

2022 Preventive medications and your plan

Effective January 1, 2022



Managing your health with preventive medications

Your pharmacy benefit plan includes special coverage for preventive medications.

The drugs on your plan's preventive medications list do not have a deductible. This means you'll pay your copayment/coinsurance or nothing at all, depending on your plan.

To check the cost of any medication, call the number on your member ID card, visit your plan's website on your member ID card, or log on to the OptumRx app.

Potential savings with generic medications

To get the most from your benefits, ask your doctor if a generic medication is right for you. Generics normally cost less than brand medications, and the Food and Drug Administration (FDA) requires them to be just as safe and effective.

A list of covered preventive medications begins on the next page.

Medications are listed by therapeutic category. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will rule.

For questions on injectable preventive medications administered by your doctor or healthcare provider, please call the number on your ID card.

2022 Premium HDHP Preventive Medication List

Drug Name	Notes
Anti-Addiction / Substance Abuse Treatment Agents	
APO-VARENICLINE ORAL TABLET	++
bupropion hcl er (smoking det) oral tablet extended release 12 hour	++
NICOTROL INHALATION INHALER	++
NICOTROL NS NASAL SOLUTION	++
Anticoagulants	
ARIXTRA SUBCUTANEOUS SOLUTION	SP
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	
ELIQUIS ORAL TABLET	
enoxaparin sodium injection solution	SP
enoxaparin sodium subcutaneous solution	SP
fondaparinux sodium subcutaneous solution	SP
FRAGMIN SUBCUTANEOUS SOLUTION	SP
heparin sodium (porcine) injection solution	
heparin sodium (porcine) injection solution prefilled syringe	
heparin sodium (porcine) pf injection solution	
jantoven oral tablet	
LOVENOX INJECTION SOLUTION	SP
LOVENOX SUBCUTANEOUS SOLUTION	SP
PRADAXA ORAL CAPSULE	
SAVAYSA ORAL TABLET	
warfarin sodium oral tablet	
XARELTO ORAL TABLET	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	
Antidepressants	
citalopram hydrobromide oral solution	
citalopram hydrobromide oral tablet	
escitalopram oxalate oral solution	
escitalopram oxalate oral tablet	
fluoxetine hcl oral capsule	
fluoxetine hcl oral capsule delayed release	
fluoxetine hcl oral solution	
fluoxetine hcl oral tablet	
fluvoxamine maleate er oral capsule extended release 24 hour	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
fluvoxamine maleate oral tablet	
olanzapine-fluoxetine hcl oral capsule	
paroxetine hcl er oral tablet extended release 24 hour	
paroxetine hcl oral tablet	
PAXIL ORAL SUSPENSION	
PEXEVA ORAL TABLET	
sertraline hcl oral concentrate	
sertraline hcl oral tablet	
SYMBYAX ORAL CAPSULE	
Antineoplastics - Drugs for Cancer	
anastrozole oral tablet	
AROMASIN ORAL TABLET	
exemestane oral tablet	
FARESTON ORAL TABLET	
FEMARA ORAL TABLET	
letrozole oral tablet	
SOLTAMOX ORAL SOLUTION	
tamoxifen citrate oral tablet	
toremifene citrate oral tablet	
Antiplatelets	
aspirin-dipyridamole er oral capsule extended release 12 hour	
BRILINTA ORAL TABLET	
cilostazol oral tablet	
clopidogrel bisulfate oral tablet	
dipyridamole oral tablet	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
EFFIENT ORAL TABLET	
prasugrel hcl oral tablet	
ZONTIVITY ORAL TABLET	
Antipsychotics - Drugs for Mood Disorders	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	++
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	++
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET	
ABILIFY MYCITE ORAL TABLET	
ABILIFY MYCITE STARTER KIT ORAL TABLET	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	
aripiprazole oral solution	
aripiprazole oral tablet	
aripiprazole oral tablet dispersible	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	++
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	++
asenapine maleate sublingual tablet sublingual	
CAPLYTA ORAL CAPSULE	
chlorpromazine hcl oral concentrate	
chlorpromazine hcl oral tablet	
clozapine oral tablet	
clozapine oral tablet dispersible	
CLOZARIL ORAL TABLET	
FANAPT ORAL TABLET	
FANAPT TITRATION PACK ORAL TABLET	
fluphenazine hcl oral concentrate	
fluphenazine hcl oral elixir	
fluphenazine hcl oral tablet	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	++
GEODON ORAL CAPSULE	
haloperidol lactate oral concentrate	
haloperidol oral tablet	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	++
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	++
LATUDA ORAL TABLET	
loxapine succinate oral capsule	
molindone hcl oral tablet	
NUPLAZID ORAL CAPSULE	
NUPLAZID ORAL TABLET	
olanzapine intramuscular solution reconstituted	++
olanzapine oral tablet	
olanzapine oral tablet dispersible	
paliperidone er oral tablet extended release 24 hour	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	++
quetiapine fumarate er oral tablet extended release 24 hour	
quetiapine fumarate oral tablet	
REXULTI ORAL TABLET	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	++
risperidone oral solution	
risperidone oral tablet	
risperidone oral tablet dispersible	
thioridazine hcl oral tablet	
thiothixene oral capsule	
trifluoperazine hcl oral tablet	
VERSACLOZ ORAL SUSPENSION	
VRAYLAR ORAL CAPSULE	
VRAYLAR ORAL CAPSULE THERAPY PACK	
ziprasidone hcl oral capsule	
ziprasidone mesylate intramuscular solution reconstituted	++
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	++
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	
Antivirals	
abacavir sulfate oral solution	
abacavir sulfate oral tablet	
abacavir sulfate-lamivudine oral tablet	
abacavir-lamivudine-zidovudine oral tablet	
APTIVUS ORAL CAPSULE	
atazanavir sulfate oral capsule	
BIKTARVY ORAL TABLET	
CIMDUO ORAL TABLET	
COMBIVIR ORAL TABLET	
COMPLERA ORAL TABLET	
CRIXIVAN ORAL CAPSULE	
DELSTRIGO ORAL TABLET	
DOVATO ORAL TABLET	
EDURANT ORAL TABLET	
efavirenz oral capsule	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
efavirenz oral tablet	
efavirenz-emtricitab-tenofovir oral tablet	
efavirenz-lamivudine-tenofovir oral tablet	
emtricitabine oral capsule	
emtricitabine-tenofovir df oral tablet	
EMTRIVA ORAL CAPSULE	
EMTRIVA ORAL SOLUTION	
EPIVIR ORAL SOLUTION	
EPIVIR ORAL TABLET	
EPZICOM ORAL TABLET	
etravirine oral tablet	
EVOTAZ ORAL TABLET	
fosamprenavir calcium oral tablet	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	
GENVOYA ORAL TABLET	
INTELENCE ORAL TABLET 100 MG, 200 MG	
INTELENCE ORAL TABLET 25 MG	
INVIRASE ORAL TABLET	
ISENTRESS HD ORAL TABLET	
ISENTRESS ORAL PACKET	
ISENTRESS ORAL TABLET	
ISENTRESS ORAL TABLET CHEWABLE	
JULUCA ORAL TABLET	
KALETRA ORAL SOLUTION	
KALETRA ORAL TABLET	
lamivudine oral solution	
lamivudine oral tablet 150 mg, 300 mg	
lamivudine-zidovudine oral tablet	
LEXIVA ORAL SUSPENSION	
LEXIVA ORAL TABLET	
lopinavir-ritonavir oral solution	
lopinavir-ritonavir oral tablet	
nevirapine er oral tablet extended release 24 hour	
nevirapine oral suspension	
nevirapine oral tablet	
NORVIR ORAL PACKET	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
NORVIR ORAL SOLUTION	
NORVIR ORAL TABLET	
ODEFSEY ORAL TABLET	
PIFELTRO ORAL TABLET	
PREZCOBIX ORAL TABLET	
PREZISTA ORAL SUSPENSION	
PREZISTA ORAL TABLET	
RETROVIR ORAL CAPSULE	
RETROVIR ORAL SYRUP	
REYATAZ ORAL CAPSULE	
REYATAZ ORAL PACKET	
ritonavir oral tablet	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	
SELZENTRY ORAL SOLUTION	
SELZENTRY ORAL TABLET	
stavudine oral capsule	
STRIBILD ORAL TABLET	
SUSTIVA ORAL CAPSULE	
SUSTIVA ORAL TABLET	
SYMFI LO ORAL TABLET	
SYMFI ORAL TABLET	
SYMTUZA ORAL TABLET	
tenofovir disoproxil fumarate oral tablet	
TIVICAY ORAL TABLET	
TIVICAY PD ORAL TABLET SOLUBLE	
TRIUMEQ ORAL TABLET	
TRIZIVIR ORAL TABLET	
TYBOST ORAL TABLET	
VIRACEPT ORAL TABLET	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
VIREAD ORAL POWDER	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	
VIREAD ORAL TABLET 300 MG	
ZIAGEN ORAL SOLUTION	
ZIAGEN ORAL TABLET	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
zidovudine oral capsule	
zidovudine oral syrup	
zidovudine oral tablet	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	
ACCUPRIL ORAL TABLET	
ACCURETIC ORAL TABLET	
acebutolol hcl oral capsule	
ALDACTAZIDE ORAL TABLET	
ALDACTONE ORAL TABLET	
aliskiren fumarate oral tablet	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	
amiloride hcl oral tablet	
amiloride-hydrochlorothiazide oral tablet	
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION	
amlodipine besylate oral tablet	
amlodipine besylate-benazepril hcl oral capsule	
amlodipine besylate-valsartan oral tablet	
amlodipine-atorvastatin oral tablet	
amlodipine-olmesartan oral tablet	
amlodipine-valsartan-hctz oral tablet	
ANTARA ORAL CAPSULE	
ATACAND HCT ORAL TABLET	
atenolol oral tablet	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION	
atenolol-chlorthalidone oral tablet	
atorvastatin calcium oral tablet	
AVALIDE ORAL TABLET	
benazepril hcl oral tablet	
benazepril-hydrochlorothiazide oral tablet	
BETAPACE AF ORAL TABLET	
BETAPACE ORAL TABLET	
betaxolol hcl oral tablet	
BIDIL ORAL TABLET	
bisoprolol fumarate oral tablet	
bisoprolol-hydrochlorothiazide oral tablet	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
bumetanide oral tablet	
BUMEX ORAL TABLET	
CADUET ORAL TABLET	
CALAN SR ORAL TABLET EXTENDED RELEASE	
candesartan cilexetil oral tablet	
candesartan cilexetil-hctz oral tablet	
captopril oral tablet	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	
120 MG	
CARDIZEM ORAL TABLET	
CARDURA ORAL TABLET	
CAROSPIR ORAL SUSPENSION	
cartia xt oral capsule extended release 24 hour	
carvedilol oral tablet	
carvedilol phosphate er oral capsule extended release 24 hour	
chlorthalidone oral tablet	
cholestyramine light oral packet	
cholestyramine light oral powder	
cholestyramine oral packet	
cholestyramine oral powder	
clonidine hcl oral tablet	
clonidine transdermal patch weekly	
colesevelam hcl oral packet	
colesevelam hcl oral tablet	
colestipol hcl oral granules	
colestipol hcl oral packet	
colestipol hcl oral tablet	
CORGARD ORAL TABLET	
DEMSER ORAL CAPSULE	
DIBENZYLINE ORAL CAPSULE	
digitek oral tablet	
digox oral tablet	
digoxin oral solution	
digoxin oral tablet	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
diltiazem hcl er beads oral capsule extended release 24 hour	
