

2023 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 member 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, 2023

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Breast Cancer Prevention		Aspirin-Dipyridamole	
Anastrozole		Bevyxxa	
Arimidex	E	Brilinta	
Aromasin	E	Cilostazol	
Exemestane		Clopidogrel	
Fareston	E	Coumadin	
Femara	E	Dipyridamole	
Letrozole		Effient	E
Soltamox	E	Eliquis	
Tamoxifen		Enoxaparin	
Toremifene		Fondaparinux	
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy		Fragmin	
Aggrenox		Heparin	
Arixtra	E	Jantoven	

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

¹Coverage is provided for oral formulations.

²SSRIs are included only for employer groups who have specifically requested coverage.

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

Therapeutic Drug Classes	Requirements & Limits
Atacand HCT	E
Atenolol	
Atenolol-Chlorthalidone	
Avalide	E
Avapro	E
Azor	E
Benazepril	
Benazepril-Hydrochlorothiazide	
Benicar	E
Benicar HCT	E
Betaxolol ¹	
Bidil	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
Bystolic	E
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

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Catapres	
Catapres TTS	E
Chlorothiazide	
Clonidine	
Clonidine Patch	
Clorpress	
Conjupri	E
Coreg	E
Coreg CR	E
Corgard	
Corzide	
Covera HS	
Cozaar	E
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	E
Edarbi	
Edarbyclor	
Edecrin	E
Enalapril	

Therapeutic Drug Classes	Requirements & Limits
Enalapril-Hydrochlorothiazide	
Epaned	
Eplerenone	
Eprosartan	
Ethacrynic Acid	
Exforge	E
Exforge HCT	E
Felodipine ER	
Fosinopril	
Fosinopril-Hydrochlorothiazide	
Furosemide	
Guanfacine	
Hydralazine	
Hydrochlorothiazide	
Hyzaar	E
Indapamide	
Inderal	
Inderal LA	E
Inderal XL	E
Innopran XL	E
Inspra	E
Irbesartan	
Irbesartan - Hydrochlorothiazide	
Isoptin SR	
Isradipine	
Kaspargo	
Katerzia	
Labetalol	
Lasix	
Levamlodipine (Conjupri authorized generic)	E
Levatol	
Lisinopril	

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Lisinopril-Hydrochlorothiazide	
Lopressor	
Lopressor HCT	
Losartan	
Losartan-Hydrochlorothiazide	
Lotensin	
Lotensin HCT	
Lotrel	E
Matzim LA	
Mavik	
Maxzide	
Methylothiazide	
Methyldopa	
Methyldopa-Hydrochlorothiazide	
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	
Nebivolol	E
Nexiclon XR	E
Nicardipine	
Nifedipine	
Nifedipine ER	

Therapeutic Drug Classes	Requirements & Limits
Nimodipine	
Nisoldipine	
Norliqva	E
Norvasc	E
Olmesartan	
Olmesartan-Hydrochlorothiazide	
Perindopril	
Pindolol	
Prazosin	
Prestalia	E
Prinivil	
Procardia	
Procardia XL	E
Propranolol	
Propranolol-Hydrochlorothiazide	
Qbrelis	E
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
Sectral	
Soaanz	E
Spirolactone	
Spirolactone-Hydrochlorothiazide	
Sular	
Tarka	E
Taztia XT	
Tekturna	
Tekturna HCT	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
Tenex	
Tenoretic	E

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Tenormin	E
Terazosin	
Teveten	
Teveten HCT	
Thalitone 15 mg	E
Thalitone 25 mg	
Tiazac	
Timolol ¹	
Toprol XL	E
Torsemide	
Trandate	
Trandolapril	
Trandolapril-Verapamil	
Triamterene	
Triamterene-Hydrochlorothiazide	
Tribenzor	E
Twynsta	E
Uniretic	
Univasc	
Valsartan	
Valsartan-Hydrochlorothiazide	
Valsartan Solution	E
Vaseretic	E
Vasotec	E
Verapamil	
Verapamil ER	
Verelan	
Verelan PM	
Zaroxolyn	
Zebeta	
Zestoretic	E
Zestril	E
Ziac	

