

# 2020 Preventive Drug List for Consumer Driven Health Plans Expanded List - ASO Only

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
<b>Breast Cancer Prevention</b>	
Anastrozole	
<b>Arimidex</b>	E
<b>Aromasin</b>	
Exemestane	
<b>Fareston</b>	
<b>Femara</b>	E
Letrozole	
<b>Soltamox</b>	E
Tamoxifen	
Toremifene	
<b>Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy</b>	
<b>Aggrenox</b>	
<b>Arixtra</b>	
Aspirin-Dipyridamole	
<b>Bevyxxa</b>	

Therapeutic Drug Classes	Requirements & Limits
<b>Brilinta</b>	
Cilostazol	
Clopidogrel	
<b>Coumadin</b>	
Dipyridamole	
<b>Effient</b>	E
<b>Eliquis</b>	
Enoxaparin	
Fondaparinux	
<b>Fragmin</b>	
Heparin	
Jantoven	
<b>Lovenox</b>	E
<b>Persantine</b>	
<b>Plavix</b>	E
<b>Pletal</b>	
<b>Pradaxa</b>	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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

Therapeutic Drug Classes	Requirements & Limits
<b>Benicar</b>	E
<b>Benicar HCT</b>	E
Betaxolol*	
<b>Bidil</b>	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
<b>Bystolic</b>	
<b>Byvalson</b>	
<b>Calan</b>	
<b>Calan SR</b>	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
<b>Cardene SR</b>	
<b>Cardizem</b>	E
<b>Cardizem CD</b>	E
<b>Cardizem LA</b>	E
<b>Cardura</b>	
<b>Carospir</b>	
Cartia XT	
Carvedilol	
Carvedilol ER	E
<b>Catapres</b>	
<b>Catapres TTS</b>	
Chlorothiazide	
Clonidine	
Clonidine Patch	
<b>Clorpress</b>	
<b>Coreg</b>	
<b>Coreg CR</b>	E
<b>Corgard</b>	
<b>Corzide</b>	
<b>Covera HS</b>	

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Therapeutic Drug Classes	Requirements & Limits
<b>Cozaar</b>	
<b>Demadex</b>	
<b>Dilacor XR</b>	
Dilt CD	
Dilt XR	
Diltia XT	
Diltiazem	
Diltiazem ER	
Diltzac ER	
<b>Diovan</b>	E
<b>Diovan HCT</b>	E
<b>Diuril</b>	
Doxazosin	
<b>Dutoprol</b>	E
<b>Dyazide</b>	
<b>Dynacirc CR</b>	
<b>Dyrenium</b>	
<b>Edarbi</b>	
<b>Edarbyclor</b>	
<b>Edecrin</b>	
Enalapril	
Enalapril-Hydrochlorothiazide	
<b>Epaned</b>	
Eplerenone	
Eprosartan	
Ethacrynic Acid	
<b>Exforge</b>	E
<b>Exforge HCT</b>	E
Felodipine ER	
Fosinopril	
Fosinopril-Hydrochlorothiazide	
Furosemide	
Guanfacine	
Hydralazine	
Hydrochlorothiazide	
<b>Hyzaar</b>	

Therapeutic Drug Classes	Requirements & Limits
Indapamide	
<b>Inderal</b>	
<b>Inderal LA</b>	E
<b>Innopran XL</b>	
<b>Inspra</b>	
Irbesartan	
Irbesartan - Hydrochlorothiazide	
<b>Isoptin SR</b>	
Isradipine	
<b>Kapsargo</b>	
<b>Katerzia</b>	E
Labetalol	
<b>Lasix</b>	
<b>Levatol</b>	
Lisinopril	
Lisinopril-Hydrochlorothiazide	
<b>Lopressor</b>	
<b>Lopressor HCT</b>	
Losartan	
Losartan-Hydrochlorothiazide	
<b>Lotensin</b>	
<b>Lotensin HCT</b>	
<b>Lotrel</b>	
Matzim LA	
<b>Mavik</b>	
<b>Maxzide</b>	
Methyclothiazide	
Methyldopa	
Methyldopa-Hydrochlorothiazide	
Metolazone	
Metoprolol 37.5, 75 mg	E
Metoprolol Succinate	
Metoprolol Tartrate	
Metoprolol-Hydrochlorothiazide	
<b>Micardis</b>	E
<b>Micardis HCT</b>	E