diltiazem hcl er coated beads oral capsule extended release 24 hour	
diltiazem hcl er coated beads oral tablet extended release 24 hour	
diltiazem hcl er oral capsule extended release 12 hour	
diltiazem hcl er oral capsule extended release 24 hour	
diltiazem hcl oral tablet	
dilt-xr oral capsule extended release 24 hour	
DIURIL ORAL SUSPENSION	
doxazosin mesylate oral tablet	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	
DYRENIUM ORAL CAPSULE	
EDARBI ORAL TABLET	
EDARBYCLOR ORAL TABLET	
EDECRIN ORAL TABLET	
enalapril maleate oral tablet	
enalapril-hydrochlorothiazide oral tablet	
EPANED ORAL SOLUTION	
eplerenone oral tablet	
ethacrynic acid oral tablet	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	
ezetimibe oral tablet	
ezetimibe-simvastatin oral tablet	
felodipine er oral tablet extended release 24 hour	
fenofibrate micronized oral capsule	
fenofibrate oral capsule	
fenofibrate oral tablet	
fenofibric acid oral capsule delayed release	
fenofibric acid oral tablet	
FENOGLIDE ORAL TABLET	
FIBRICOR ORAL TABLET	
FLOLIPID ORAL SUSPENSION	
fluvastatin sodium er oral tablet extended release 24 hour	
fluvastatin sodium oral capsule	
fosinopril sodium oral tablet	
fosinopril sodium-hctz oral tablet	
furosemide oral solution	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
furosemide oral tablet	
gemfibrozil oral tablet	
GONITRO SUBLINGUAL PACKET	
guanfacine hcl oral tablet	
HEMANGEOL ORAL SOLUTION	
hydralazine hcl oral tablet	
hydrochlorothiazide oral capsule	
hydrochlorothiazide oral tablet	
icosapent ethyl oral capsule	
indapamide oral tablet	
INSPRA ORAL TABLET	
irbesartan oral tablet	
irbesartan-hydrochlorothiazide oral tablet	
ISORDIL TITRADOSE ORAL TABLET	
isosorbide dinitrate oral tablet	
isosorbide mononitrate er oral tablet extended release 24 hour	
isosorbide mononitrate oral tablet	
isradipine oral capsule	
JUXTAPID ORAL CAPSULE	SP
labetalol hcl oral tablet	
LANOXIN ORAL TABLET	
LIPOFEN ORAL CAPSULE	
lisinopril oral tablet	
lisinopril-hydrochlorothiazide oral tablet	
LOPID ORAL TABLET	
LOPRESSOR ORAL TABLET	
losartan potassium oral tablet	
losartan potassium-hctz oral tablet	
LOTENSIN HCT ORAL TABLET	
LOTENSIN ORAL TABLET	
lovastatin oral tablet	
matzim la oral tablet extended release 24 hour	
MAXZIDE ORAL TABLET	
MAXZIDE-25 ORAL TABLET	
methyldopa oral tablet	
metolazone oral tablet	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
metoprolol succinate er oral tablet extended release 24 hour	
metoprolol tartrate oral tablet	
metoprolol-hydrochlorothiazide oral tablet	
metyrosine oral capsule	
MINIPRESS ORAL CAPSULE	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	
minoxidil oral tablet	
moexipril hcl oral tablet	
nadolol oral tablet	
NEXLETOL ORAL TABLET	
NEXLIZET ORAL TABLET	
niacin (antihyperlipidemic) oral tablet	
niacin er (antihyperlipidemic) oral tablet extended release	
niacor oral tablet	
nicardipine hcl oral capsule	
nifedipine er oral tablet extended release 24 hour	
nifedipine er osmotic release oral tablet extended release 24 hour	
nifedipine oral capsule	
nimodipine oral capsule	
nisoldipine er oral tablet extended release 24 hour	
NITRO-BID TRANSDERMAL OINTMENT	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	
nitroglycerin sublingual tablet sublingual	
nitroglycerin transdermal patch 24 hour	
nitroglycerin translingual solution	
NITROLINGUAL TRANSLINGUAL SOLUTION	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE	
NYMALIZE ORAL SOLUTION	
olmesartan medoxomil oral tablet	
olmesartan medoxomil-hctz oral tablet	
olmesartan-amlodipine-hctz oral tablet	
OMEGA-3 RX COMPLETE ORAL THERAPY PACK	
omega-3-acid ethyl esters oral capsule	
perindopril erbumine oral tablet	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
phenoxybenzamine hcl oral capsule	
pindolol oral tablet	
pravastatin sodium oral tablet	
prazosin hcl oral capsule	
PRESTALIA ORAL TABLET	
prevalite oral packet	
prevalite oral powder	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	
propranolol hcl er oral capsule extended release 24 hour	
propranolol hcl oral solution	
propranolol hcl oral tablet	
QBRELIS ORAL SOLUTION	
quinapril hcl oral tablet	
quinapril-hydrochlorothiazide oral tablet	
ramipril oral capsule	
ranolazine er oral tablet extended release 12 hour	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
rosuvastatin calcium oral tablet	
ROSZET ORAL TABLET	
simvastatin oral tablet	
sorine oral tablet	
sotalol hcl (af) oral tablet	
sotalol hcl oral tablet	
SOTYLIZE ORAL SOLUTION	
spironolactone oral tablet	
spironolactone-hctz oral tablet	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR	
SURE RESULT O3D3 SYSTEM ORAL KIT	
TARKA ORAL TABLET EXTENDED RELEASE 2-240 MG	
taztia xt oral capsule extended release 24 hour	
TEKTURNA HCT ORAL TABLET	
TEKTURNA ORAL TABLET	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
telmisartan oral tablet	
telmisartan-amlodipine oral tablet	
telmisartan-hctz oral tablet	
TENORETIC 100 ORAL TABLET	
TENORETIC 50 ORAL TABLET	
tiadylt er oral capsule extended release 24 hour	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
timolol maleate oral tablet	
toremide oral tablet	
trandolapril oral tablet	
trandolapril-verapamil hcl er oral tablet extended release	
triamterene oral capsule	
triamterene-hctz oral capsule	
triamterene-hctz oral tablet	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	
valsartan oral tablet	
valsartan-hydrochlorothiazide oral tablet	
VASCEPA ORAL CAPSULE	
VASERETIC ORAL TABLET	
VASOTEC ORAL TABLET	
VECAMYL ORAL TABLET	
verapamil hcl er oral capsule extended release 24 hour	
verapamil hcl er oral tablet extended release	
verapamil hcl oral tablet	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
ZESTORETIC ORAL TABLET	
ZIAC ORAL TABLET	
Diabetes - Antidiabetic Agents	
acarbose oral tablet	
ACTOPLUS MET ORAL TABLET	
ACTOS ORAL TABLET	
AMARYL ORAL TABLET	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
BYETTA 10 MCG PEN	
BYETTA 5 MCG PEN	
CYCLOSET ORAL TABLET	
DUETACT ORAL TABLET	
FARXIGA ORAL TABLET	
glimepiride oral tablet	
glipizide er oral tablet extended release 24 hour	
glipizide oral tablet	
glipizide xl oral tablet extended release 24 hour	
glipizide-metformin hcl oral tablet	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	
glyburide micronized oral tablet	
glyburide oral tablet	
glyburide-metformin oral tablet	
GLYNASE ORAL TABLET	
GLYXAMBI ORAL TABLET	
JANUMET ORAL TABLET	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
JANUVIA ORAL TABLET	
JARDIANCE ORAL TABLET	
JENTADUETO ORAL TABLET	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
metformin hcl er oral tablet extended release 24 hour	
metformin hcl oral solution	
metformin hcl oral tablet	
miglitol oral tablet	
nateglinide oral tablet	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR	
pioglitazone hcl oral tablet	
pioglitazone hcl-glimepiride oral tablet	
pioglitazone hcl-metformin hcl oral tablet	
PRECOSE ORAL TABLET	
repaglinide oral tablet	
RIOMET ORAL SOLUTION	
RYBELSUS ORAL TABLET	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
SYMLINPEN 120	
SYMLINPEN 60	
SYNJARDY ORAL TABLET	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
tolbutamide oral tablet 500 mg	
TRADJENTA ORAL TABLET	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	
VICTOZA	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	
Diabetes - Glucose Monitoring	
CONTOUR MONITOR DEVICE DEVICE	++
CONTOUR MONITOR KIT W/DEVICE KIT	++
CONTOUR NEXT EZ KIT	++
CONTOUR NEXT LINK KIT	++
CONTOUR NEXT MONITOR KIT	++
CONTOUR NEXT ONE KIT	++
Diabetes - Insulins	
AFREZZA INHALATION POWDER	++
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	++
HUMALOG MIX 50/50 KWIKPEN	++
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	++
HUMALOG MIX 75/25 KWIKPEN	++
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	++
HUMALOG SUBCUTANEOUS SOLUTION	++
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	++
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	++
HUMULIN 70/30 KWIKPEN	++
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	++
HUMULIN N KWIKPEN	++
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	++
HUMULIN R U-500 KWIKPEN	++
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
HUMULIN R VIAL INJECTION SOLUTION	++
LANTUS U-100 SOLOSTAR	++
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	++
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	++
LYUMJEV VIAL INJECTION SOLUTION	++
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	++
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	++
Electrolytes / Minerals / Metals / Vitamins	
adc/f (0.5mg/ml) oral solution	++
ATABEX EC ORAL TABLET DELAYED RELEASE	++
ATABEX OB ORAL TABLET	++
CITRANATAL B-CALM ORAL	++
CITRANATAL BLOOM DHA ORAL	++
CITRANATAL MEDLEY ORAL CAPSULE	++
CITRANATAL RX ORAL TABLET	++
C-NATE DHA ORAL CAPSULE	++
COMPLETE NATAL DHA ORAL 29-1-200 & 250 MG	++
COMPLETENATE ORAL TABLET CHEWABLE	++
CO-NATAL FA ORAL TABLET	++
CONCEPT DHA ORAL CAPSULE	++
CONCEPT OB ORAL CAPSULE	++
ELITE-OB ORAL TABLET	++
FLORIVA ORAL LIQUID	++
FLORIVA ORAL TABLET CHEWABLE	++
FLORIVA PLUS ORAL SOLUTION	++
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG	++
INATAL GT ORAL TABLET	++
kosher prenatal plus iron oral tablet	++
M-NATAL PLUS ORAL TABLET	++
multi-vitamin/fluoride oral solution	++
multivitamin/fluoride oral tablet chewable	++
multi-vitamin/fluoride/iron oral solution	++
MYNATAL ORAL CAPSULE	++
MYNATAL PLUS ORAL TABLET	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
MYNATAL-Z ORAL TABLET	++
NATALVIT ORAL TABLET	++
NEONATAL 19 ORAL TABLET	++
NEONATAL COMPLETE ORAL TABLET 27-1 MG	++
NEONATAL PLUS ORAL TABLET	++
NESTABS ORAL TABLET	++
NIVA-PLUS ORAL TABLET	++
OB COMPLETE ORAL TABLET	++
OB COMPLETE/DHA ORAL CAPSULE	++
OBSTETRIX DHA ORAL	++
OBSTETRIX EC ORAL TABLET	++
OBSTETRIX ONE ORAL CAPSULE	++
O-CAL PRENATAL ORAL TABLET	++
ONE VITE WOMENS PLUS ORAL TABLET	++
ONEVITE ORAL TABLET	
pnv tabs 29-1 oral tablet	++
pnv-dha oral capsule	++
pnv-dha+docusate oral capsule	++
pnv-omega oral capsule	++
pnv-select oral tablet	++
POLY-VI-FLOR ORAL SUSPENSION	++
POLY-VI-FLOR ORAL TABLET CHEWABLE	++
POLY-VI-FLOR/IRON ORAL SUSPENSION	++
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	++
PREMESISRX ORAL TABLET	++
PRENA 1 TRUE ORAL	++
PRENA1 ORAL TABLET CHEWABLE	++