Therapeutic Drug Classes	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol	
Altoprev	E
Antara	E
Atorvastatin	
Cholestyramine	
Cholestyramine Light	
Choline Fenofibrate	E
Colesevelam Tablets, Powder for Suspension	
Colestid	
Colestipol	
Crestor	E
Ezallor Sprinkle	
Ezetimibe	
Ezetimibe/Rosuvastain	E
Fenofibrate 30, 43, 50, 67, 75, 90, 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
Fibricor	E
Flolipid	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
Icosapent	E
Lescol	
Lescol XL	E
Lipitor	E
Lipofen	E
Livalo	E
Lofibra	E
Lopid	

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Lovastatin	
Lovaza	E
Mevacor	
Nexleto	
Nexlizet	
Niacin Extended-Release	
Niacor	E
Niaspan	E
Omega-3 Acid Ethyl Esters	
Pravachol	E
Pravastatin	
Prevalite	
Questran	
Questran Light	
Rosuvastatin	
Roszet	E
Simvastatin	
Simvastatin/Ezetimibe	
Tricor	E
Triglide	E
Trilipix	E
Vascepa	E
Vytorin	E
Welchol	E
Zetia	E
Zocor	E
Zypitamag	E
Central Nervous System: Mental Health	
Abilify, Abilify Mycite	E
Aripiprazole	
Asenapine	E
Caplyta	
Chlorpromazine	
Clozapine	

Therapeutic Drug Classes	Requirements & Limits
Clozaril	
Fanapt	
FazaClo	
Fluphenazine	
Geodon	E
Haloperidol	
Invega	E
Latuda	
Loxapine	
Lybalvi	E
Molindone	
Olanzapine	
Paliperidone ER	
Perphenazine	
Quetiapine	
Quetiapine ER	
Rexulti	
Risperdal	E
Risperidone	
Saphris	
Secuado	E
Seroquel	E
Seroquel XR	E
Thioridazine	
Thiothixene	
Trifluoperazine	
Vraylar	
Versacloz	E
Ziprasidone	
Zyprexa	E
Central Nervous System: Multiple Sclerosis	
Aubagio	
Avonex	
Bafiertam	

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Betaseron	
Copaxone	E
Dimethyl Fumarate (generic Tecfidera)	
Extavia	E
Gilenya	
Glatiramer Acetate (generic Copaxone)	
Glatopa	
Kesimpta	
Mavenclad	
Mayzent	
Plegridy	
Ponvory	E
Rebif	E
Tecfidera	E
Vumerity	E
Zeposia	
Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)²	
Celexa	E
Citalopram Capsules	E
Citalopram Tablets	
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	E
Paxil CR	E
Pexeva	E
Prozac	E

Therapeutic Drug Classes	Requirements & Limits
Sertraline Capsules 150 mg, 200 mg	E
Sertraline Tablets	
Zoloft	E
Diabetes: Diabetic Supplies	
Accu-Chek Guide Meters	
Accu-Chek Guide Test Strips	
Continuous Glucose Monitors	
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	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 Glargine	E
Insulin Lispro	E
Insulin Lispro Jr.	E

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Insulin Lispro Protamine/Insulin Lispro 75/25	E
Lantus	
Levemir	E
Lyumjev	
Novolin 70/30	E
Novolin N	E
Novolin R	E
Novolog	E
Novolog Mix 70/30	E
Semglee	E
Soliqua	
Toujeo	
Tresiba	E
Diabetes: Non-Insulin	
Acarbose	
ACTOplus Met	
ACTOplus Met XR	
Actos	E
Adlyxin	
Alogliptin	E
Alogliptin-Metformin	E
Alogliptin-Pioglitazone	E
Amaryl	E
Avandia	
Bydureon	
Bydureon BCise	
Byetta	
Cycloset	
Diabeta	
Duetact	
Farxiga	E
Fortamet	E
Glimepiride	

Therapeutic Drug Classes	Requirements & Limits
Glipizide	
Glipizide ER	
Glipizide-Metformin	
Glucophage	
Glucophage XR	
Glucotrol	
Glucotrol XL	
Glucovance	
Glumetza	E
Glyburide	
Glyburide Micronized	
Glyburide-Metformin	
Glynase	
Glyset	
Glyxambi	
Invokamet	E
Invokamet XR	E
Invokana	E
Janumet	E
Janumet XR	E
Januvia	E
Jardiance	
Jentadueto	
Jentadueto XR	
Kazano	
Kombiglyze XR	
Metformin	
Metformin 625 mg	E
Metformin ER (generic Fortamet)	E
Metformin ER (generic Glucophage XR)	
Metformin ER (generic Glumetza)	E
Metformin Solution (generic Riomet)	
Miglitol	