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Therapeutic Drug Classes	Requirements & Limits
<b>Microzide</b>	
<b>Midamor</b>	
<b>Minipress</b>	
Minoxidil	
Moexipril	
Moexipril-Hydrochlorothiazide	
Nadolol	
Nadolol-Bendroflumethazide	
Nicardipine	
Nifedipine	
Nifedipine ER	
Nimodipine	
Nisoldipine	
<b>Norvasc</b>	E
Olmesartan	
Olmesartan-Hydrochlorothiazide	
Perindopril	
Pindolol	
Prazosin	
<b>Prestalia</b>	E
<b>Prinivil</b>	
<b>Procardia</b>	
<b>Procardia XL</b>	
Propranolol	
Propranolol-Hydrochlorothiazide	
<b>Qbrexis</b>	E
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
<b>Sectral</b>	
Spirolactone	
Spirolactone-Hydrochlorothiazide	
<b>Sular</b>	
<b>Tarka</b>	
Taztia XT	

Therapeutic Drug Classes	Requirements & Limits
<b>Tekturna</b>	
<b>Tekturna HCT</b>	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
<b>Tenex</b>	
<b>Tenoretic</b>	E
<b>Tenormin</b>	E
Terazosin	
<b>Teveten</b>	
<b>Teveten HCT</b>	
<b>Thalitone</b>	
<b>Tiazac</b>	
Timolol *	
<b>Toprol XL</b>	
Torsemide	
<b>Trandate</b>	
Trandolapril	
Trandolapril-Verapamil	
Triamterene-Hydrochlorothiazide	
<b>Tribenzor</b>	E
<b>Twynsta</b>	E
<b>Uniretic</b>	
<b>Univasc</b>	
Valsartan	
Valsartan-Hydrochlorothiazide	
<b>Vaseretic</b>	E
<b>Vasotec</b>	E
Verapamil	
Verapamil ER	
<b>Verelan</b>	
<b>Verelan PM</b>	
<b>Zaroxolyn</b>	
<b>Zebeta</b>	
<b>Zestoretic</b>	E
<b>Zestril</b>	E

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Therapeutic Drug Classes	Requirements & Limits
<b>Ziac</b>	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>	
<b>Altprev</b>	E
<b>Antara</b>	E
Atorvastatin	
Cholestyramine	
Cholestyramine Light	
Choline Fenofibrate	E
<b>Colesevelam Tablets, Powder for Suspension</b>	E
<b>Colestid</b>	
Colestipol	
<b>Crestor</b>	E
<b>Ezallor Sprinkle</b>	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
<b>Fenoglide</b>	E
<b>Fibricor</b>	E
<b>Flolipid</b>	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
<b>Lescol</b>	
<b>Lescol XL</b>	E
<b>Lipitor</b>	E
<b>Lipofen</b>	E
<b>Livalo</b>	E
<b>Lofibra</b>	E
<b>Lopid</b>	
Lovastatin	
<b>Lovaza</b>	E
<b>Mevacor</b>	

Therapeutic Drug Classes	Requirements & Limits
Niacin Extended-Release	
<b>Niacor</b>	
<b>Niaspan</b>	
Omega-3 Acid Ethyl Esters	
<b>Pravachol</b>	
Pravastatin	
Prevalite	
<b>Questran</b>	
<b>Questran Light</b>	
Rosuvastatin	
Simvastatin	
Simvastatin/Ezetimibe	
<b>Tricor</b>	E
<b>Triglide</b>	E
<b>Trilipix</b>	E
<b>Vascepa</b>	
<b>Vytorin</b>	E
<b>Welchol</b>	
<b>Zetia</b>	E
<b>Zocor</b>	
<b>Zypitamag</b>	E
<b>Central Nervous System: Mental Health</b>	
<b>Abilify, Abilify Mycite</b>	E
Aripiprazole	
Chlorpromazine	
Clozapine	
<b>Clozaril</b>	
<b>Fanapt</b>	
<b>FazaClo</b>	
Fluphenazine	
<b>Geodon</b>	E
Haloperidol	
<b>Invega</b>	E
<b>Latuda</b>	
Loxapine	

