



2020 Preventive Drug List for Consumer Driven Health Plans Expanded List

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

Effective Jan. 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.

| Therapeutic Drug Classes | Requirements & Limits |
|--|-----------------------|
| Breast Cancer Prevention | |
| Anastrozole | |
| Arimidex | E |
| Aromasin | |
| Exemestane | |
| Fareston | |
| Femara | E |
| Letrozole | |
| Soltamox | E |
| Tamoxifen | |
| Toremifene | |
| 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 | E |
| 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 | |
| Aliskiren | |
| 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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[Plain type = Generic drug]

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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 | |
| Fosinopril-Hydrochlorothiazide | |

| Therapeutic Drug Classes | Requirements & Limits |
|----------------------------------|-----------------------|
| Furosemide | |
| Guanfacine | |
| Hydralazine | |
| Hydrochlorothiazide | |
| Hyzaar | |
| Indapamide | |
| Inderal | |
| Inderal LA | E |
| Innopran XL | |
| Inspra | |
| Irbesartan | |
| Irbesartan - Hydrochlorothiazide | |
| Isoptin SR | |
| Isradipine | |
| Kaspargo | |
| Katerzia | 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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[Plain type = Generic drug]

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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 | E |
| 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 | |

Bold type = Brand-name drug

[Plain type = Generic drug]

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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 |
| Ezallor Sprinkle | 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 |

Bold type = Brand-name drug

[Plain type = Generic drug]

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| Therapeutic Drug Classes | Requirements & Limits |
|---|-----------------------|
| Central Nervous System: Mental Health | |
| Abilify, Abilify Mycite | 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 |
| Central Nervous System: Multiple Sclerosis | |
| Aubagio | |

| Therapeutic Drug Classes | Requirements & Limits |
|--|-----------------------|
| Avonex | |
| Betaseron | |
| Copaxone | E |
| Extavia | E |
| Gilenya | |
| glatiramer acetate [Mylan only (generic Copaxone)] | |
| Glatopa | E |
| Mavenclad | E |
| Mayzent | 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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[Plain type = Generic drug]

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| Therapeutic Drug Classes | Requirements & Limits |
|------------------------------|-----------------------|
| Humulin N | |
| Humulin R | |
| Insulin Lispro | E |
| Lantus | E |
| Levemir | E |
| 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 | |
| Crixivan | |

| Therapeutic Drug Classes | Requirements & Limits |
|-----------------------------|-----------------------|
| Delstrigo | |
| Descovy | |
| Didanosine | |
| Dovato | |
| 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 | |
| Pifeltro | |
| Prezcobix | |
| Prezista | |
| Rescriptor | |
| Retrovir | |
| Reyataz | E |
| Ritonavir | |

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[Plain type = Generic drug]

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| Therapeutic Drug Classes | Requirements & Limits |
|---|-----------------------|
| Selzentry | |
| Stavudine | |
| 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 |

| Therapeutic Drug Classes | Requirements & Limits |
|---|-----------------------|
| Prograf | E |
| 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 HFA (ProAir HFA, Proventil HFA authorized generic) | |
| Albuterol HFA (Ventolin HFA authorized generic) | E |
| Albuterol Nebulized Solution | |

Bold type = Brand-name drug

[Plain type = Generic drug]

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| Therapeutic Drug Classes | Requirements & Limits |
|-----------------------------------|-----------------------|
| Albuterol Oral Tablet | |
| Alvesco | |
| Aminophylline | |
| 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 Diskus | E |
| Fluticasone/Salmeterol RespiClick | |
| Foradil | |
| Gastrocrom | |
| Incruse Ellipta | |
| Ipratropium | |
| Ipratropium/Albuterol | |
| Levalbuterol HFA | |
| Levalbuterol Nebulized Solution | |
| Lonhala Magnair | E |
| Lufyllin | |
| Metaproterenol | |
| Montelukast | |

| Therapeutic Drug Classes | Requirements & Limits |
|--|-----------------------|
| Perforomist | |
| Proair HFA | |
| Proair RespiClick | |
| Proventil HFA | |
| Pulmicort Flexhaler | |
| Pulmicort Nebulized Solution | E |
| 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 | E |
| Utibron NeoHaler | E |
| Ventolin HFA | |
| VoSpire ER | |
| Yupelri | |
| 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 | |

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

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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'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 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.