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Mounjaro	
Nateglinide	
Nesina	
Onglyza	
Oseni	
Ozempic	
Pioglitazone	
Pioglitazone-Glimepiride	
Pioglitazone-Metformin	
PrandiMet	
Prandin	
Precose	
Qtern	E
Repaglinide	
Repaglinide-Metformin	
Riomet	E
Riomet ER	
Rybelsus	
Segluromet	E
Starlix	
Steglatro	E
Steglujan	E
SymlinPen	
Synjardy	
Synjardy XR	
Tolbutamide	
Tradjenta	
Trijardy XR	
Trulicity	
Victoza	
Xigduo XR	E
Xultophy	E

Therapeutic Drug Classes	Requirements & Limits
HIV	
Abacavir	
Abacavir-Lamivudine	
Abacavir-Lamivudine-Zidovudine	
Aptivus	
Atazanavir	
Atripla	E
Biktarvy	
Cimduo	
Combivir	
Complera	
Crixivan	
Delstrigo	
Descovy	E
Didanosine	
Dovato	
Edurant	
Efavirenz	
Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate (generic Atripla)	
Efavirenz-Lamivudine (generic Symfi, Symfi Lo)	
Emtricitabine	
Emtricitabine-Tenofovir Disoproxil Fumarate (generic Truvada)	
Emtriva	
Epivir	
Epzicom	E
Etravirine	
Evotaz	
Fosamprenavir	
Fuzeon	
Genvoya	
Intelence	

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Invirase	
Isentress	
Isentress HD	
Juluca	
Kaletra	
Lamivudine	
Lamivudine-Zidovudine	
Lexiva	E
Lopinavir-Ritonavir	
Maraviroc	
Nevirapine	
Nevirapine Extended-Release	
Norvir Tablet	E
Odefsey	
Pifeltro	
Prezcobix	
Prezista	
Rescriptor	
Retrovir	
Reyataz	E
Ritonavir	
Rukobia	
Selzentry	
Stavudine	
Stribild	
Sustiva	E
Symfi	
Symfi Lo	
Symtuza	E
Temixys	E
Tenofovir	
Tivicay	
Tivicay PD	

Therapeutic Drug Classes	Requirements & Limits
Triumeq	
Triumeq PD	
Trizivir	
Truvada	E
Videx	
Videx EC	
Viracept	
Viramune	E
Viramune XR	E
Viread	E
Viteka	
Vocabria	E
Zerit	
Ziagen	
Zidovudine	
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	
Rapamune	E
Sandimmune	E
Sirolimus	

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Tacrolimus	
Zortress	E
Musculoskeletal: Osteoporosis	
Actonel	E
Alendronate	
Atelvia	E
Binosto	E
Boniva	E
Calcitonin (salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	E
Fortical	
Fosamax	
Fosamax Plus D	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Teriparatide	
Tymlos	
Respiratory: Asthma/COPD	
Accolate	
Accuneb	
Advair Diskus	
Advair HFA	
AirDuo Digihaler	E
AirDuo RespiClick	E
Albuterol HFA (generic ProAir HFA , Proventil HFA)	
Albuterol HFA (Ventolin HFA authorized generic)	E
Albuterol Nebulized Solution	

Therapeutic Drug Classes	Requirements & Limits
Albuterol Oral Tablet	
Alvesco	E
Aminophylline	
Anoro Ellipta	
Arformoterol Nebulized Solution	
ArmonAir Digihaler	E
ArmonAir RespiClick	E
Arnuity Ellipta	
Asmanex HFA	E
Asmanex Twisthaler	E
Atrovent HFA	
Bevespi Aerosphere	
Breo Ellipta	
Breztri Aerosphere	
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 (Flovent HFA authorized generic)	E
Fluticasone/Salmeterol Diskus	E
Fluticasone/Salmeterol RespiClick	
Fluticasone/Vilanterol (Breo Ellipta authorized generic)	E
Foradil	

