....	6
Insulin Lispro Jr.....	6
Insulin Lispro Protamine/Insulin Lispro 75/25.....	6
Insulin Needles/Syringes.....	6
Invokamet.....	7
Invokamet XR.....	7
Invokana.....	7

Ipratropium.....	9
Ipratropium/Albuterol	9
Irbesartan	3
Irbesartan-Hydrochlorothiazide	3
Isoptin SR	3
Isradipine	3
J	
Jantoven.....	2
Janumet	7
Janumet XR	7
Januvia	7
Jardiance	7
Jentadueto	7
Jentadueto XR.....	7
K	
Kapspargo.....	3
Katerzia	3
Kazano	7
Kombiglyze XR.....	7
L	
Labetalol	3
Lantus.....	6
Lasix.....	3
Lescol	5
Lescol XL.....	5
Letrozole	1
Levalbuterol HFA	9
Levalbuterol Nebulized Solution	9
Levator	3
Levemir.....	6
Lexapro	6
Lipitor.....	5
Lipofen	5
Lisinopril.....	3
Lisinopril-Hydrochlorothiazide	3
Livalo.....	5
Lofibra	5
Lonhala Magnair	9
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
Lufyllin	9
M	
Matzim LA	4
Mavik	4
Maxzide.....	4
Metaproterenol.....	9
Metformin	7
Metformin ER.....	7
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.....	8
Micardis.....	4
Micardis HCT.....	4
Microzide	4
Midamor.....	4
Miglitol	7
Minipress	4
Minoxidil.....	4
Moexipril	4
Moexipril-Hydrochlorothiazide	4
Montelukast	9
Mycophenolate	8
Mycophenolic Acid	8
Myfortic	8
N	
Nadolol.....	4
Nadolol-Bendroflumethazide	4
Nateglinide	7
Neoral.....	8
Nesina	7
Niacin Extended-Release.....	5
Niacor	5
Niaspan.....	5
Nicardipine	4
Nifedipine	4
Nifedipine ER.....	4
Nimodipine.....	4
Nisoldipine.....	4
Norvasc.....	4
Novolin 70/30.....	6
Novolin N	6
Novolin R	6
Novolog Mix 70/30	6
Novolog, Novolog FlexPen.....	6
O	
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	
Paroxetine.....	6
Paroxetine Extended-Release.....	6
Paxil.....	6
Paxil CR	6
Pediatric Fluoride Preparations.....	9
Perforomist.....	9
Perindopril	4
Persantine	2
Pexeva	6
Pindolol	4
Pioglitazone	7
Pioglitazone-Glimepiride	7
Pioglitazone-Metformin.....	7
Plavix.....	2
Pletal	2
Pradaxa.....	2
PrandiMet	7
Prandin.....	7
Prasugrel.....	2
Pravachol.....	5
Pravastatin.....	5
Prazosin	4
Precose	7
Prenatal Vitamins.....	9
Prestalia	4
Prevalite.....	5
Prinivil	4
ProAir HFA.....	8, 9
Proair RespiClick	9
Procardia	4
Procardia XL	4
Prograf.....	8
Propranolol.....	4
Propranolol-Hydrochlorothiazide	4
Proventil HFA.....	8, 9
Prozac.....	6

Pulmicort Flexhaler	9
Pulmicort Nebulized Solution.....	9

Q

Qbrelis	4
Qtern.....	7
Questran	5
Questran Light.....	5
Quinapril	4
Quinapril-Hydrochlorothiazide	4
QVAR Redihaler.....	9

R

Raloxifene.....	8
Ramipril.....	4
Rapamune.....	8
Repaglinide.....	7
Repaglinide-Metformin	7
Reserpine	4
Riomet.....	7
Riomet ER	7
Risedronate.....	8
Rosuvastatin	5
Rybelsus	7

S

Sandimmune	8
Savaysa	2
Sectral	4
Seebri NeoHaler	9
Segluromet.....	8
Serevent Diskus	9
Sertraline.....	6
Simvastatin	5
Simvastatin Suspension.....	5
Simvastatin-Ezetimibe	5
Singulair	9
Sirolimus	8
Soliqua	6
Soltamox.....	1
Spiriva HandiHaler	9
Spiriva Respimat.....	9
Spironolactone.....	4
Spironolactone-Hydrochlorothiazide... 4	
Starlix	8
Steglatro.....	8
Steglujan.....	8
Stiolto Respimat.....	9
Striverdi Respimat	9
Sular.....	4
Symbicort	9
SymlinPen.....	8

Synjardy	8
Synjardy XR.....	8

T

Tacrolimus	8
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
Terbutaline.....	9
Teriparatide	8
Teveten	4
Teveten HCT	4
Thalitone	4
Theo-24.....	9
Theophylline	9
Theophylline/Guaifenesin	9
Tiazac	4
Ticlopidine.....	2
Timolol.....	4
Tolbutamide	8
Toprol XL.....	4
Toremifene	1
Torsemide.....	4
Toujeo.....	6
Tradjenta	8
Trandate.....	5
Trandolapril	5
Trandolapril-Verapamil	5
Trelegy Ellipta	9
Tresiba.....	6
Triamterene	5
Triamterene-Hydrochlorothiazide..... 5	
Tribenzor	5
Tricor.....	6
Triglide.....	6
Trijardy XR	8
Trilipix.....	6
Trulicity	8
Tudorza Pressair.....	9
Twynsta.....	5
Tymlos	8

U

Uniretic	5
Univasc.....	5
Utibron NeoHaler.....	9

V

Valsartan	5
Valsartan-Hydrochlorothiazide..... 5	
Vascepa	6
Vaseretic	5
Vasotec.....	5
Ventolin HFA	8, 9
Verapamil.....	5
Verapamil ER	5
Verelan	5
Verelan PM.....	5
Victoza.....	8
VoSpire ER	9
Vytorin	6

W

Warfarin.....	2
Welchol	6

X

Xarelto	2
Xigduo XR.....	8
Xopenex HFA.....	9
Xopenex Nebulized Solution	9
Xultophy	8

Y

Yupelri.....	9
--------------	---

Z

Zafirlukast.....	9
Zaroxolyn	5
Zebeta	5
Zestoretic.....	5
Zestril	5
Zetia	6
Ziac.....	5
Zocor	6
Zolofl.....	6
Zontivity.....	2
Zortress	8
Zyflo	9
Zyflo CR	9
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)**, 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 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 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.

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 ID card to speak with a Customer Service representative.

If you are not currently enrolled with UnitedHealthcare or Oxford for pharmacy benefit coverage, you may access your health plan's member website 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.

This document applies to commercial group members of UnitedHealthcare and Oxford New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., Oxford Health Plans LLC, or their affiliates.