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	++
PRENAISSANCE ORAL CAPSULE	++
PRENAISSANCE PLUS ORAL CAPSULE	++
PRENATABS RX ORAL TABLET	++
prenatal 19 oral tablet 29-1 mg	++
prenatal 19 oral tablet chewable	++
prenatal oral tablet 27-1 mg	++
prenatal plus iron oral tablet	++
prenatal vitamin plus low iron oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
PRENATAL-U ORAL CAPSULE	++
PRENATE AM ORAL TABLET	++
PRENATVITE PLUS ORAL TABLET	++
PRENATVITE RX ORAL TABLET	++
preplus oral tablet	++
PRETAB ORAL TABLET	++
PROVIDA OB ORAL CAPSULE	++
QUFLORA FE PEDIATRIC ORAL LIQUID	++
QUFLORA GUMMIES ORAL TABLET CHEWABLE	++
QUFLORA PEDIATRIC ORAL SOLUTION	++
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	++
RELNATE DHA ORAL CAPSULE	++
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	++
SE-NATAL 19 ORAL TABLET	++
SE-NATAL 19 ORAL TABLET CHEWABLE	++
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG	++
TARON-PREX ORAL CAPSULE	++
THRIVITE 19 ORAL TABLET	
THRIVITE RX ORAL TABLET	++
TRICARE ORAL TABLET	++
TRICARE PRENATAL DHA ONE ORAL CAPSULE	++
TRINATAL RX 1 ORAL TABLET	++
TRINATE ORAL TABLET	++
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG	++
TRI-VI-FLOR ORAL SUSPENSION	++
TRI-VI-FLORO ORAL SUSPENSION	++
tri-vite/fluoride oral solution	++
UDAMIN SP ORAL TABLET	
VINATE DHA RF ORAL CAPSULE	++
VINATE II ORAL TABLET	++
VINATE ONE ORAL TABLET	++
virt-c dha oral capsule	++
virt-nate dha oral capsule	++
virt-pn dha oral capsule	++
virt-pn plus oral capsule	++
VITAFOL STRIPS ORAL FILM	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
vitamins acid-fluoride oral solution	++
VIVA DHA ORAL CAPSULE	++
vp-pnv-dha oral capsule	++
WESTAB PLUS ORAL TABLET	++
ZATEAN-PN DHA ORAL CAPSULE	++
ZATEAN-PN PLUS ORAL CAPSULE	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	++
CARAFATE ORAL SUSPENSION	
cimetidine hcl oral solution	++
cimetidine oral tablet	++
CYTOTEC ORAL TABLET	
DEXILANT ORAL CAPSULE DELAYED RELEASE	++
esomeprazole magnesium oral capsule delayed release	++
esomeprazole magnesium oral packet	++
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE	++
famotidine oral suspension reconstituted	++
famotidine oral tablet 40 mg	++
famotidine tablet 20 mg oral (rx)	++
FIRST-LANSOPRAZOLE ORAL SUSPENSION	++
FIRST-OMEPRAZOLE ORAL SUSPENSION	++
lansoprazole oral capsule delayed release	++
lansoprazole oral tablet delayed release dispersible	++
misoprostol oral tablet	
NEXIUM ORAL PACKET	++
nizatidine oral capsule	++
nizatidine oral solution	++
omeprazole oral capsule delayed release	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION	++
pantoprazole sodium oral packet	++
pantoprazole sodium oral tablet delayed release	
PEPCID ORAL TABLET	++
PRILOSEC ORAL PACKET	++
PROTONIX ORAL PACKET	++
rabeprazole sodium oral tablet delayed release	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
sucralfate oral suspension	
sucralfate oral tablet	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	
amoxicill-clarithro-lansopraz oral	
HELIDAC THERAPY ORAL	
OMECLAMOX-PAK ORAL	
PYLERA ORAL CAPSULE	
TALICIA ORAL CAPSULE DELAYED RELEASE	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	
EVISTA ORAL TABLET	
OSPHENA ORAL TABLET	
raloxifene hcl oral tablet	
Hormonal Agents - Sex Hormones and Birth Control	
ACTIVELLA ORAL TABLET	
afirmelle oral tablet	++
ALORA TRANSDERMAL PATCH TWICE WEEKLY	
altavera oral tablet	++
alyacen 1/35 oral tablet	++
alyacen 7/7/7 oral tablet	++
amabelz oral tablet	
amethia oral tablet	++
amethyst oral tablet	++
ANGELIQ ORAL TABLET	
ANNOVERA VAGINAL RING	++
apri oral tablet	++
aranelle oral tablet	++
ashlyna oral tablet	++
aubra eq oral tablet	++
aubra oral tablet	++
aurovela 1.5/30 oral tablet	++
aurovela 1/20 oral tablet	++
aurovela 24 fe oral tablet	++
aurovela fe 1.5/30 oral tablet	++
aurovela fe 1/20 oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
aviane oral tablet	++
ayuna oral tablet	++
azurette oral tablet	++
BALCOLTRA ORAL TABLET	++
balziva oral tablet	++
BIJUVA ORAL CAPSULE	
blisovi 24 fe oral tablet	++
blisovi fe 1.5/30 oral tablet	++
blisovi fe 1/20 oral tablet	++
briellyn oral tablet	++
camila oral tablet	++
camrese lo oral tablet	++
camrese oral tablet	++
caziant oral tablet	++
charlotte 24 fe oral tablet chewable	++
chateal eq oral tablet	++
chateal oral tablet	++
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	
COVARYX HS ORAL TABLET	
COVARYX ORAL TABLET	
cryselle-28 oral tablet	++
cyclafem 1/35 oral tablet	++
cyclafem 7/7/7 oral tablet	++
cyred eq oral tablet	++
cyred oral tablet	++
dasetta 1/35 oral tablet	++
dasetta 7/7/7 oral tablet	++
daysee oral tablet	++
deblitane oral tablet	++
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	
delyla oral tablet	++
DEPO-ESTRADIOL INTRAMUSCULAR OIL	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	++
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	++
desogestrel-ethinyl estradiol oral tablet	++
DIVIGEL TRANSDERMAL GEL	
dolishale oral tablet	++
dotti transdermal patch twice weekly	
drospiren-eth estrad-levomefol oral tablet	++
drospirenone-ethinyl estradiol oral tablet	++
DUAVEE ORAL TABLET	
EC-RX ESTRADIOL TRANSDERMAL CREAM	
EEMT HS ORAL TABLET	
EEMT ORAL TABLET	
ELESTRIN TRANSDERMAL GEL	
elinest oral tablet	++
ELLA ORAL TABLET	++
eluryng vaginal ring	++
emoquette oral tablet	++
enpresse-28 oral tablet	++
enskyce oral tablet	++
errin oral tablet	++
est estrogens-methyltest ds oral tablet	
est estrogens-methyltest hs oral tablet	
est estrogens-methyltest oral tablet	
estarylla oral tablet	++
estradiol oral tablet	
estradiol transdermal patch twice weekly	
estradiol transdermal patch weekly	
estradiol valerate intramuscular oil	
estradiol-norethindrone acet oral tablet	
ESTROGEL TRANSDERMAL GEL	
ESTROSTEP FE ORAL TABLET	++
ethynodiol diac-eth estradiol oral tablet	++
etonogestrel-ethinyl estradiol vaginal ring	++
EVAMIST TRANSDERMAL SOLUTION	
FALESSA ORAL KIT 20-1-0.1 MCG-MG	++
falmina oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
fayosim oral tablet	++
FEMHRT ORAL TABLET	
femynor oral tablet	++
fyavolv oral tablet	
gemmily oral capsule	++
hailey 1.5/30 oral tablet	++
hailey 24 fe oral tablet	++
hailey fe 1.5/30 oral tablet	++
hailey fe 1/20 oral tablet	++
heather oral tablet	++
iclevia oral tablet	++
incassia oral tablet	++
introvale oral tablet	++
isibloom oral tablet	++
jaimiess oral tablet	++
jasmiel oral tablet	++
jencycla oral tablet	++
jinteli oral tablet	
jolessa oral tablet	++
juleber oral tablet	++
junel 1.5/30 oral tablet	++
junel 1/20 oral tablet	++
junel fe 1.5/30 oral tablet	++
junel fe 1/20 oral tablet	++
junel fe 24 oral tablet	++
kaitlib fe oral tablet chewable	++
kalliga oral tablet	++
kariva oral tablet	++
kelnor 1/35 oral tablet	++
kelnor 1/50 oral tablet	++
kurvelo oral tablet	++
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	++
larin 1.5/30 oral tablet	++
larin 1/20 oral tablet	++
larin 24 fe oral tablet	++
larin fe 1.5/30 oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
larin fe 1/20 oral tablet	++
larissia oral tablet	++
layolis fe oral tablet chewable	++
leena oral tablet	++
lessina oral tablet	++
levonest oral tablet	++
levonorgest-eth est & eth est oral tablet	++
levonorgest-eth estrad 91-day oral tablet	++
levonorgestrel-ethinyl estrad oral tablet	++
levonorg-eth estrad triphasic oral tablet	++
levora 0.15/30 (28) oral tablet	++
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	++
lillow oral tablet	++
lojaimiess oral tablet	++
loryna oral tablet	++
LOSEASONIQUE ORAL TABLET	++
low-ogestrel oral tablet	++
lo-zumandimine oral tablet	++
lutra oral tablet	++
lyleq oral tablet	++
lyllana transdermal patch twice weekly	
lyza oral tablet	++
marlissa oral tablet	++
medroxyprogesterone acetate intramuscular suspension	++
medroxyprogesterone acetate intramuscular suspension prefilled syringe	++
MENEST ORAL TABLET	
MENOSTAR TRANSDERMAL PATCH WEEKLY	
merzee oral capsule	++
mibelas 24 fe oral tablet chewable	++
microgestin 1.5/30 oral tablet	++
microgestin 1/20 oral tablet	++
microgestin 24 fe oral tablet	++
microgestin fe 1.5/30 oral tablet	++
microgestin fe 1/20 oral tablet	++
mili oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
mimvey oral tablet	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	
MIRCETTE ORAL TABLET	++
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	++
mono-lynyah oral tablet	++
MYFEMBREE ORAL TABLET	
NATAZIA ORAL TABLET	++
necon 0.5/35 (28) oral tablet	++
NEXPLANON SUBCUTANEOUS IMPLANT	++
NEXTSTELLIS ORAL TABLET	++
nikki oral tablet	++
nora-be oral tablet	++
norethin ace-eth estrad-fe oral capsule	++
norethin ace-eth estrad-fe oral tablet	++
norethin ace-eth estrad-fe oral tablet chewable	++
norethindrone acet-ethinyl est oral tablet	++
norethindrone oral tablet	++
norethindrone-eth estradiol oral tablet	
norethin-eth estradiol-fe oral tablet chewable	++
norgestimate-eth estradiol oral tablet	++
norgestimate-ethinyl estradiol triphasic oral tablet	++
norlyda oral tablet	++
norlyroc oral tablet	++
nortrel 0.5/35 (28) oral tablet	++
nortrel 1/35 (21) oral tablet	++
nortrel 1/35 (28) oral tablet	++
nortrel 7/7/7 oral tablet	++
NUVARING VAGINAL RING	++
nylia 7/7/7 oral tablet	++
nymyo oral tablet	++
ocella oral tablet	++
ORIAHNN ORAL CAPSULE THERAPY PACK	
orsythia oral tablet	++
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	++
philith oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
pimtrea oral tablet	++
pirmella 1/35 oral tablet	++
pirmella 7/7/7 oral tablet	++
portia-28 oral tablet	++
PREFEST ORAL TABLET	
PREMARIN ORAL TABLET	
PREMPHASE ORAL TABLET	
PREMPRO ORAL TABLET	
previfem oral tablet	++
QUARTETTE ORAL TABLET	++
reclipsen oral tablet	++
rivelsa oral tablet	++
setlakin oral tablet	++
sharobel oral tablet	++
simliya oral tablet	++
simpesse oral tablet	++
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	++
sprintec 28 oral tablet	++
sronyx oral tablet	++
syeda oral tablet	++
tarina 24 fe oral tablet	++
tarina fe 1/20 eq oral tablet	++
tarina fe 1/20 oral tablet	++
taysofy oral capsule	++
TAYTULLA ORAL CAPSULE	++
tilia fe oral tablet	++
tri femynor oral tablet	++
tri-estarylla oral tablet	++
tri-legest fe oral tablet	++
tri-linyah oral tablet	++
tri-lo-estarylla oral tablet	++
tri-lo-marzia oral tablet	++
tri-lo-mili oral tablet	++
tri-lo-sprintec oral tablet	++
tri-mili oral tablet	++
tri-nymyo oral tablet	++