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Formoterol Nebulized Solution	
Gastrocrom	E
Incruse Ellipta	E
Ipratropium	
Ipratropium/Albuterol	
Levalbuterol HFA	
Levalbuterol Nebulized Solution	
Lonhala Magnair	E
Lufyllin	
Metaproterenol	
Montelukast	
Perforomist	
ProAir Digihaler	E
Proair HFA	E
Proair RespiClick	E
Proventil HFA	E
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	E
QVAR Redihaler	E
Serevent Diskus	
Singulair	E
Spiriva HandiHaler	
Spiriva Respimat	
Stiolto Respimat	
Striverdi Respimat	
Symbicort	
Terbutaline	
Theo-24	
Theophylline	
Theophylline/Guaifenesin	
Trelegy Ellipta	
Tudorza Pressair	E
Ventolin HFA	E
VoSpire ER	

Therapeutic Drug Classes	Requirements & Limits
Yupelri	
Xopenex HFA	
Xopenex Nebulized Solution	E
Zafirlukast	
Zyflo	
Zyflo CR	
Vitamins	
Pediatric Flouride 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]

¹Coverage is provided for oral formulations



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

²SSRIs 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.....	8
Accolate	11
Accu-Chek Guide Meters	7
Accu-Chek Guide Test Strips	7
Accuneb	11
Accupril	2
Accuretic	2
Acebutolol.....	2
Aceon	2
Actonel	11
ACTOplus Met	8
ACTOplus Met XR	8
Actos.....	8
Adalat CC	2
Adlyxin.....	8
Admelog, Admelog SoloStar.....	7
Advair Diskus.....	11
Advair HFA	11
Afeditab	2
Afrezza.....	7
Aggrenox.....	1
AirDuo Digihaler	11
AirDuo RespiClick	11
Albuterol HFA.....	11
Albuterol Nebulized Solution	11
Albuterol Oral Tablet	11
Aldactazide	2
Aldactone	2
Alendronate.....	11
Aliskiren.....	2
Alogliptin	8
Alogliptin-Metformin.....	8
Alogliptin-Pioglitazone	8
Altace.....	2
Altoprev	5
Alvesco.....	11
Amaryl	8
Amiloride	2
Amiloride-Hydrochlorothiazide	2
Aminophylline	11
Amlodipine.....	2
Amlodipine-Benazepril	2
Amlodipine-Olmesartan.....	2
Amlodipine-Olmesartan- Hydrochlorothiazide	2

Amlodipine-Valsartan.....	2
Amlodipine-Valsartan- Hydrochlorothiazide	2
Amturide.....	2
Anastrozole	1
Anoro Ellipta.....	11
Antara	5
Apidra, Apidra SoloStar.....	7
Aptivus.....	9
Arformoterol Nebulized Solution	11
Arimidex	1
Aripiprazole.....	6
Arixtra	1
ArmonAir Digihaler.....	11
ArmonAir RespiClick.....	11
Arnuity Ellipta.....	11
Aromasin	1
Asenapine	6
Asmanex HFA	11
Asmanex Twisthaler	11
Aspirin-Dipyridamole.....	1
Astagraf XL	10
Atacand	2
Atacand HCT	2
Atazanavir.....	9
Atelvia	11
Atenolol	2
Atenolol-Chlorthalidone.....	2
Atorvastatin	5
Atripla	9
Atrovent HFA.....	11
Aubagio	6
Avalide	2
Avandia.....	8
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.....	7
Betaxolol	2
Bevespi Aerosphere.....	11

Bevyxxa.....	1
Bidil.....	2
Biktarvy	9
Binosto	11
Bisoprolol.....	2
Bisoprolol-Hydrochlorothiazide	2
Boniva.....	11
Breo Ellipta.....	11
Breztri Aerosphere	11
Brilinta.....	1
Brovana	11
Budesonide Nebulized Solution	11
Budesonide/Formoterol	11
Bumetanide.....	2
Bydureon.....	8
Bydureon BCise.....	8
Byetta	8
Bystolic	2
Byvalson.....	2

C

Calan.....	2
Calan SR	2
Calcitonin (salmon).....	11
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.....	3
Catapres TTS.....	3
Celexa.....	7
Cellcept E.....	10
Chlorothiazide.....	3
Chlorpromazine.....	6
Cholestyramine	5
Cholestyramine Light.....	5
Choline Fenofibrate.....	5
Cilostazol.....	1
Cimduo	9
Citalopram Capsules	7