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Therapeutic Drug Classes	Requirements & Limits
Molindone	
Olanzapine	
Paliperidone ER	
Perphenazine	
Quetiapine	
Quetiapine ER	
<b>Rexulti</b>	
<b>Risperdal</b>	E
Risperidone	
<b>Saphris</b>	
<b>Seroquel</b>	E
<b>Seroquel XR</b>	E
Thioridazine	
Thiothixene	
Trifluoperazine	
<b>Vraylar</b>	
<b>Versacloz</b>	E
Ziprasidone	
<b>Zyprexa</b>	E
<b>Central Nervous System: Multiple Sclerosis</b>	
<b>Aubagio</b>	
<b>Avonex</b>	
<b>Betaseron</b>	
<b>Copaxone</b>	E
<b>Extavia</b>	E
<b>Gilenya</b>	
glatiramer acetate [Mylan only (generic <b>Copaxone</b> )]	
Glatopa	E
<b>Mavenclad</b>	E
<b>Mayzent</b>	E
<b>Plegridy</b>	
<b>Rebif</b>	
<b>Tecfidera</b>	

Therapeutic Drug Classes	Requirements & Limits
<b>Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)<sup>1</sup></b>	
<b>Celexa</b>	E
Citalopram	
Escitalopram	
Fluoxetine Capsules	
Fluoxetine 10 mg, 20 mg Tablets	
Fluoxetine 60 mg Tablets	E
Fluvoxamine	
Fluvoxamine Extended-Release	
<b>Lexapro</b>	E
Paroxetine	
Paroxetine Extended-Release	
<b>Paxil</b>	
<b>Paxil CR</b>	
<b>Pexeva</b>	
Sertraline	
<b>Zoloft</b>	E
<b>Diabetes: Diabetic Supplies</b>	
<b>Contour Next EZ Meters</b>	
<b>Contour Next Meters</b>	
<b>Contour Next One Meters</b>	
<b>Contour Next Test Strips</b>	
Diabetic Testing - Lancets	
Insulin Needles/Syringes	
<b>OneTouch Diabetic Meters</b>	
<b>OneTouch Diabetic Test Strips</b>	
<b>Diabetes: Insulin</b>	
<b>Admelog, Admelog SoloStar</b>	E
<b>Afrezza</b>	E
<b>Apidra, Apidra SoloStar</b>	E
<b>Basaglar</b>	
<b>Fiasp, Fiasp FlexTouch</b>	E
<b>Humalog</b>	
<b>Humalog Junior</b>	
<b>Humalog Mix 50/50</b>	

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Therapeutic Drug Classes	Requirements & Limits
Humalog Mix 75/25	
Humulin 50/50	
Humulin 70/30	
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	
<b>Diabetes: Non-Insulin</b>	
Acarbose	
<b>ACTOplus Met</b>	
<b>ACTOplus Met XR</b>	
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	

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

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

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

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

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

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

Therapeutic Drug Classes	Requirements & Limits
<b>Proair RespiClick</b>	
<b>Proventil HFA</b>	
<b>Pulmicort Flexhaler</b>	
<b>Pulmicort Nebulized Solution</b>	E
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**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** = May be excluded from coverage

\*Coverage is provided for oral formulations

<sup>1</sup>SSRIs are included only for self-funded employer groups who have specifically requested coverage.

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Salt Lake City, UT 84130

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**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue  
SW Room 509F, HHH Building  
Washington, D.C. 20201

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## Multi-language interpreter services

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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'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

## For additional information:



Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.



Call the toll-free phone number on your 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.