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
tri-previfem oral tablet	++
tri-sprintec oral tablet	++
trivora (28) oral tablet	++
tri-vylibra lo oral tablet	++
tri-vylibra oral tablet	++
tulana oral tablet	++
tyblume oral tablet chewable	++
tydemy oral tablet	++
velivet oral tablet	++
vestura oral tablet	++
vienva oral tablet	++
viorele oral tablet	++
volnea oral tablet	++
vyfemla oral tablet	++
vylibra oral tablet	++
wera oral tablet	++
wymzya fe oral tablet chewable	++
xulane transdermal patch weekly	++
zafemy transdermal patch weekly	++
zarah oral tablet	++
zovia 1/35 (28) oral tablet	++
zovia 1/35e (28) oral tablet	++
zumandimine oral tablet	++
Immunological Agents - Drugs for Immune System Stimulation or Suppression	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	SP
AZASAN ORAL TABLET	
azathioprine oral tablet	
CELLCEPT ORAL CAPSULE	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED	SP
CELLCEPT ORAL TABLET	SP
cyclosporine modified oral capsule	SP
cyclosporine modified oral solution	SP
cyclosporine oral capsule	SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
gengraf oral capsule	SP
gengraf oral solution	SP
IMURAN ORAL TABLET	
mycophenolate mofetil oral capsule	SP
mycophenolate mofetil oral suspension reconstituted	SP
mycophenolate mofetil oral tablet	SP
mycophenolate sodium oral tablet delayed release	SP
MYFORTIC ORAL TABLET DELAYED RELEASE	SP
NEORAL ORAL CAPSULE	SP
NEORAL ORAL SOLUTION	SP
PROGRAF ORAL CAPSULE	SP
PROGRAF ORAL PACKET	SP
RAPAMUNE ORAL SOLUTION	SP
RAPAMUNE ORAL TABLET	SP
SANDIMMUNE ORAL CAPSULE	SP
SANDIMMUNE ORAL SOLUTION	SP
sirolimus oral solution	SP
sirolimus oral tablet	SP
tacrolimus oral capsule	SP
ZORTRESS ORAL TABLET	SP
Metabolic Bone Disease Agents - Drugs for Osteoporosis	
ACTONEL ORAL TABLET	
alendronate sodium oral solution	
alendronate sodium oral tablet	
ATELVIA ORAL TABLET DELAYED RELEASE	
BINOSTO ORAL TABLET EFFERVESCENT	
BONIVA ORAL TABLET	
calcitonin (salmon) nasal solution	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP
FOSAMAX ORAL TABLET	
FOSAMAX PLUS D ORAL TABLET	
ibandronate sodium oral tablet	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP
risedronate sodium oral tablet	
risedronate sodium oral tablet delayed release	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP
Miscellaneous Therapeutic Agents	
CLEVER CHOICE PEAK FLOW METER DEVICE	
SM BLOOD PRESSURE MONITOR DEVICE	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	
ACCOLATE ORAL TABLET	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	
ADVAIR HFA INHALATION AEROSOL	
albuterol sulfate hfa inhalation aerosol solution	
albuterol sulfate inhalation nebulization solution	
albuterol sulfate oral syrup	
albuterol sulfate oral tablet	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	
arformoterol tartrate inhalation nebulization solution	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	
ATROVENT HFA INHALATION AEROSOL SOLUTION	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	
BREZTRI AEROSPHERE INHALATION AEROSOL	
BROVANA INHALATION NEBULIZATION SOLUTION	
budesonide inhalation suspension	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	
cromolyn sodium inhalation nebulization solution	
DALIRESP ORAL TABLET	
ELIXOPHYLLIN ORAL ELIXIR	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	
FLOVENT HFA INHALATION AEROSOL	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	
formoterol fumarate inhalation nebulization solution	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Drug Name	Notes
ipratropium bromide inhalation solution	
ipratropium-albuterol inhalation solution	
levalbuterol hcl inhalation nebulization solution	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	
montelukast sodium oral packet	
montelukast sodium oral tablet	
montelukast sodium oral tablet chewable	
PERFORMIST INHALATION NEBULIZATION SOLUTION	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	
SPIRIVA HANDIHALER INHALATION CAPSULE	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	
SYMBICORT INHALATION AEROSOL	
terbutaline sulfate oral tablet	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
theophylline er oral tablet extended release 12 hour	
theophylline er oral tablet extended release 24 hour	
theophylline oral solution	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	
XOPENEX INHALATION NEBULIZATION SOLUTION	
YUPELRI INHALATION SOLUTION	
zafirlukast oral tablet	
zileuton er oral tablet extended release 12 hour	
ZYFLO ORAL TABLET	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