Citalopram Tablets	7
Clonidine	3
Clonidine Patch	3
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
Conjupri.....	3
Continuous Glucose Monitors	7
Contour Next EZ Meters.....	7
Contour Next Meters.....	7
Contour Next One Meters	7
Contour Next Test Strips	7
Copaxone.....	7
Coreg.....	3
Coreg CR	3
Corgard	3
Corzide	3
Coumadin.....	1
Covera HS.....	3
Cozaar	3
Crestor.....	5
Crixivan.....	9
Cromolyn.....	11
Cycloset.....	8
Cyclosporine.....	10

D

Daliresp	11
Delstrigo	9
Demadex	3
Descovy.....	9
Diabeta	8
Diabetic Testing - Lancets	7
Didanosine	9
Didronel.....	11
Dilacor XR	3
Dilt CD	3
Dilt XR.....	3
Diltia XT	3
Diltiazem.....	3
Diltiazem ER.....	3
Diltzac ER.....	3
Dimethyl Fumarate	7
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
Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate	9
Efavirenz-Lamivudine	9
Effient.....	1
Eliquis	1
Elixophyllin	11
Emtricitabine.....	9
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.....	7
Ethacrynic Acid.....	3
Etidronate.....	11
Etravirine	9
Everolimus.....	10
Evista	11
Evotaz	9
Exemestane	1
Exforge	3
Exforge HCT	3
Extavia	7
Ezallor Sprinkle.....	5
Ezetimibe.....	5, 6

Ezetimibe/Rosuvastain	5
-----------------------------	---

F

Fanapt.....	6
Farxiga	1
Farxiga.....	8
FazaClo.....	6
Felodipine ER.....	3
Femara.....	1
Fenofibrate 30, 43, 50, 67, 75, 90, 130, 134, 150, 200 mg Capsule.....	5
Fenofibrate 40, 48, 120 mg Tablet	5
Fenofibrate 54, 145, 160 mg Tablet	5
Fenofibric Acid.....	5
Fenoglide.....	5
Fiasp, Fiasp FlexTouch.....	7
Fibricor	5
Flolipid	5
Flovent Diskus	11
Flovent HFA.....	11
Fluoxetine 10 mg, 20 mg Tablets	7
Fluoxetine 60 mg Tablets.....	7
Fluoxetine Capsules.....	7
Fluphenazine	6
Fluticasone.....	11
Fluticasone/Salmeterol Diskus	11
Fluticasone/Salmeterol RespiClick ..	11
Fluticasone/Vilanterol.....	11
Fluvastatin	5
Fluvastatin ER	5
Fluvoxamine	7
Fluvoxamine Extended-Release	7
Fondaparinux.....	1
Foradil.....	11
Formoterol Nebulized Solution	12
Fortamet.....	8
Forteo	11
Fortical.....	11
Fosamax.....	11
Fosamax Plus D.....	11
Fosamprenavir	9
Fosinopril.....	3
Fosinopril-Hydrochlorothiazide.....	3
Fragmin.....	1
Furosemide	3
Fuzeon	9

G

Gastrocrom	12
Gemfibrozil.....	5
Gengraf.....	10
Genvoya.....	9



Geodon.....	6
Gilenya.....	7
Glatiramer Acetate	7
Glatopa.....	7
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.....	11
Icosapent	5
Imuran.....	10
Incruse Ellipta	12
Indapamide	3
Inderal.....	3
Inderal LA.....	3
Inderal XL.....	3
Innopran XL.....	3
Inspira.....	3
Insulin Aspart.....	7
Insulin Aspart Protamine/Insulin Aspart	7

Insulin Glargine.....	7
Insulin Lispro.....	7, 8
Insulin Lispro Jr.....	7
Insulin Lispro Protamine/Insulin Lispro 75/25	8
Insulin Needles/Syringes.....	7
Intelence.....	9
Invega	6
Invirase	10
Invokamet.....	8
Invokamet XR.....	8
Invokana	8
Ipratropium.....	12
Ipratropium/Albuterol.....	12
Irbesartan	3
Irbesartan - Hydrochlorothiazide	3
Isentress.....	10
Isentress HD	10
Isoptin SR.....	3
Isradipine.....	3

J

Jantoven	1
Janumet.....	8
Janumet XR.....	8
Januvia	8
Jardiance.....	8
Jentadueto	8
Jentadueto XR	8
Juluca	10

K

Kaletra	10
Kapsargo.....	3
Katerzia.....	3
Kazano.....	8
Kesimpta	7
Kombiglyze XR	8