SP: Oral and self-injectable Specialty medications may have limitations based on your plan benefit.

Index of Drugs

abacavir sulfate.....	5	anastrozole.....	3	BINOSTO.....	29
abacavir sulfate-lamivudine.....	5	ANGELIQ.....	21	bisoprolol fumarate.....	8
abacavir-lamivudine- zidovudine.....	5	ANNOVERA.....	21	bisoprolol-hydrochlorothiazide....	8
ABILIFY MAINTENA.....	3	ANORO ELLIPTA.....	30	blisovi 24 fe.....	22
ABILIFY MYCITE.....	3	ANTARA.....	8	blisovi fe 1.5/30.....	22
ABILIFY MYCITE MAINTENANCE KIT.....	3	APO-VARENICLINE.....	2	blisovi fe 1/20.....	22
ABILIFY MYCITE STARTER KIT.....	3	apri.....	21	BONIVA.....	29
acarbose.....	14	APTIVUS.....	5	BREO ELLIPTA.....	30
ACCOLATE.....	30	aranelle.....	21	BREZTRI AEROSPHERE.....	30
ACCUPRIL.....	8	arformoterol tartrate.....	30	briellyn.....	22
ACCURETIC.....	8	aripiprazole.....	4	BRILINTA.....	3
acebutolol hcl.....	8	ARISTADA.....	4	BROVANA.....	30
ACIPHEX SPRINKLE.....	20	ARISTADA INITIO.....	4	budesonide.....	30
ACTIVELLA.....	21	ARIXTRA.....	2	bumetanide.....	9
ACTONEL.....	29	ARNUITY ELLIPTA.....	30	BUMEX.....	9
ACTOPLUS MET.....	14	AROMASIN.....	3	bupropion hcl er (smoking det)...	2
ACTOS.....	14	asenapine maleate.....	4	BYDUREON BCISE AUTOINJECTOR.....	14
ADASUVE.....	4	ashlyna.....	21	BYETTA 10 MCG PEN.....	15
adc/f (0.5mg/ml).....	17	aspirin-dipyridamole er.....	3	BYETTA 5 MCG PEN.....	15
ADVAIR DISKUS.....	30	ASTAGRAF XL.....	28	CADUET.....	9
ADVAIR HFA.....	30	ATABEX EC.....	17	CALAN SR.....	9
afirmelle.....	21	ATABEX OB.....	17	calcitonin (salmon).....	29
AFREZZA.....	16	ATACAND HCT.....	8	camila.....	22
albuterol sulfate.....	30	atazanavir sulfate.....	5	camrese.....	22
albuterol sulfate hfa.....	30	ATELVIA.....	29	camrese lo.....	22
ALDACTAZIDE.....	8	atenolol.....	8	candesartan cilexetil.....	9
ALDACTONE.....	8	ATENOLOL+SYRSPEND SF.....	8	candesartan cilexetil-hctz.....	9
alendronate sodium.....	29	atenolol-chlorthalidone.....	8	CAPLYTA.....	4
aliskiren fumarate.....	8	atorvastatin calcium.....	8	captopril.....	9
ALORA.....	21	ATROVENT HFA.....	30	CARAFATE.....	20
altavera.....	21	aubra.....	21	CARDIZEM.....	9
ALTOPREV.....	8	aubra eq.....	21	CARDIZEM CD.....	9
alyacen 1/35.....	21	aurovela 1.5/30.....	21	CARDIZEM LA.....	9
alyacen 7/7/7.....	21	aurovela 1/20.....	21	CARDURA.....	9
amabelz.....	21	aurovela 24 fe.....	21	CAROSPIR.....	9
AMARYL.....	14	aurovela fe 1.5/30.....	21	cartia xt.....	9
amethia.....	21	aurovela fe 1/20.....	21	carvedilol.....	9
amethyst.....	21	AVALIDE.....	8	carvedilol phosphate er.....	9
amiloride hcl.....	8	aviane.....	22	caziant.....	22
amiloride-hydrochlorothiazide....	8	ayuna.....	22	CELLCEPT.....	28
AMLODIPINE BES+SYRSPEND SF.....	8	AZASAN.....	28	charlotte 24 fe.....	22
amlodipine besylate.....	8	azathioprine.....	28	chateal.....	22
amlodipine besylate-benazepril hcl.....	8	azurette.....	22	chateal eq.....	22
amlodipine besylate-valsartan....	8	BALCOLTRA.....	22	chlorpromazine hcl.....	4
amlodipine-atorvastatin.....	8	balziva.....	22	chlorthalidone.....	9
amlodipine-olmesartan.....	8	benazepril hcl.....	8	cholestyramine.....	9
amlodipine-valsartan-hctz.....	8	benazepril-hydrochlorothiazide... 8		cholestyramine light.....	9
amoxicill-clarithro-lansopraz....	21	BETAPACE.....	8	cilostazol.....	3
		BETAPACE AF.....	8	CIMDUO.....	5
		betaxolol hcl.....	8	cimetidine.....	20
		BIDIL.....	8	cimetidine hcl.....	20
		BIJUVA.....	22	citalopram hydrobromide.....	2
		BIKTARVY.....	5		