L

Labetalol.....	3
Lamivudine.....	10
Lamivudine-Zidovudine	10
Lantus.....	8
Lasix.....	3
Latuda.....	6
Lescol	5
Lescol XL.....	5
Letrozole.....	1
Levalbuterol HFA	12
Levalbuterol Nebulized Solution	12

Levamlodipine	3
Levator	3
Levemir	8
Lexapro.....	7
Lexiva.....	10
Lipitor.....	5
Lipofen.....	5
Lisinopril.....	3
Lisinopril-Hydrochlorothiazide	4
Livalo.....	5
Lofibra	5
Lonhala Magnair.....	12
Lopid.....	5
Lopinavir-Ritonavir.....	10
Lopressor	4
Lopressor HCT	4
Losartan	4
Losartan-Hydrochlorothiazide	4
Lotensin.....	4
Lotensin HCT	4
Lotrel.....	4
Lovastatin.....	6
Lovaza	6
Lovenox	2
Loxapine.....	6
Lufyllin	12
Lybalvi.....	6
Lyumjev	8

M

Maraviroc	10
Matzim LA	4
Mavenclad.....	7
Mavik	4
Maxzide.....	4
Mayzent.....	7
Metaproterenol	12
Metformin.....	8
Metformin 625 mg	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.....	6
Miacalcin	11
Micardis.....	4



Micardis HCT	4
Microzide	4
Midamor	4
Miglitol	8
Minipress	4
Minoxidil	4
Moexipril	4
Moexipril-Hydrochlorothiazide	4
Molindone	6
Montelukast	12
Mounjaro	9
Mycophenolate	10
Mycophenolic Acid	10
Myfortic	10

N

Nadolol	4
Nadolol-Bendroflumethazide	4
Nateglinide	9
Nebivolol	4
Neoral	10
Nesina	9
Nevirapine	10
Nevirapine Extended-Release	10
Nexiclon XR	4
Nexletol	6
Nexlizet	6
Niacin Extended-Release	6
Niacor	6
Niaspan	6
Nicardipine	4
Nifedipine	4
Nifedipine ER	4
Nimodipine	4
Nisoldipine	4
Norliqva	4
Norvasc	4
Norvir Tablet	10
Novolin 70/30	8
Novolin N	8
Novolin R	8
Novolog	8
Novolog Mix 70/30	8

O

Odefsey	10
Olanzapine	6
Olmesartan	4
Olmesartan-Hydrochlorothiazide	4
Omega-3 Acid Ethyl Esters	6
OneTouch Diabetic Meters	7
OneTouch Diabetic Test Strips	7

Onglyza	9
Oseni	9
Ozempic	9

P

Paliperidone ER	6
Paroxetine	7
Paroxetine Extended-Release	7
Paxil	7
Paxil CR	7
Pediatric Fluoride Preparations	12
Perforomist	12
Perindopril	4
Perphenazine	6
Persantine	2
Pexeva	7
Pifeltro	10
Pindolol	4
Pioglitazone	9
Pioglitazone-Glimepiride	9
Pioglitazone-Metformin	9
Plavix	2
Plegridy	7
Pletal	2
Ponvory	7
Pradaxa	2
PrandiMet	9
Prandin	9
Prasugrel	2
Pravachol	6
Pravastatin	6
Prazosin	4
Precose	9
Prenatal Vitamins	12
Prestalia	4
Prevalite	6
Prezcobix	10
Prezista	10
Prinivil	4
ProAir Digihaler	12
ProAir HFA	11, 12
Proair RespiClick	12
Procardia	4
Procardia XL	4
Prograf	10
Propranolol	4
Propranolol-Hydrochlorothiazide	4
Proventil HFA	11, 12
Prozac	7
Pulmicort Flexhaler	12
Pulmicort Nebulized Solution	12

Q

Qbrelis	4
Qtern	9
Questran	6
Questran Light	6
Quetiapine	6
Quetiapine ER	6
Quinapril	4
Quinapril-Hydrochlorothiazide	4
QVAR Redihaler	12

R

Raloxifene	11
Ramipril	4
Rapamune	10
Rebif	7
Repaglinide	9
Repaglinide-Metformin	9
Rescriptor	10
Reserpine	4
Retrovir	10
Rexulti	6
Reyataz	10
Riomet	8, 9
Riomet ER	9
Risedronate	11
Risperdal	6
Risperidone	6
Ritonavir	10
Rosuvastatin	6
Roszet	6
Rukobia	10
Rybelsus	9

S

Sandimmune	10
Saphris	6
Savaysa	2
Sectral	4
Secuado	6
Segluromet	9
Selzentry	10
Semglee	8
Serevent Diskus	12
Seroquel	6
Seroquel XR	6
Sertraline Capsules 150 mg, 200 mg	7
Sertraline Tablets	7
Simvastatin	6
Simvastatin/Ezetimibe	6
Singulair	12



Sirolimus.....	10
Soanz.....	4
Soliqua.....	8
Soltamox	1
Spiriva HandiHaler.....	12
Spiriva Respimat	12
Spironolactone	4
Spironolactone- Hydrochlorothiazide	4
Starlix.....	9
Stavudine	10
Steglatro.....	9
Steglujan	9
Stiolto Respimat	12
Stribild	10
Striverdi Respimat.....	12
Sular.....	4
Sustiva	10
Symbicort.....	11, 12
Symfi.....	9, 10
Symfi Lo.....	9, 10
Symfi, Symfi Lo.....	9
SymlinPen	9
Symtuza.....	10
Synjardy.....	9
Synjardy XR.....	9
T	
Tacrolimus.....	11
Tamoxifen.....	1
Tarka	4
Taztia XT.....	4
Tecfidera.....	7
Tekturna	4
Tekturna HCT.....	4
Telmisartan.....	4
Telmisartan-Amlodipine.....	4
Telmisartan-Hydrochlorothiazide.....	4
Temixys.....	10
Tenex	4
Tenofovir.....	10
Tenoretic.....	4
Tenormin	5
Terazosin	5
Terbutaline	12
Teriparatide	11
Teveten	5
Teveten HCT	5
Thalitone 15 mg	5
Thalitone 25 mg	5
Theo-24	12
Theophylline.....	12
Theophylline/Guaifenesin.....	12
Thioridazine	6
Thiothixene.....	6
Tiazac	5
Ticlopidine.....	2
Timolol.....	5
Tivicay.....	10
Tivicay PD.....	10
Tolbutamide	9
Toprol XL.....	5
Toremifene	1
Torse mide	5
Toujeo	8
Tradjenta	9
Trandate	5
Trandolapril.....	5
Trandolapril-Verapamil.....	5
Trelegy Ellipta.....	12
Tresiba	8
Triamterene.....	5
Triamterene-Hydrochlorothiazide	5
Tribenzor	5
Tricor.....	6
Trifluoperazine	6
Triglide	6
Trijardy XR.....	9
Trilipix.....	6
Triumeq	10
Triumeq PD	10
Trizivir.....	10
Trulicity	9
Truvada.....	9, 10
Tudorza Pressair.....	12
Twynsta	5
Tymlos	11
U	
Uniretic	5
Univasc.....	5
V	
Valsartan	5
Valsartan Solution	5
Valsartan-Hydrochlorothiazide.....	5
Vascepa.....	6
Vaseretic.....	5
Vasotec.....	5
Ventolin HFA	11, 12
Verapamil	5
Verapamil ER	5
Verelan.....	5
Verelan PM.....	5
Versacloz.....	6
Victoza.....	9
Videx.....	10
Videx EC.....	10
Viracept	10
Viramune	10
Viramune XR.....	10
Viread	10
Viteka.....	10
Vocabria	10
VoSpire ER.....	12
Vraylar.....	6
Vumerity	7
Vytorin	6
W	
Warfarin	2
Welchol.....	6
X	
Xarelto	2
Xigduo XR	9
Xopenex HFA	12
Xopenex Nebulized Solution	12
Xultophy.....	9
Y	
Yupelri.....	12
Z	
Zafirlukast	12
Zaroxolyn.....	5
Zebeta	5
Zeposia.....	7
Zerit.....	10
Zestoretic	5
Zestril.....	5
Zetia	6
Ziac	5
Ziagen.....	10
Zidovudine	10
Ziprasidone	6
Zocor	6
Zolofl	7
Zontivity.....	2
Zortress	11
Zyflo	12
Zyflo CR.....	12
Zypitamag	6
Zyprexa.....	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 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
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 member 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 member 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 tłumaczenia. 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.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i. T'áá shoqdí ninaaltsoos nit'i'izi bee nééhozínígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomali (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 member ID card to speak with customer service.



Visit the member website listed on your member 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 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.

8/22 ©2023 United HealthCare Services, Inc. WF7957983-E_2023 Preventive Expanded List