CITRANATAL B-CALM.....	17	deblitane.....	22	eluryng.....	23
CITRANATAL BLOOM DHA.....	17	DELESTROGEN.....	22	emoquette.....	23
CITRANATAL MEDLEY.....	17	DELSTRIGO.....	5	emtricitabine.....	6
CITRANATAL RX.....	17	delyla.....	22	emtricitabine-tenofovir df.....	6
CLEVER CHOICE PEAK		DEM SER.....	9	EMTRIVA.....	6
FLOW METER.....	30	DEPO-ESTRADIOL.....	22	enalapril maleate.....	10
CLIMARA PRO.....	22	DEPO-PROVERA.....	22	enalapril-hydrochlorothiazide....	10
clonidine.....	9	DEPO-SUBQ PROVERA 104... 23		enoxaparin sodium.....	2
clonidine hcl.....	9	desogestrel-ethinyl estradiol....	23	enpresse-28.....	23
clopidogrel bisulfate.....	3	DEXILANT.....	20	enskyce.....	23
clozapine.....	4	DIBENZYLINE.....	9	ENVAR SUS XR.....	28
CLOZARIL.....	4	digitek.....	9	EPANED.....	10
C-NATE DHA.....	17	digox.....	9	EPIVIR.....	6
colesevelam hcl.....	9	digoxin.....	9	eplerenone.....	10
colestipol hcl.....	9	DILATRATE-SR.....	9	EPZICOM.....	6
COMBIPATCH.....	22	diltiazem hcl.....	10	errin.....	23
COMBIVENT RESPIMAT.....	30	diltiazem hcl er.....	10	escitalopram oxalate.....	2
COMBIVIR.....	5	diltiazem hcl er beads.....	10	esomeprazole magnesium.....	20
COMPLERA.....	5	diltiazem hcl er coated beads... 10		ESOMEPRAZOLE	
COMPLETE NATAL DHA.....	17	dilt-xr.....	10	STRONTIUM.....	20
COMPLETENATE.....	17	dipyridamole.....	3	est estrogens-methyltest.....	23
CO-NATAL FA.....	17	DIURIL.....	10	est estrogens-methyltest ds.....	23
CONCEPT DHA.....	17	DIVIGEL.....	23	est estrogens-methyltest hs.....	23
CONCEPT OB.....	17	dolishale.....	23	estarylla.....	23
CONTOUR MONITOR		dotti.....	23	estradiol.....	23
DEVICE.....	16	DOVATO.....	5	estradiol valerate.....	23
CONTOUR MONITOR KIT		doxazosin mesylate.....	10	estradiol-norethindrone acet....	23
W/DEVICE.....	16	drospiren-eth estrad-levomefol. 23		ESTROGEL.....	23
CONTOUR NEXT EZ KIT		drospirenone-ethinyl estradiol... 23		ESTROSTEP FE.....	23
W/DEVICE.....	16	DUAVEE.....	23	ethacrynic acid.....	10
CONTOUR NEXT LINK KIT		DUETACT.....	15	ethynodiol diac-eth estradiol....	23
W/DEVICE.....	16	DURLAZA.....	3	etonogestrel-ethinyl estradiol... 23	
CONTOUR NEXT MONITOR		DUTOPROL.....	10	etravirine.....	6
KIT W/DEVICE.....	16	DYRENIUM.....	10	EVAMIST.....	23
CONTOUR NEXT ONE KIT.....	16	EC-RX ESTRADIOL.....	23	EVENITY.....	29
CORGARD.....	9	EDARBI.....	10	everolimus.....	28
COVARYX.....	22	EDARBYCLOR.....	10	EVISTA.....	21
COVARYX HS.....	22	EDECRI N.....	10	EVOTAZ.....	6
CRIXIVAN.....	5	EDURANT.....	5	exemestane.....	3
cromolyn sodium.....	30	EEMT.....	23	EZALLOR SPRINKLE.....	10
cryselle-28.....	22	EEMT HS.....	23	ezetimibe.....	10
cyclafem 1/35.....	22	efavirenz.....	5, 6	ezetimibe-simvastatin.....	10
cyclafem 7/7/7.....	22	efavirenz-emtricitab-tenofovir....	6	FALESSA.....	23
CYCLOSET.....	15	efavirenz-lamivudine-tenofovir....	6	falmina.....	23
cyclosporine.....	28	EFFIENT.....	3	famotidine.....	20
cyclosporine modified.....	28	ELESTRIN.....	23	FANAPT.....	4
cyred.....	22	elinest.....	23	FANAPT TITRATION PACK.....	4
cyred eq.....	22	ELIQUIS.....	2	FARESTON.....	3
CYTOTEC.....	20	ELIQUIS DVT/PE STARTER		FARXIGA.....	15
DALIRESP.....	30	PACK.....	2	fayosim.....	24
dasetta 1/35.....	22	ELITE-OB.....	17	felodipine er.....	10
dasetta 7/7/7.....	22	ELIXOPHYLLIN.....	30	FEMARA.....	3
daysee.....	22	ELLA.....	23	FEMHRT.....	24

femynor.....	24	hailey fe 1.5/30.....	24	isradipine.....	11
fenofibrate.....	10	hailey fe 1/20.....	24	jaimiess.....	24
fenofibrate micronized.....	10	haloperidol.....	4	jantoven.....	2
fenofibric acid.....	10	haloperidol lactate.....	4	JANUMET.....	15
FENOGLIDE.....	10	heather.....	24	JANUMET XR.....	15
FIBRICOR.....	10	HELIDAC THERAPY.....	21	JANUVIA.....	15
FIRST-LANSOPRAZOLE.....	20	HEMANGEOL.....	11	JARDIANCE.....	15
FIRST-OMEPRAZOLE.....	20	heparin sodium (porcine).....	2	jasmiel.....	24
FLOLIPID.....	10	heparin sodium (porcine) pf.....	2	jencycla.....	24
FLORIVA.....	17	HUMALOG.....	16	JENTADUETO.....	15
FLORIVA PLUS.....	17	HUMALOG KWIKPEN.....	16	JENTADUETO XR.....	15
FLOVENT DISKUS.....	30	HUMALOG MIX 50/50.....		jinteli.....	24
FLOVENT HFA.....	30	KWIKPEN.....	16	jolessa.....	24
fluoxetine hcl.....	2	HUMALOG MIX 50/50 VIAL.....	16	juleber.....	24
fluphenazine hcl.....	4	HUMALOG MIX 75/25.....		JULUCA.....	6
FLUTICASONE-		KWIKPEN.....	16	junel 1.5/30.....	24
SALMETEROL.....	30	HUMALOG MIX 75/25 VIAL.....	16	junel 1/20.....	24
fluvastatin sodium.....	10	HUMALOG U-100 JUNIOR.....		junel fe 1.5/30.....	24
fluvastatin sodium er.....	10	KWIKPEN.....	16	junel fe 1/20.....	24
fluvoxamine maleate.....	3	HUMULIN 70/30 KWIKPEN.....	16	junel fe 24.....	24
fluvoxamine maleate er.....	2	HUMULIN 70/30 VIAL.....	16	JUXTAPID.....	11
FOLIVANE-OB.....	17	HUMULIN N KWIKPEN.....	16	kaitlib fe.....	24
fondaparinux sodium.....	2	HUMULIN N VIAL.....	16	KALETRA.....	6
formoterol fumarate.....	30	HUMULIN R U-500 KWIKPEN.....	16	kalliga.....	24
FOSAMAX.....	29	HUMULIN R U-500 VIAL.....	16	kariva.....	24
FOSAMAX PLUS D.....	29	HUMULIN R VIAL.....	17	kelnor 1/35.....	24
fosamprenavir calcium.....	6	hydralazine hcl.....	11	kelnor 1/50.....	24
fosinopril sodium.....	10	hydrochlorothiazide.....	11	kosher prenatal plus iron.....	17
fosinopril sodium-hctz.....	10	ibandronate sodium.....	29	kurvelo.....	24
FRAGMIN.....	2	iclevia.....	24	KYLEENA.....	24
furosemide.....	10, 11	icosapent ethyl.....	11	labetalol hcl.....	11
FUZEON.....	6	IMURAN.....	29	lamivudine.....	6
fyavolv.....	24	INATAL GT.....	17	lamivudine-zidovudine.....	6
gemfibrozil.....	11	incassia.....	24	LANOXIN.....	11
gemmily.....	24	indapamide.....	11	lansoprazole.....	20
gengraf.....	29	INSPIRA.....	11	LANTUS SOLOSTAR.....	17
GENVOYA.....	6	INTELENCE.....	6	LANTUS U-100 VIAL.....	17
GEODON.....	4	introvale.....	24	larin 1.5/30.....	24
glimepiride.....	15	INVEGA.....	4	larin 1/20.....	24
glipizide er.....	15	INVEGA SUSTENNA.....	4	larin 24 fe.....	24
glipizide ir.....	15	INVEGA TRINZA.....	4	larin fe 1.5/30.....	24
glipizide xl.....	15	INVIRASE.....	6	larin fe 1/20.....	25
glipizide-metformin hcl.....	15	ipratropium bromide.....	31	larissia.....	25
GLUCOTROL XL.....	15	ipratropium-albuterol.....	31	LATUDA.....	4
glyburide.....	15	irbesartan.....	11	layolis fe.....	25
glyburide micronized.....	15	irbesartan-hydrochlorothiazide.....	11	leena.....	25
glyburide-metformin.....	15	ISENTRESS.....	6	lessina.....	25
GLYNASE.....	15	ISENTRESS HD.....	6	letrozole.....	3
GLYXAMBI.....	15	isibloom.....	24	levalbuterol hcl.....	31
GONITRO.....	11	ISORDIL TITRADOSE.....	11	levonest.....	25
guanfacine hcl.....	11	isosorbide dinitrate.....	11	levonorgest-eth est & eth est....	25
hailey 1.5/30.....	24	isosorbide mononitrate.....	11	levonorgest-eth estrad 91-day..	25
hailey 24 fe.....	24	isosorbide mononitrate er.....	11	levonorgestrel-ethinyl estrad.....	25

levonorg-eth estrad triphasic.....	25	microgestin fe 1.5/30.....	25	nikki.....	26
levora 0.15/30 (28).....	25	microgestin fe 1/20.....	25	nimodipine.....	12
LEXIVA.....	6	miglitol.....	15	nisoldipine er.....	12
LILETTA (52 MG).....	25	mili.....	25	NITRO-BID.....	12
lillow.....	25	mimvey.....	26	NITRO-DUR.....	12
LIPOFEN.....	11	MINIPRESS.....	12	nitroglycerin.....	12
lisinopril.....	11	minitran.....	12	NITROLINGUAL.....	12
lisinopril-hydrochlorothiazide.....	11	MINIVELLE.....	26	NITROMIST.....	12
lojaimiess.....	25	minoxidil.....	12	NITRO-TIME.....	12
LONHALA MAGNAIR REFILL		MIRCETTE.....	26	NIVA-PLUS.....	18
KIT.....	31	MIRENA (52 MG).....	26	nizatidine.....	20
LONHALA MAGNAIR		misoprostol.....	20	nora-be.....	26
STARTER KIT.....	31	M-NATAL PLUS.....	17	norethin ace-eth estrad-fe.....	26
LOPID.....	11	moexipril hcl.....	12	norethindrone.....	26
lopinavir-ritonavir.....	6	molindone hcl.....	4	norethindrone acet-ethinyl est...26	
LOPRESSOR.....	11	mono-lynyah.....	26	norethindrone-eth estradiol.....	26
loryna.....	25	montelukast sodium.....	31	norethin-eth estradiol-fe.....	26
losartan potassium.....	11	multivitamin/fluoride.....	17	norgestimate-eth estradiol.....	26
losartan potassium-hctz.....	11	multi-vitamin/fluoride.....	17	norgestimate-ethinyl estradiol	
LOSEASONIQUE.....	25	multi-vitamin/fluoride/iron.....	17	triphasic.....	26
LOTENSIN.....	11	mycophenolate mofetil.....	29	norlyda.....	26
LOTENSIN HCT.....	11	mycophenolate sodium.....	29	norlyroc.....	26
lovastatin.....	11	MYFEMBREE.....	26	nortrel 0.5/35 (28).....	26
LOVENOX.....	2	MYFORTIC.....	29	nortrel 1/35 (21).....	26
low-ogestrel.....	25	MYNATAL.....	17	nortrel 1/35 (28).....	26
loxapine succinate.....	4	MYNATAL PLUS.....	17	nortrel 7/7/7.....	26
lo-zumandimine.....	25	MYNATAL-Z.....	18	NORVIR.....	6, 7
lutura.....	25	nadolol.....	12	NUPLAZID.....	4
lyleq.....	25	NATALVIT.....	18	NUVARING.....	26
lyllana.....	25	NATAZIA.....	26	nylia 7/7/7.....	26
LYUMJEV KWIKPEN.....	17	nateglinide.....	15	NYMALIZE.....	12
LYUMJEV VIAL.....	17	necon 0.5/35 (28).....	26	nymyo.....	26
lyza.....	25	NEONATAL 19.....	18	OB COMPLETE.....	18
marlissa.....	25	NEONATAL COMPLETE.....	18	OB COMPLETE/DHA.....	18
matzim la.....	11	NEONATAL PLUS.....	18	OBSTETRIX DHA.....	18
MAXZIDE.....	11	NEORAL.....	29	OBSTETRIX EC.....	18
MAXZIDE-25.....	11	NESTABS.....	18	OBSTETRIX ONE.....	18
medroxyprogesterone acetate..	25	nevirapine.....	6	O-CAL PRENATAL.....	18
MENEST.....	25	nevirapine er.....	6	ocella.....	26
MENOSTAR.....	25	NEXIUM.....	20	ODEFSEY.....	7
merzee.....	25	NEXLETOL.....	12	olanzapine.....	4
metformin hcl er.....	15	NEXLIZET.....	12	olanzapine-fluoxetine hcl.....	3
metformin hcl ir.....	15	NEXPLANON.....	26	olmesartan medoxomil.....	12
methyldopa.....	11	NEXTSTELLIS.....	26	olmesartan medoxomil-hctz.....	12
metolazone.....	11	niacin (antihyperlipidemic).....	12	olmesartan-amlodipine-hctz.....	12
metoprolol succinate er.....	12	niacin er (antihyperlipidemic)....	12	OMECLAMOX-PAK.....	21
metoprolol tartrate.....	12	niacor.....	12	OMEGA-3 RX COMPLETE.....	12
metoprolol-hydrochlorothiazide.	12	nicardipine hcl.....	12	omega-3-acid ethyl esters.....	12
metyrosine.....	12	NICOTROL.....	2	omeprazole.....	20
mibelas 24 fe.....	25	NICOTROL NS.....	2	OMEPRAZOLE+SYRSPEND	
microgestin 1.5/30.....	25	nifedipine.....	12	SF ALKA.....	20
microgestin 1/20.....	25	nifedipine er.....	12	ONE VITE WOMENS PLUS.....	18
microgestin 24 fe.....	25	nifedipine er osmotic release....	12	ONEVITE.....	18

ORIAHNN.....	26	prenatal vitamin plus low iron....	18	ROSZET.....	13
orsythia.....	26	PRENATAL-U.....	19	RUKOBIA.....	7
OSPHENA.....	21	PRENATE AM.....	19	RYBELSUS.....	15
OZEMPIC.....	15	PRENATVITE PLUS.....	19	SANDIMMUNE.....	29
paliperidone er.....	4	PRENATVITE RX.....	19	SAVAYSA.....	2
pantoprazole sodium.....	20	preplus.....	19	SELECT-OB.....	19
PARAGARD INTRAUTERINE		PRESTALIA.....	13	SELZENTRY.....	7
COPPER.....	26	PRETAB.....	19	SE-NATAL 19.....	19
paroxetine hcl.....	3	prevalite.....	13	SEREVENT DISKUS.....	31
paroxetine hcl er.....	3	previfem.....	27	sertraline hcl.....	3
PAXIL.....	3	PREZCOBIX.....	7	setlakin.....	27
PEPCID.....	20	PREZISTA.....	7	sharobel.....	27
PERFOROMIST.....	31	PRIOSEC.....	20	simliya.....	27
perindopril erbumine.....	12	PROCARDIA XL.....	13	simpesse.....	27
PERSERIS.....	5	PROGRAF.....	29	simvastatin.....	13
PEXEVA.....	3	PROLIA.....	29	sirolimus.....	29
phenoxybenzamine hcl.....	13	propranolol hcl.....	13	SKYLA.....	27
philith.....	26	propranolol hcl er.....	13	SM BLOOD PRESSURE	
PIFELTRO.....	7	PROTONIX.....	20	MONITOR.....	30
pimtrea.....	27	PROVIDA OB.....	19	SOLIQUA.....	15
pindolol.....	13	PULMICORT FLEXHALER.....	31	SOLTAMOX.....	3
pioglitazone hcl.....	15	PYLERA.....	21	sorine.....	13
pioglitazone hcl-glimepiride.....	15	QBRELIS.....	13	sotalol hcl.....	13
pioglitazone hcl-metformin hcl..	15	QUARTETTE.....	27	sotalol hcl (af).....	13
pirmella 1/35.....	27	quetiapine fumarate.....	5	SOTYLIZE.....	13
pirmella 7/7/7.....	27	quetiapine fumarate er.....	5	SPIRIVA HANDIHALER.....	31
pnv tabs 29-1.....	18	QUFLORA FE PEDIATRIC.....	19	SPIRIVA RESPIMAT.....	31
pnv-dha.....	18	QUFLORA GUMMIES.....	19	spironolactone.....	13
pnv-dha+docusate.....	18	QUFLORA PEDIATRIC.....	19	spironolactone-hctz.....	13
pnv-omega.....	18	quinapril hcl.....	13	sprintec 28.....	27
pnv-select.....	18	quinapril-hydrochlorothiazide....	13	sronyx.....	27
POLY-VI-FLOR.....	18	rabeprazole sodium.....	20	stavudine.....	7
POLY-VI-FLOR/IRON.....	18	raloxifene hcl.....	21	STIOLTO RESPIMAT.....	31
portia-28.....	27	ramipril.....	13	STRIBILD.....	7
PRADAXA.....	2	ranolazine er.....	13	STRIVERDI RESPIMAT.....	31
prasugrel hcl.....	3	RAPAMUNE.....	29	sucalfate.....	21
pravastatin sodium.....	13	reclipsen.....	27	SULAR.....	13
prazosin hcl.....	13	RELNATE DHA.....	19	SURE RESULT O3D3	
PRECOSE.....	15	repaglinide.....	15	SYSTEM.....	13
PREFEST.....	27	REPATHA.....	13	SUSTIVA.....	7
PREMARIN.....	27	REPATHA PUSHTRONEX		syeda.....	27
PREMESISRX.....	18	SYSTEM.....	13	SYMBICORT.....	31
PREMPHASE.....	27	REPATHA SURECLICK.....	13	SYMBYAX.....	3
PREMPRO.....	27	RETROVIR.....	7	SYMFI.....	7
PRENA 1 TRUE.....	18	REXULTI.....	5	SYMFI LO.....	7
PRENA1.....	18	REYATAZ.....	7	SYMLINPEN 120.....	16
PRENA1 PEARL.....	18	RIOMET.....	15	SYMLINPEN 60.....	16
PRENAISSANCE.....	18	risedronate sodium.....	29	SYMTUZA.....	7
PRENAISSANCE PLUS.....	18	RISPERDAL CONSTA.....	5	SYNJARDY.....	16
PRENATABS RX.....	18	risperidone.....	5	SYNJARDY XR.....	16
prenatal.....	18	ritonavir.....	7	tacrolimus.....	29
prenatal 19.....	18	rivelsa.....	27	TALICIA.....	21
prenatal plus iron.....	18	rosuvastatin calcium.....	13	tamoxifen citrate.....	3

tarina 24 fe.....	27	TRILIPIX.....	14	virt-pn dha.....	19
tarina fe 1/20.....	27	tri-lo-estarylla.....	27	virt-pn plus.....	19
tarina fe 1/20 eq.....	27	tri-lo-marzia.....	27	VITAFOL STRIPS.....	19
TARKA.....	13	tri-lo-mili.....	27	vitamins acd-fluoride.....	20
TARON-C DHA.....	19	tri-lo-sprintec.....	27	VIVA DHA.....	20
TARON-PREX.....	19	tri-mili.....	27	volnea.....	28
taysofy.....	27	TRINATAL RX 1.....	19	vp-pnv-dha.....	20
TAYTULLA.....	27	TRINATE.....	19	VRAYLAR.....	5
taztia xt.....	13	tri-nymyo.....	27	vyfemla.....	28
TEKTURNA.....	13	tri-previfem.....	28	vylibra.....	28
TEKTURNA HCT.....	13	tri-sprintec.....	28	warfarin sodium.....	2
telmisartan.....	14	TRIUMEQ.....	7	wera.....	28
telmisartan-amlodipine.....	14	TRIVEEN-DUO DHA.....	19	WESTAB PLUS.....	20
telmisartan-hctz.....	14	TRI-VI-FLOR.....	19	wymzya fe.....	28
tenofovir disoproxil fumarate.....	7	TRI-VI-FLORO.....	19	XARELTO.....	2
TENORETIC 100.....	14	tri-vite/fluoride.....	19	XARELTO STARTER PACK.....	2
TENORETIC 50.....	14	trivora (28).....	28	XIGDUO XR.....	16
terbutaline sulfate.....	31	tri-vylibra.....	28	XOPENEX CONCENTRATE.....	31
TERIPARATIDE		tri-vylibra lo.....	28	XOPENEX NEB.....	31
(RECOMBINANT).....	30	TRIZIVIR.....	7	xulane.....	28
THEO-24.....	31	TRULICITY.....	16	XULTOPHY.....	16
theophylline.....	31	tulana.....	28	YUPELRI.....	31
theophylline er.....	31	TWYNSTA.....	14	zafemy.....	28
thioridazine hcl.....	5	tyblume.....	28	zafirlukast.....	31
thiothixene.....	5	TYBOST.....	7	zarah.....	28
THRIVITE 19.....	19	tydemy.....	28	ZATEAN-PN DHA.....	20
THRIVITE RX.....	19	TYMLOS.....	30	ZATEAN-PN PLUS.....	20
tiadylt er.....	14	UDAMIN SP.....	19	ZESTORETIC.....	14
TIAZAC.....	14	valsartan.....	14	ZIAC.....	14
tilia fe.....	27	valsartan-hydrochlorothiazide.....	14	ZIAGEN.....	7
timolol maleate.....	14	VASCEPA.....	14	zidovudine.....	8
TIVICAY.....	7	VASERETIC.....	14	zileuton er.....	31
TIVICAY PD.....	7	VASOTEC.....	14	ziprasidone hcl.....	5
tolbutamide.....	16	VECAMYL.....	14	ziprasidone mesylate.....	5
toremifene citrate.....	3	velivet.....	28	ZONTIVITY.....	3
toremide.....	14	verapamil hcl.....	14	ZORTRESS.....	29
TOUJEO MAX SOLOSTAR.....	17	verapamil hcl er.....	14	zovia 1/35 (28).....	28
TOUJEO SOLOSTAR.....	17	VERELAN.....	14	zovia 1/35e (28).....	28
TRADJENTA.....	16	VERELAN PM.....	14	zumandimine.....	28
trandolapril.....	14	VERSACLOZ.....	5	ZYFLO.....	31
trandolapril-verapamil hcl er.....	14	vestura.....	28	ZYPREXA RELPREVV.....	5
TRELEGY ELLIPTA.....	31	VICTOZA.....	16	ZYPREXA ZYDIS.....	5
tri femynor.....	27	vienva.....	28		
triamterene.....	14	VINATE DHA RF.....	19		
triamterene-hctz.....	14	VINATE II.....	19		
TRICARE.....	19	VINATE ONE.....	19		
TRICARE PRENATAL DHA		viorele.....	28		
ONE.....	19	VIRACEPT.....	7		
tri-estarylla.....	27	VIRAMUNE.....	7		
trifluoperazine hcl.....	5	VIRAMUNE XR.....	7		
TRIJARDY XR.....	16	VIREAD.....	7		
tri-legest fe.....	27	virt-c dha.....	19		
tri-linyah.....	27	virt-nate dha.....	19		

Refer to benefit plan documents to make sure listed medication is included in your benefit. This list should be used as a reference and may not include all medications. Brand or generic availability may not be current because of market changes. Using generics may be required based on your plan benefit.

Quality drives our decisions

To create this list, OptumRx is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews medications and coverage under pharmacy benefit plans. They also suggest which medications should be on your plan's preventive medications list.

Your health is important. Taking preventive medications as prescribed by your doctor or healthcare provider can help you avoid serious illness and high healthcare costs.



All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions.
All other trademarks are the property of their respective owners.

© 2022 Optum, Inc. All rights reserved. WF4961693-B 08062021

Preventive Premium